LIFESAVING CPR
FREQUENTLY ASKED QUESTIONS

v1.0 August 2025

OUTCOMES OF HIGH PERFORMANCE (LIFESAVING) CPR

Where can we see the successful outcomes of Lifesaving CPR to date or is it still theory at this point?

It's been successful – we've published a research study. Results are available online here

What is the highest percentage survival rate in cardiac arrests in the world?

The best outcomes in the world are achieved in Seattle, Washington. They achieved up to 60% of persons with shockable rhythms surviving a cardiac arrest

If typical post CPR survival is 25%, what is it expected to rise to if these techniques are applied moderately well?

We hope to improve survivability by at least 50% over time

PATIENT ASSESSMENT

If a patient has fallen on their side, do we check airway first or always roll onto their back first?

Either would be acceptable. The focus is on timely assessment appropriate to the environment in which the patient is found so that CPR can commence in a timely manner if required

How should we assess response if a patient cannot move (e.g. a spinal injury), especially if breathing is subtle?

Follow your protocols. If a patient is breathing normally, they do not require CPR. If not breathing normally, commence CPR

How are you going to stop the rush straight into compressions without any checks?

This takes practice. Aim for smoothness. The emphasis is on timely and controlled patient assessment - not rushing, but definitely, a sense of urgency

What are "obvious signs of life"?

Movement, response, normal breathing, eye opening, groaning, coughing.

Is Skin Colour (perfusion) a good indicator of good CPR?

No. Depending on the situation the patient's colour may remain unchanged or change in a variety of ways as CPR progresses. It is not reliable

AIRWAY MANAGEMENT

How risky is a poorly sized or inserted OP airway?

A properly sized airway is preferrable, but a mid-sized airway is not usually harmful. The known risk of a blocked airway is probably more harmful than a low risk of injury.

Choose the best size possible – you can always take it out and go up or down a size if needed

Should we always put an OP airway in when we are doing CPR?

Unless contraindicated or unable to be inserted, an OP airway should be inserted in all unconscious patients to help reduce risk of stomach inflation

How should we manage patients with blocked airways (e.g. after rescue from the water)

It is most likely that a lifesaver would not be aware the patient has a blocked airway until they reach the beach and commence a primary patient assessment. The most common cause of a blocked airway is the tongue, which can be managed using an OP airway, jaw thrust and head tilt

Can opening the airway and tilting the head at the same time result in fluid entering the lungs?

This is theoretically possible but of little clinical significance. We open the airway (with jaw thrust, chin lift) and tilt the head all at once to move the tongue out of the way and open the airway quickly

BREATHING (VENTILATION)

Should we start CPR with breaths or compressions for patients who have been in the water?

We are training to ANZCOR basic life support recommendations. Once the patient is on the beach, for simplicity we do not differentiate between “wet” and “dry” – go straight into compressions. If you have rescued someone and there is a long delay in getting the patient to shore, you can consider providing rescue breaths in the water on the way to the beach (e.g., while out the back of the break, securing the patient before coming into shore) before starting CPR.

For aquatic rescue - are we still doing two rescue breaths then CPR?

No, commence CPR immediately if you are on land. If you have rescued someone and there is a long delay in getting the patient to shore, you can consider providing rescue breaths in the water on the way to the beach (e.g., while out the back of the break, securing the patient before coming into shore) before starting CPR

Why don't we slip breaths in during and between compressions

The ability to time breaths during compressions is not possible when doing mouth to mask, and very difficult when using a BVM. Research shows that stopping for breaths is more effective in BLS than continuous compressions – but only pause for the 2 seconds then re-start compressions again whether the breaths were effective or not to maintain a good Chest Compression Fraction

COMPRESSIONS and INFANTS v ADULTS

Our course content / assessment refers to ‘centre of the chest’ as the place to do compressions. Is this being updated to reflect lower half of the sternum?

Yes. Some resources have been updated for the 2025/26 season, however, others will be updated progressively as they are reviewed – compress on the lower ½ of the sternum

Do we waste time by raising our hands off the chest between every compression?

Evidence shows there is no time wasted with the hands coming off the chest method – you only must lift them off enough to ensure full chest recoil

Are there any differences for Lifesaving CPR on an infant?

Not specifically - the same principles apply

Does compression-only CPR work as effectively as CPR with breaths?

ANZCOR recommends both compressions and breaths, that is SLSA’s recommendation. More people survive if they get both compressions and breaths

DEFIBRILLATION

If the AED says "shock is not advised", do you immediately recommence CPR?

Yes. The AED has already safely dumped the charge. Do not wait until the AED says to recommence CPR, and do not stop and look for signs of life – recommence straight away. Remember, signs of life take time to show, keep doing CPR until it becomes obvious.

EQUIPMENT

Why do mechanical CPR devices such as the "Lucas" machine not rise (hover) above the chest during CPR?

It functions with a suction device, that if set up correctly, should not be applying any downward pressure on the chest. The LUCAS (or alternatives) are useful for prolonged CPR, or when transporting patients, and are not compatible with the beach/sand environment. Humans generally do better CPR than these machines

How can we update older defibrillators to have a metronome?

If an AED does not have a metronome, it is not approved for use in Australia (it does not meet the Therapeutic Goods Administration standard) and should be replaced. All modern AEDs have metronomes built in and clubs can consider which one they purchase when replacing older equipment. In the meantime, there are metronomes available online or as apps for phones

What if we open a BVM and the patient does not need CPR?

Disposable BVMs are relatively cheap. The benefit of having a mask available and then not needing it outweighs the cost consideration. If the BVM is unused and clean, it can always be placed back into a clean bag. They are supplied clean, not sterile

QUALIFICATIONS AND ENDORSEMENTS

What is the relationship between Lifesaving CPR vs the VET CPR qualification vs the CPR assessment process in a Bronze Medallion assessment?

Lifesaving CPR does not affect any of these assessments adversely. Mapping has been completed, and the requirements of all the named qualifications is met and been endorsed by the Australian Resuscitation Council

We are not changing the processes or steps, rather changing the emphasis and timing to focus on improving skills in the areas that matter most for survival

Is Lifesaving CPR being incorporated into the Radio award and ART update rolling out this season as well?

Some resources have been updated for the 2025/26 season. Others will be updated progressively as they are reviewed

TARGETS AND COMPETENCY ASSESSMENT

Is a compression fraction of 80% a minimum? If you don't have a mask, can you just not do breaths at all?

The course is designed and is in line with ANZCOR guidelines. Both require chest compressions and ventilations. The target is around 80% to ensure that there are sufficient ventilations as well as compressions. Some candidates will achieve higher and some less in individual training, this is a target to work towards as individuals and a team, minimising interruptions to compressions. If you are uncomfortable doing breaths, you can do compressions only, but we would prefer you do breaths to maximise the patient will survive

Which factor is most important in achieving an 80% compression fraction: depth, pace, or time on chest?

These are all important for survival, but specifically targeting 80% of the time on the chest is the best summary statistic, with 20% allowed for ventilation, AED analysis and shock

INFECTION CONTROL

Why do all the videos show the lifesavers with gloves on?

If a lifesaver is called to a patient who has collapsed, it isn't unreasonable to put gloves on while walking to the patient. We understand that healthcare professionals may have different requirements in relation to standard precautions, however this course has been developed for first responders. If coming out of the water, it is unlikely you will have gloves – it is a risk-based assessment in each situation, try to carry a pair on you when you can

It's often helpful to stock your bumbag or patrol shorts with four gloves (of a size bigger than you usually use) so they're immediately available if you need them

Don't forget to wear other pieces of PPE (goggles, mask, gown) if required for the clinical situation

CALLING FOR HELP

If you only have a radio and not a phone, can we do one handed CPR while using the radio? Do we use Rescue Rescue Rescue?

One handed CPR is not recommended as it is sub-optimal, and the research shows that two handed compressions are likely to achieve the correct depth. Better to do the Rescue Rescue Rescue call, continue compressions and then get back to Surfcom when you can. Alternatively, consider handing the radio to a bystander or instructing them on compressions whilst you make the radio call

When do you notify the Patrol Captain?

The Patrol Captain should be listening to the Rescue Rescue Rescue radio call and note that it was their beach described in the call. They can then dispatch a team with additional equipment to find the incident, which might be more obvious during the second radio call between first responders and SurfCom when describing the location of the cardiac arrest

Calling CPR to stop – this was done on your video and it was previously a paramedic who could do this. Who can call stop?

It depends on what type of Healthcare professional they are, but most people who offer to help in the community will be reasonably qualified. A medical practitioner or paramedic would be likely to have it within their scope. If you are unsure, always continue until statutory ambulance service arrives and gives you instructions

DELIVERY RESOURCES

Are the resources designed to suit the younger learners?

Yes, resources are suitable for younger learners with appropriate instructor guidance

To conduct the training do we need feedback manikins to measure the chest compression fraction?

We are recommending the use of feedback manikins e.g. QCPR, to measure CPR training effectiveness, however these are not mandatory and there are multiple brands that can provide this information – please contact the Lifesaving CPR team for more information regarding recommended manikins for training.

Do you have a media package to help us advertise the training to our members? Social tiles? Posters?

These are currently being developed and will be distributed through your state

TEAMWORK

If there is no AED, how to we keep to the two-minute cycles and how should we swap the BVM between operators?

Complete your '5-cycle set' to take you to the next 2-minute point and swap operators then, or have the team leader set a stopwatch, with an alarm to go off every 2 minutes, or monitor fatigue and swap sooner

How does it flow if you need to change the compression operator outside of AED analysis?

Have the person count to their 30 compressions and change in a controlled manner during the 2 seconds for breath delivery. It's better to swap out early if someone is tired than have them continue with less effective compressions

Should we practice Lifesaving CPR within our patrol teams?

This is strongly encouraged and an ideal time is prior to the patrol commencing. Also consider running internal competitions if feasible

Can we incorporate complicated CPR scenarios into our practice for Lifesaving CPR?

Remember that we are training lifesavers for the majority of cases which they are likely to come across, both on and off the beach. There is always the potential for a 'complicated' resuscitation, and the principles of Lifesaving CPR will apply regardless - do the best you can with the available resources

ADMINISTRATION AND TRAINING QUALIFICATIONS

Is Lifesaving CPR on the assessing app?

Not as a stand-alone. Resuscitation is on the Assessing App for some states and is part of the Skills Maintenance for Bronze Medallion, SRC, ART and Resuscitation awards.

What qualifications do you need for Training and Assessing Lifesaving CPR?

Nothing further other than already being an endorsed TAF. You will also need to have completed the Lifesaving CPR training and be approved by your Club/Branch to deliver it.