2010 Changes in First Aid, CPR and AED

In October 2010, new Guidelines for CPR and Emergency Cardiovascular Care were published, detailing how lay rescuers should perform some first aid and basic life support skills, based on scientific literature. Subsequently, first aid and CPR courses have changed in certain ways. The following tables summarize key changes.

Changes in First Aid

Care Technique	Previous Recommendations	New Recommendations
Cleaning a wound	Irrigate under running water for at least 5 minutes.	Clean wounds with large amounts of warm or room temperature water with or without soap until all foreign matter is washed away.
Controlling bleeding	Use manual direct pressure and pressure bandage to control bleeding.	Maintain manual pressure for a long time. Use elastic compression bandage to maintain pressure if manual pressure cannot be maintained continuously until help arrives. Use tourniquet only if direct pressure is not effective or possible, and only with proper training.
Thermal burns	Cool the burn with cold water for at least 10 minutes or until the area is pain free even after removal from the water.	Cool burns with cold water (15 - 25° C) until the area is free of pain even after removal from the water.
Chemical burns	Flush the area with running water for at least 30 minutes and apply nonstick dressing.	Continue to flush the area with copious running water until help arrives.
Shock	If no trauma, raise legs about 8 to 12 inches.	If no trauma, raise feet about 6 to 12 inches.
Potential spinal injury	Use manual inline stabilization.	Maintain spinal motion restriction manually.
Musculoskeletal injuries	Use RICE: • Rest • Ice • Compression • Elevate	Use RICE – cold is best provided with a mixture of ice and water, or other cold methods, for 20 minutes (or 10 minutes if uncomfortable) with a barrier between the cold and the skin.
Asthma attack	Assist victim with using prescribed medication (inhaler).	If the victim is unable to administer inhaler without assistance, rescuer may administer prescribed medication if victim identifies the asthma attack and has a prescribed medication.

Care Technique	Previous Recommendations	New Recommendations
Anaphylaxis	Assist victim with epinephrine auto-injector.	If victim is unable to administer auto-injector, and if the rescuer is trained in its use and state law permits, administer the auto-injector for the victim.
Suspected heart attack	Call EMS and provide heart attack care for classic signs and symptoms of heart attack.	Call EMS and provide heart attack care for any victim with chest discomfort.
Hypothermia	Warm victim with blankets and other indirect methods; do not use active rewarming.	Warm victim with blankets and other indirect methods; use active rewarming if victim is far from care, such as placing victim near a heat source.
Heatstroke	Cool victim with water sponged or sprayed on the body or ice or cold packs around the body.	Cool victim by any means available, preferably through immersion to the chin in cold water.
Jellyfish stings	No guidelines	Wash with vinegar for 30 seconds, then immerse in hot water for at least 20 minutes.
Poisoning	Call PCC for responsive victim; call EMS for unresponsive victim.	Call PCC for responsive victim; call EMS for unresponsive victim or any victim with signs of a life-threatening condition.
Poisonous snake bites	Previously only for coral snake bites, wrap entire extremity with snug elastic bandage.	For all poisonous snake bites, wrap entire extremity with snug elastic bandage.
Tooth knocked out	Place tooth in milk.	Clean wound with saline or water; place tooth in milk (or clean water if milk is unavailable).

Changes in Life Support (CPR, AED)

Care Technique	Previous Recommendations	New Recommendations
Initial assessment	Check for responsiveness, then open the airway and check for normal breathing.	Check for responsiveness and simultaneously look for normal breathing.
CPR technique	Give 2 breaths before beginning chest compressions (ABC).	Begin CPR immediately with chest compressions (CAB).
Depth of compressions	1 1/2 to 2 inches in adult; 1/3 to 1/2 the depth of the chest in an infant of child.	At least 2 inches in an adult; at least 1/3 the depth of the chest in an infant (about 1 1/2 inches) or child (about 2 inches).
Rate of compressions	100 per minute	At least 100 per minute
AED for infants and children	Use AED with pediatric pads for child ages 1 to 8 years.	Use AED with pediatric pads for both infants and children up to age 8.