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## Firehouse.com News

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The American Heart Association is expected to release new guidelines later in 2010, and agencies should prepare themselves now for the potential impacts, according to Joshua Stapleton, Fire Capt./Paramedic and an EMS Representative for the AHA Regional Emergency Cardiovascular Care Committee.

Stapleton spoke at Firehouse World in San Diego, Calif. this week. He said he arranged the class in order to bridge the gap between the fire service and heart association.

"I was one of those cynics when they released the last update in 2005," he said, thinking that they do it primarily to force the purchase of new materials. "Now I'm better informed."

His goals for the presentation were "To explain who these people are, how and why new guidelines are developed, and what to expect in 2010." Stapleton also discussed how the changes may affect how pre-hospital providers will operate, in terms of both protocols and business practices.

He started with a rundown of the AHA. It's a non-profit that was established in 1915, he said, and is among the premiere leaders in emergency cardiovascular care. He said EMS used to be an afterthought to the organization compared to their attention toward advanced care, but that has changed in the past few years as prehospital care has gained more recognition.

"Now we're being recognized as a critical link – much more than ever before – in the chain of survival," he said.

"Updates – Again? Really?" This was how Stapleton titled his next slide. "Yes," he answered. What's changed since 2005 is five years of research and trials, he said, and the annual presentation and analysis of this new information at the ILCOR conference – the International Liaison Committee on Resuscitation. He explained that this is the international consortium that puts out the guidelines that are accepted by numerous heart associations around the world, including the AHA in the U.S., with little variation.

"Nobody outside ILCOR knows the new guidelines. That's secret until the changes are released," he said. So although he couldn't provide specifics, he was able to enlighten the group on the topics and issues they can expect to see addressed – and when.

ILCOR's final consensus was reached in Dallas three weeks ago, but the recommendations aren't to be released by ILCOR and then the AHA until October 2010. Then it takes about year to get new materials ready and to put the new training into practice, he said.

According to Stapleton, we can expect areas of interest in the new guidelines to include:

- Transport to cardiac arrest centers or Stemi centers
- Compression to ventilation ratios
- Therapeutic hypothermia
- Community-based CPR and self-instruction
- Prehospital 12-leads by BLS providers
- Prehospital administration of Beta Blockers

The AHA is embracing the idea that, "If EMS systems don't train us and equip us properly, everything else they do is for naught," he said. In addition, he expects to see a push to train and equip other first responders such as police, ski patrol and lifeguards.

Stapleton spent time reviewing some of the research on which the new guidelines are being based, to help attendees understand and get on board with the new science.

Then he went on to explain how the upcoming changes can be expected to impact fire and EMS services. The length of time on runs may increase to accommodate trips specialty centers; air medical agencies will expect to benefit from the need for longer transports; there may be changes in what equipment is purchased and placed on rigs and ambulances; hospitals will be looking to meet the needs of cardiac arrest patients or risk losing them; and training centers will lose attendees as it becomes the norm to do most training online.


All of these things are going to impact local providers, and agencies will be looking at not only the best interests of patients but their own survival, Stapleton noted. "Don't be a victim of others' protocols," he warned, and start thinking critically about what

strategies will be taking place.

Stapleton also advises EMS leaders not to wait to be handed the new guidelines by a higher authority, because that will take time, and "You'll be behind the curve." Sign up for guideline updates, he suggests, through the AHA Instructor Network at [www.ahainstructornetwork.org](http://www.ahainstructornetwork.org).

Then, he said, "You may have to be on the forefront of change." He advises EMS leaders to "politically correctly" hold their authorities accountable for updating local guidelines to match the new recommendations. To get started, agencies can utilize regional AHA contacts for advice and assistance, and look at how other agencies have already implemented their updates.

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