

# Dispatcher-Assisted Bystander CPR

## Frequently Asked Questions

**Q. How do you convince a caller that bystander CPR is essential in sudden cardiac arrest?**

**A.** It is vital that call-takers and dispatchers be **assertive** when handling suspected cardiac arrest calls. They should say, “We need to start CPR – I will help you.” They should **never** ask if a potential rescuer is willing to do CPR – it’s too easy to say no. Some rescuers are afraid they might hurt the patient. Call-takers and dispatchers should assure them they won’t hurt the patient.

A study of 247 patients who received bystander compressions (though they were not in cardiac arrest) found only 6 cases (2 percent) resulting in injuries likely caused by compressions. There were no cases of visceral organ damage. (White et al. Circulation 2010). The message, then, is clear: the real risk is not doing CPR.

**Q. When you say Dispatch-Assisted or Telephone-Assisted CPR, are you talking about compression-only CPR?**

**A.** In the vast majority of cases, yes. The American Heart Association guideline recommendations for Telephone-Assisted CPR state that instructions for compression-only CPR should be given when the patient is an adult whose arrest presumably stems from a cardiac cause. Instructions for CPR with rescue breathing should only be provided if the arrest stems from a respiratory event (such as drowning or choking) or the patient is a child less than 9 years old.

**Q. Should call-takers and dispatchers tell callers to do compressions on a “soft surface” or in a chair?**

**A.** Ideally, chest compressions should be done on a hard, flat surface, usually the floor. One of the most frequent barriers to getting CPR started, however, is getting the patient from a bed or couch or chair to the floor. Call-takers and dispatchers should encourage callers to do everything in their power to get the patient to the floor. But if it becomes clear that the caller absolutely can’t move the patient, then compressions should be started on the “soft surface” as a last resort.

**Q. Should the caller stop CPR if the victim gasps?**

**A.** No! Gasping is a sign of cardiac arrest and often occurs for a while soon after arrest and will continue when effective compressions are being delivered. It is NOT an indication of recovery. The caller should continue compressions until EMS arrives.

**Q. As the Dispatcher taking the call, can I be sued?**

**A. 2017 Wisconsin Act 296** clearly states:

Any public safety answering point or dispatcher who provides telephonic assistance on administering CPR is **immune** from civil liability for any outcomes resulting from the administration of CPR or failure to administer CPR if all of the following conditions exist:

- The dispatcher who provides telephonic assistance on administering CPR has been trained in accordance with the standards.
- The dispatcher provides telephonic assistance on administering CPR by doing any of the following:
  - Using an evidence-based protocol or script as described.
  - Transferring the caller to a dedicated telephone line, telephone center, or another public safety answering point as described.
- The injury claimed is not the result of an act or omission that constitutes gross negligence or willful or wanton misconduct by the dispatcher or public safety answering point.

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## **FACTS**

**1.** If the caller states that the patient's eyes are open, call-takers should not assume that just because a patient's eyes are open that they are conscious. In the movies, when people die, they do so with their eyes closed. But, this is not reality. In fact, it is common for callers to report that a patient's eyes are open. This can sometimes cause confusion both for the caller and the call-taker.

**2.** If the caller responds to your consciousness and/or breathing assessment question with an answer such as "I don't know", "I can't tell", "sort of", or anything other than a definitive yes or no, it is appropriate to ask a clarifying question. If the caller's response is still unclear, assume a negative (NO) response and move on without further delay.

**3.** For a victim of sudden cardiac arrest (SCA), what happens in the immediate minutes following the onset of arrest will determine who may live, and who may die.

**4.** Breakdown of the Body during VF Induced Cardiac Arrest:

**1 Second:** Clinical death has begun. Blood is no longer pumping through the body.

**10 Seconds:** Oxygen stored in the brain starts to deplete

### **If nothing is done:**

**4-5 Minutes:** Clinical death begins to turn into biological death.

**5 Minutes:** Glucose in the brain is depleted, accelerating the destruction of brain cells.

**10-15 Minutes:** Fatal levels of acids, caused by the breakdown of DNA within the cells are found in the blood.

**15-20 Minutes:** Biological death is complete.

- 5.** Time is of the essence. For every **minute** without CPR and defibrillation, a victim's chance of survival decreases by **7-10%**. (Larsen MP, Eisenberg MS, Cummings RO *et al* Predicting survival from out-of-hospital cardiac arrest: a graphic model. Ann Emerg Med 1993.)
  
- 6.** When proper CPR is delivered, it will take approximately **20** compressions before sufficient pressure is created to begin the process of artificially circulating blood through the body.
  
- 7.** If compressions are stopped or interrupted, it takes only **3 seconds** for that pressure to fall to zero. Because of this, it is very important that once chest compressions have begun that the call taker not cause distractions, such as asking unnecessary questions, which may distract the caller, and cause the caller to pause compression efforts.
  
- 8.** The heart has an electrical system that is responsible for signaling the muscle contractions of the heart that generate a heartbeat. Chest compressions help to prolong that electrical activity. If chest compressions are paused for a long period of time, not only does the pressure fall but available energy in the heart dissipates. Defibrillation **only** works on a heart with ample energy. Chest compressions help ensure there is enough energy in the heart leading to an increased chance that a delivered defibrillation shock will be successful in resetting the electrical system of the heart.

## **LINKS**

- 1.** 2017 Wisconsin Act 296- Dispatch Assisted Bystander CPR Bill  
<https://docs.legis.wisconsin.gov/2017/related/acts/296>
  
- 2.** WI State Statute 895.48 Civil Liability "Wisconsin's Good Samaritan Law"  
<https://docs.legis.wisconsin.gov/statutes/statutes/895/II/48>
  
- 3.** American Heart Association T-CPR  
[https://cpr.heart.org/AHA/ECC/CPRAndECC/ResuscitationScience/TelephoneCPR/RecommendationsPerformanceMeasures/UCM\\_477526\\_Telephone-CPR-T-CPR-Program-Recommendations-and-Performance-Measures.jsp](https://cpr.heart.org/AHA/ECC/CPRAndECC/ResuscitationScience/TelephoneCPR/RecommendationsPerformanceMeasures/UCM_477526_Telephone-CPR-T-CPR-Program-Recommendations-and-Performance-Measures.jsp)
  
- 4.** Chest Compression Videos

<https://www.youtube.com/watch?v=pggzGhOqHJ0>

<https://heart.arizona.edu/heart-health/learn-cpr/video-learn-chest-compression-only-cpr>

## **5.** Agonal Respiration Examples-

Bondi Beach Rescue: <https://www.youtube.com/watch?v=ICODRFoWZkw>

American Heart Association: <https://www.youtube.com/watch?v=q-1T5AXDVPo>