

FACTS

Telephone CPR (T-CPR)

A Race Against the Clock

OVERVIEW

911 is a number we all know, a number we teach our children at a very young age. It's the gateway to our emergency response system, a system we rely on when our loved ones are in danger. Calls to 911 vary in purpose, from car accidents to house fires to possible heart attack or cardiac arrest.

The person who answers the phone when you call 9-1-1 is called a telecommunicator or dispatcher. Their job is to confirm location, assess the situation and dispatch the appropriate response. Some dispatchers are trained in emergency medical dispatch, allowing them to better assess the situation and provide medical instructions, like CPR, to the caller over the phone while they wait for EMS to arrive.

SUDDEN CARDIAC ARREST (SCA)

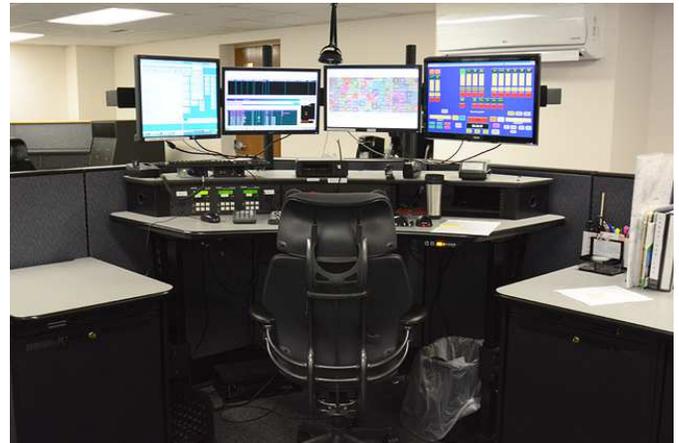
SCA is the sudden, unexpected loss of heart function, breathing and consciousness, and is commonly the result of an electrical disturbance in the heart. Each year an estimated 350,000 cardiac arrest events occur in the United States in an out-of-hospital environment. Almost all of these events result in a call for help to 911. Without quick intervention in the form of cardiopulmonary resuscitation (CPR) and defibrillation, death from SCA is certain.

TELEPHONE CPR (T-CPR)

Telecommunicators are the true, first responders and a critical link in the cardiac arrest chain of survival. It is the telecommunicator, in partnership with the caller, who has the opportunity to identify a patient in cardiac arrest, providing the initial level of care by delivering telephone CPR (T-

CPR) instructions to the caller, and quickly dispatching the appropriate level of help. It is through these actions that the telecommunicator can make the difference between life and death.

It is important to emphasize that the telecommunicator and the caller form a unique team in which the expertise of the telecommunicator and the willingness of the caller to provide T-CPR represents the best opportunity to improve survival from sudden cardiac arrest.



T-CPR IN WISCONSIN

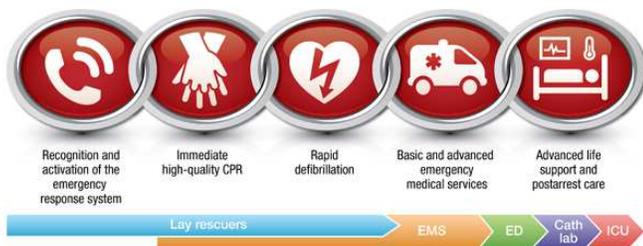
Wisconsin has over 105 Public Service Answering Points (PSAPs), the place your call gets routed when you dial 9-1-1. Some are county-based and others are municipal-based.

Training varies from PSAP to PSAP, as Wisconsin currently does not have minimum training standards for dispatchers. Some PSAPs train their dispatchers to provide pre-arrival instructions and others do not. As such, the information dispatchers are able to provide callers, including pre-arrival instructions like CPR, varies from community to community.

A 2014 report card from the American College of Emergency Physicians gave Wisconsin a C minus, citing no uniform system for providing pre-arrival instructions as one reason for the low grade. The report suggested putting policies in place would help ensure patients receive time sensitive and evidence-based care needed for better prognosis¹.

WAITING FOR EMS

Emergency Medical Services (EMS) response times vary greatly depending on many factors, including geography, weather, and accurate location information. Even in ideal circumstances, patients can wait 5-10 minutes, sometimes longer, for help to arrive. For acute conditions like cardiac arrest, treatment is a race against the clock and CPR must be initiated within minutes. Immediate bystander CPR can double, even triple a victim's chance of survival.



PUBLIC EXPECTATIONS

Studies show the general public expects pre-arrival instructions when calling 9-1-1. In one study, 524 people were surveyed regarding their expectations for telephone instructions from the dispatcher if a close relative is choking, not breathing, bleeding or giving birth. The study found 88% of respondents believed they would receive instructions for choking, 87% for not breathing, 89% for bleeding and 88% for childbirth².

THE AHA ADVOCATES

Dispatchers have the opportunity to provide life-saving instructions to callers while they wait for EMS to arrive. The American Heart Association (AHA) recognizes T-CPR as a critical component of the chain of survival.

AHA supports public policy initiatives that promote increased quality and appropriate use of 911 systems, including formal training to

appropriately assess the needs of patient and provide life-saving telephone CPR instructions.

JOHN AND SUE SIEBERT (NEW BERLIN, WI)

On Saturday, March 5, 2016, John Siebert collapsed in his kitchen. His wife, Sue, was upstairs at the time but decided to go downstairs to hear what the loud noise was. She found her husband unconscious, in a pool of blood, and wedged up against the stove. Sue quickly opened the garage door, picked up her cell phone, dialed 9-1-1, and put the phone on speaker.

The Waukesha County 911 dispatcher who answered her call was the first person in a line of many to help save her husband's life. The dispatcher kept Sue focused, and first coached her on how to get John flat on his back. He then talked her through how to perform CPR. Sue was trained in CPR twenty years prior, but in the stress of the moment, it was the dispatcher who helped keep her focused and doing what needed to be done. The dispatcher stayed on the line, continuing to coach her until first responders arrived.



John survived his cardiac arrest with no damage and is back to work full-time. The entire Siebert family are thankful for many things, including a well-trained dispatcher who helped save John's life.

References

1. America's Emergency Care Environment, A State-by-State Report Card, 2014 Edition: 115-116. American College of Emergency Physicians: <http://www.emreportcard.org/uploadedFiles/EMReportCard2014.pdf>
2. Billittier AJ, Lerner EB, Tucker W, Lee J. The Lay Public's Expectations of Prearrival Instructions When Dialing 9-1-1. Prehospital Emergency Care. 2000 Jul-Sept; 4(3):234-7. Available at <http://www.ncbi.nlm.nih.gov/pubmed/10895918>. Accessed 12/28/14.