

German Resuscitation Council



Recommended curriculum to teach and train resuscitation to school children in Germany

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This curriculum is a joint initiative of the following societies and organisations which are members of the "Deutsche Rat für Wiederbelebung – German Resuscitation Council":

ASB Arbeiter-Samariter-Bund Deutschland

BAND Bundesvereinigung der Arbeitsgemeinschaften der Notärzte Deutschlands

Die Johanniter Johanniter-Unfall-Hilfe

DGAI Deutsche Gesellschaft für Anästhesiologie und Intensivmedizin

DGIIN Deutsche Gesellschaft für internistische Intensivmedizin und Notfallmedizin

DGK Deutsche Gesellschaft für Kardiologie - Herz- und Kreislaufforschung

DGU Deutsche Gesellschaft für Unfallchirurgie

DLRG Deutsche Lebens-Rettungs-Gesellschaft

GNPI Gesellschaft für Neonatologie und pädiatrische Intensivmedizin

DRK Deutsches Rotes Kreuz

Malteser Malteser Hilfsdienst

"Deutsche Rat für Wiederbelebung – German Resuscitation Council (GRC)" is the national body of the "European Resuscitation Council (ERC)", the scientific society for all issues grouped around resuscitation. Further informations may be obtained from http://www.grc-org.de.

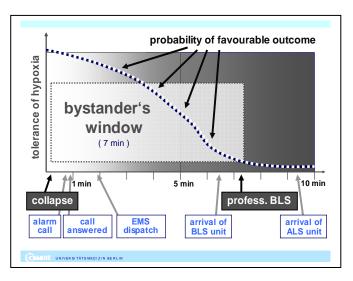
ASB, Die Johanniter, DLRG, DRK und Malteser collaborate in the "Bundesarbeitsgemeinschaft Erste Hilfe (BAGEH)" the "national working group for first aid" – http://www.bageh.de.

Members of the working group "School Projekts" of the GRC

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Background

After a sudden cardiac arrest outside of a hospital chances of survival are low. Since brain tissue tolerates no more than 4 to 5 minutes of oxygen deficiency, the emergency medical services (EMS) arrive too late in the majority of cases. In fact, under realistic conditions it takes a minimum of 7 minutes from the moment of collaps until EMS arrival (see figure).



The greatest improvement of survival

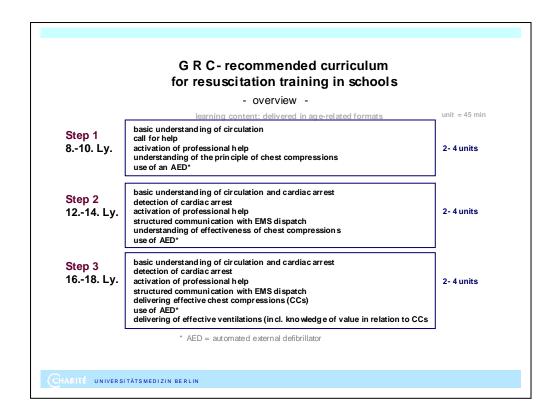
rates is therefore achieved by provision of basic resuscitation by a witnessing bystander. This has been proven in a great number of studies, stating a 2 to 4-fold rise of survival rates with good neurologic quality.

In Germany the rate of bystander initiated resuscitation is low if compared to other developed countries (Scandinavia 40-70%, US 40-50%, Germany 10-15%). Hence, a substantial potential for development may be stated. From an expert point of view improvements will only be possible, if at least 20% of a population are trained. This may only be accomplished if the competence of basic life support is introduced into the course of life long learning at a very early stage. This has been done since many years in the Scandinavian countries, Great Britain, the US and Canada.

Therefore, the German Resuscitation Council proposes a mandatory basic curriculum for school children. It seems important to repeat teaching of these competencies several times during the school career to anchor them at different ages in the sense of a "spiral curriculum".

The amount of time needed to teach this social core competency is very modest. Between 6 and 12 teaching units (of 45 min) distributed over the whole school career would serve. Immersion into subject fields as biology, physical education or health seems reasonable, since cardiac arrest do not belong to the typical experiences of children and adolescents.

An overview of the program is shown on the next page (fig 2):



On the following pages suggestions are given for the specific design of teaching sessions, which may serve as an orientation. Contents and learning objectives represent the best possible state of evidence of the current guidelines (in this cases from 2010). Instructors could well be school teachers, for whom equivalent quality has been shown if compared to emergency physicians [Bohn 2012]. This could be the class teachers as well as teachers in biology or physical exercise.

Literature

See appendix

GRC – curriculum for "Resuscitation training for school children" Step 1 8 -10 yrs. (3rd/ 4th grade), 2 teaching units of 45 min

General learning objectives / Outcome-orientated competencies:

- Detection / identification of a potential cardiac arrest
- Activating competent and professional help
- Initiation or instruction of high quality chest compressions and adaequate positioning of the victim

Spe	Specific learning objectives (knowledge / skills / attitudes)			
At the	dimension of learning			
1	understand the time dependency of vital support to help a person in a life-threatening situation	acquire attitude		
2	explain the necessity to act oneself (bearing in mind one's own safety).	explain		
3	recognise the state of conscious of a victim and to detect unconsciousness.	apply ²⁾		
4	assess breathing and detect abnormal breathing ("odd" or unusual sounds, slow frequence, change of skin colour) and respiratory standstill.	apply ²⁾		
5	explain, that simultaneous occurrence of unconsciousness and abnormal breathing implicates immediate action.	explain		
6	state the correct emergency phone number.	know		
7	conduct and/or advise to undertake an emergency call	apply 2)		
8	know about the possibility to use an AED 1).	explain		
9	send someone for getting an AED 1).	explain		
10	position a person in cardiac arrest in a supine position and on a firm surface and to clear their chest (or to advise an adult to do so).	apply ²⁾		
11	perform chest compressions with adaequate depth, frequency and hand position ³⁾ (or to advise an adult to do)	apply 2)		
12	maintain a "tilt head" position while performing chest compressions.	apply 2)		
13	handle an AED 1).	apply ²⁾		

¹⁾ AED: automated external defibrillator

on a training manikin

³⁾ in dependence of own body weight

GRC – curriculum for "Resuscitation training for school children" Step 1 8 -10 yrs. / course of session: contents and formats

	content	Details on contents	Teaching / learning format	time
1	introduction	"Story" / video (adaequate to age) / definition of learning goals	Presentation or (better) discussion	8 min
2	Detection of arrest	Check for safety! Shake and shout / call for help Assess breathing Related conditions: sudden event, unconsciousness, agonal breathing/ arrest of breathing change of skin colour (cyanosis)	Demonstration and practical training	8 min
3	Emergency call	Inform about location first ("where"?) further advice is given by dispatcher, hang on until dispatcher ends the call; Dispatch will provide support!	Simulation of emergency call (e.g. via cell phone in another room)	8 min
4	Chest compressions (CC)	Supine position, firm surface hand position, compression depth 5-6 cm, compression frequency 100-120/min, no pauses, regular change of CC providers	Demonstration and practical training 1 manikin per 2-3 students - Feedback	30 min
5	Ventilation	(not reasonable at this point of knowledge, therefore only:) Tilt head while performing CC		0 min
6	AED	Principle of function, check for safety, switch on, electrode positions	Demonstration and practical training; 1 training device per 10-15 participants	15 min
7	Securing Learning results	What was the most important point I learned in this session? Alignment with learning objectives of the course	Group discussion blackboard / moderating cards	6 min
8	Assessment (Test)	Theoretically and in practice	Scenario assessement, MCQ	6 min
9	Feedback	In which skills do I feel competent?	Open questions / questionnaire	5 min
			Total duration	86 Min

Ressources for 25 students / pupils:

- 1 Adaequate space (possibility to clear from tables and chairs)
- 1 4 Instructors (according to conditions, e.g. involvement of "student first aiders")
- 8 12 Chest compression manikins (simple torsos)
- 1 2 AED-training module (could also be self made)
- 1 2 Whole body manikins (not essential, but recommended to resemble a more realistic scenario)

GRC - curriculum for "Resuscitation training for school children"

12 - 14 yrs. (7th /8th grade), 2 teaching units of 45 min Step 2

General learning objectives / Outcome-orientated competencies:

- detection / identification of a potential cardiac arrest
- activating competent and professional help
- initiation or instruction of high quality chest compressions and adaequate positioning of the victim
 handling of AED ¹⁾
- (if competence level is riigii enoug.., follow instructions of dispatch centre (if competence level is high enough) application of Mouth-mouth or mouth-to-nose ventilation

At the	end of this teaching/learning session students are able to	dimension of learning
1	explain the necessity to act oneself (bearing in mind one's own safety).	acquire attitude
2	recognise the state of conscious of a victim and to detect unconsciousness.	apply 2)
3	assess breathing and detect abnormal breathing ("odd" or unusual sounds, slow frequence, change of skin colour) and respiratory standstill.	apply ²⁾
4	explain, why simultaneous occurrence of unconsciousness and abnormal breathing implicates immediate action.	explain
5	conduct and/or advise to undertake an emergency call	apply 2)
6	know, that instructions for first aid and resuscitation may be given by the dispatcher	know
7	know about the functioning principle of an AED 1).	explain
8	send someone for getting an AED 1) and operate an AED 1)	apply 2)
9	position a person in cardiac arrest in a supine position and on a firm surface and to clear their chest (or to advise an adult to do so).	apply ²⁾
10	perform 5 Min. of adaequate chest compressions	apply 2)
11	(if adaequate) perform rescue breathing (mouth-to-mouth od mouth-to-nose) 3), or consider its minor importance if compared to chest compressions	explain, apply ²⁾
12	when performing rescue breathing to keep up a compression – ventilation ratio of 30:2.	apply 2)
13	when performing CPR with rescue breathing to perform the change between chest compressions and ventilations without any time loss.	apply ²⁾
14	handle an AED 1).	apply 2)

GRC – curriculum for "Resuscitation training for school children" Step 2 12-14 yrs. / course of session: contents and formats

2	Detection of arrest	intro video (adaequate to age) / definition of learning goals Check for safety! Shake and shout / call for help Assess breathing Related conditions: sudden event, unconsciousness, agonal breathing/ arrest of breathing	Presentation or (better) discussion Demonstration (learning conversation) and practical training	5 min 8 min
2		Shake and shout / call for help Assess breathing Related conditions: sudden event, unconsciousness,	conversation) and	8 min
		change of skin colour (cyanosis)		
3	Emergency call	Inform about location first ("where"?) further advice is given by dispatcher, hang on until dispatcher ends the call; dispatch will provide support: follow instructions of dispatcher	Simulation of emergency call (e.g. via cell phone in another room)	7 min
4	Chest compressions (CC)	Supine position, firm surface hand position, compression depth 5-6 cm, compression frequency 100-120/min, no pauses, regular change of CC providers	Demonstration and practical training; 1 manikin per 2-3 students - <i>Feedback</i>	30 min
5	Ventilation	Mouth-mouth or mouth-to-nose, head tilt; prompt alternation with CCs (30 compressions, 2 ventilations)	Demonstration and practical training; 1 manikin per 2-3 students - <i>Feedback</i>	10 min
6	AED	Principle of function, check for safety, switch on, electrode positions	Demonstration and practical training; 1 training device per 10-15 students	10 min
7	Securing Learning results	What was the most important point I learned in this session? Alignment with learning objectives of the course	Group discussion blackboard / moderating cards	5 min
8	Assessment (Test)	Theoretically and in practice	Scenario assessement, MCQ	6 min
9	Feedback	In which skills do I feel competent?	Open questions / questionnaire Total duration	2 min 83 Min

note: The **recovery position** has no value for resuscitation. Therefore recovery position should be taught only after all evidence based interventions have been understood well.

Ressources for 25 students / pupils:		
1	Adaequate space (possibility to clear from tables and chairs)	
1 - 4	Instructors (according to conditions, e.g. involvement of "student first aiders")	
8 - 12	Chest compression manikins (simple torsos)	
1 - 2	AED-training module (could also be self made)	
1 - 2	Whole body manikins (not essential, but recommended to resemble a more realistic scenario)	

GRC – curriculum for "Resuscitation training for school children"

Step 3 16 -18 yrs. (11th/12th grade), 2 teaching units of 45 min

Grob-Lernziele / Outcome-orientierte Kompetenzen:

- detection of a potential cardiac arrest
- have an understanding of circulation and ventricular fibirillation
- activation of professional help
- principle knowledge of the working process within a dispatch centre
- understanding of the significance of chest compressions
- initiation or instruction of high quality chest compressions over 10 Min time
- adaequate positioning of the victim
- handling of AED 1)
- application of Mouth-mouth or mouth-to-nose ventilation
- follow instructions of dispatch centre

Specific learning objectives (knowledge / skills / attitudes)			
A ((I	dimension of		
At the end of this teaching/learning session students are able to			
1	explain the necessity to act oneself (bearing in mind	acquire	
	one's own safety).	attitude	
2	recognise the state of conscious of a victim and to detect	apply 2)	
	unconsciousness.		
3	assess breathing and detect abnormal breathing ("odd" or	apply 2)	
	unusual sounds, slow frequence, change of skin colour) and		
	respiratory standstill.		
4	explain, why simultaneous occurrence of unconsciousness	explain	
	and abnormal breathing implicates immediate action.	2)	
5	conduct and/or advise to undertake an emergency call.	apply ²⁾	
6	know, that instructions for first aid and resuscitation may	Wissen	
	be given by the dispatcher		
7	know about the functioning principle of an AED 1).	explain	
8	send someone for getting an AED 1) and operate an AED 1)	apply 2)	
9	position a person in cardiac arrest in a supine position	apply 2)	
	and on a firm surface and to clear their chest (or to advise		
	an adult to do so).	0)	
10	perform 10 Min. of adaequate chest compressions.	apply ²⁾	
11	instruct unskilled helpers to perform high quality chest	explain,	
	compressions.	apply ²⁾	
12	(if adaequate) perform rescue breathing (mouth-to-	explain,	
	mouth od mouth-to-nose), or consider its minor importance	apply 2)	
	if compared to chest compressions.	2)	
13	when performing rescue breathing to keep up a	apply 2)	
	compression – ventilation ratio of 30:2.	2)	
14	when performing CPR with rescue breathing to perform	apply 2)	
	the change between chest compressions and ventilations		
	without any time loss.	. 2)	
15	handle an AED 1).	apply 2)	
1) AE	D: automated external defibrillator ²⁾ on a manikin, during train	ing scenario	

GRC – curriculum for "Resuscitation training for school children" Step 3 16 -18 yrs. / course of session: contents and formats

	content	Details on contents	Teaching / learning format	time
1	introduction	intro video (adaequate to age) / definition of learning goals	Presentation or (better) discussion	8 min
2	Detection of arrest	Check for safety! Shake and shout / call for help Assess breathing Related conditions: sudden event, unconsciousness, agonal breathing / arrest of breathing change of skin colour (cyanosis)	Demonstration (learning conversation) and practical training	8 min
3	Emergency call	Inform about location first ("where"?) further advice is given by dispatcher, hang on until dispatcher ends the call; dispatch will provide support: follow instructions of dispatcher	Simulation of emergency call (e.g. via cell phone in another room) competence level of real life dispatch	8 min
4	Chest compressions (CC)	Supine position, firm surface hand position, compression depth 5-6 cm, compression frequency 100-120/min, no pauses, regular change of CC providers; guidance of further helpers	Demonstration and practical training; 1 manikin per 2-3 students - <i>Feedback</i>	30 min
5	Ventilation	Mouth-mouth or mouth-to-nose, head tilt; prompt alternation with CCs (30 compressions, 2 ventilations)	Demonstration and practical training; 1 manikin per 2-3 students - <i>Feedback</i>	10 min
6	AED	Principle of function, check for safety, switch on, electrode positions Adaequate immersion into BLS	Demonstration and practical training; 1 training device per 10-15 students	10 min
7	Securing Learning results	What was the most important point I learned in this session? Alignment with learning objectives of the course	Group discussion blackboard / moderating cards	5 min
8	Assessment (Test)	Theoretically and in practice	Scenario assessement, MCQ	6 min
9	Feedback	In which skills do I feel competent?	Open questions / questionnaire	5 min
			Total duration	90 Min

note: The **recovery position** has no value for resuscitation. Therefore recovery position should be taught only after all evidence based interventions have been understood well.

Ressources for 25 students / pupils:		
1	Adaequate space (possibility to clear from tables and chairs)	
1 - 4	Instructors (according to conditions, e.g. involvement of "student first aiders")	
8 - 12	Chest compression manikins (simple torsos)	
1 - 2	AED-training module (could also be self made)	
1 - 2	Whole body manikins (not essential, but recommended to resemble a more realistic scenario)	

Literatur

ACT - Advanced Coronary Treatment Foundation. High school CPR. http://www.actfoundation.ca

Andresen D, Arntz HR, Gräfling W. public access resuscitation program including defibrillator training for lay persons: a randomized trial to evaluate the impact of training course duration. Resuscitation 2008:76:419-24

Bång A, Herlitz J, Martinell S. Interaction between emergency medical dispatcher and caller in suspected out-of-hospital cardiac arrest calls with focus on agonal breathing. A review of 100 tape recordings of true cardiac arrest cases. Resuscitation 2003;56:25-34

Bohn A, Van Aken HK, Möllhoff T, Wienzek H, Kimmeyer P, Wild E, Döpker S, Lukas RP, Weber TP. Teaching resuscitation in schools: annual tuition by trained teachers is effective starting at age 10. A four-year prospective cohort study. Resuscitation. 2012;83:619-25

Breckwoldt J, Beetz D, Schnitzer L, Waskow C, Arntz H-R, Weimann J. Medical students teaching basic life support to school children as a required element of medical education: A randomised controlled study comparing three different approaches to fifth year medical training in emergency medicine. Resuscitation 2007;74:158-65

Breckwoldt J, Schloesser SM, Arntz HR. Perceptions of collapse and assessment of cardiac arrest by bystanders of out-of hospital cardiac arrest (OOHCA). Resuscitation 2009;80:1108-1113

Breckwoldt J. Reanimationsunterricht in Schulen – Ein Weg zur Verbesserung der Reanimationsergebnisse? Notfall Rettungsmed 2009; http://www.springerlink.com/openurl.asp?genre=article&id=doi:10.1007/s10049-009-1175-4

Breckwoldt J. Starting at school. Notfall Rettungsmed 2009; doi:10.1007/s10049-009-1209-y

Burghofer K, Schlechtriemen T. Konsequenzen aus der Altruismusforschung für die Ausbildung in Erster Hilfe. Notfall Rettungsmed 2005;8:408-411

Chamberlain DA, Hazinski MF. Education in Resuscitation – ILCOR advisory statement. Resuscitation 2003; 59:11-43

Corne L, Rydant L, Lauwaert D, Bruynseels P. Teaching cardiopulmonary resuscitation basic life support to school-children. Acta Anaesthesiol Belg 1984;35:107-13

Eisenberg MS. Incidence and significance of gasping or agonal breathing in cardiac arrest patients. Curr Opin Crit Care 2006;12:204-6

Eisenburger P, Safar P. Life supporting first aid training of the public – review and recommendations. Resuscitation 1999; 41: 3-18

Gundry JW, Comess KA, DeRook FA, Jorgenson D, Bardy GH. Comparison of naive sixth-grade children with trained professionals in the use of an automated external defibrillator. Circulation 1999;100(16):1703-7.

Herlitz J, Engdahl J, Svensson L, Angquist KA, Young M, Holmberg S. Factors associated with an increased chance of survival among patients suffering from an out-of-hospital cardiac arrest in a national perspective in Sweden. Am Heart J 2005;149:61-6

Hill K, Mohan C, Stevenson M, McCluskey D. Objective assessment of CPR skills of 10-11-year-old schoolchildren using two different external compression to ventilation ratios. Resuscitation 2009;80:96-9

Isbye DL, Meyhoff CS, Lipert FK, Rasmussen LS. Skill retention in adults and in children 3 months after BLS training using a simple personal resuscitation manikin. Resuscitation 2007;74:396-402

Jones I, Whitfield R, Colquhoun M, Chamberlain DA, Vetter N, Newcombe R. At what age can school children provide effective chest compressions? An observational study from the Heartstart UK schools training programme. BMJ 2007; 334:1201-3

Kellum MJ. Compression-only CPR for bystanders and first responders. Curr Opin Crit Care 2007;13:268-72

Lackner CK, Kanz KG, Rothenberger S, Ruppert M. AED-Anwenderperformanz von Laien- und Ersthelfern. Notfall Rettungsmed 2001;4: 572-584

Lester CA, Weston CF, Donnelly PD, Assar D, Morgan MG. The need of wider dissemination of CPR: are the schools the answer? Resuscitation 1994;28:233-7

Lester CA, Donnelly P, Weston CF, Morgan M. Teaching school children CPR. Resuscitation 1996;31:33-8

Lewis RM, Fulstow R, Smith GB. The teaching of cardiopulmonary resuscitation in schools in Hampshire. Resuscitation 1997;35:27-31

Lind B. Teaching mouth-to-mouth resuscitation in primary schools. Acta Anaesth Scand 1961;9:63-9

Markus S. 2008. Malteser-Dokumentation: GRC-BLS Modul Grundschule [persönl. Mitteilung]

Miró O, Jiménez-Fábrega X, Espigol G, Culla A, Escalda-Roig X, Díaz N, Salvador J, Abad J, Sánchez M. Teaching BLS to 12-16 year olds in Barcelona schools: view of head teachers. Resuscitation 2006;70:107-16

Nolan JP, Baskett P. European Resuscitation Council Guidelines for Resuscitation 2005; Resuscitation 2005 67(2-3):1-314

Osche S. Defibrillation durch Ersthelfer. Notfall Rettungsmed 2004;7:32-33

Phillips PS, Nolan JP. Training in basic and advanced life support in UK medical schools: a questionnaire survey. BMJ 2001; 323(7303):22-3

Riegel B, Nafziger SD, McBurnie MA, Powell J, Ledigham R, Sehra R, Mango LM, Henry MC. How well are cardiopulmonary resusciation and automated external defibrillator skills retained over time? Results from the PAD trial. Acad Emerg Med 2006; 13:254-63

Ropollo LP, Pepe PE, Cimon N, Gay M, Patterson B, Yancey A, Clawson JJ. Modified cardiopulmonary resuscitation instruction protocols for emergency medical dispatchers: rationale and recommendations. Resuscitation 2005;65:203-10

Schlechtriemen T, Wannemacher A, Kettel W, Altemeyer KH. Erste-Hilfe-Ausbildung in der Grundschule. Notfall Rettungsmed 2004; 7:174-180

SOS-KANTO study group. Cardiopulmonary resuscitation by bystanders with chest compression only (SOS-KANTO): an observational study. Lancet 2007;369:920-6

Stiell I, Nichol G, Wells G, e.a. Health-related quality of life is better for cardiac arrest survivors who received citizen cardiopulmonary resuscitation. Circulation 2003;108:1939-44

Toner P, Connolly M, Laverty L, McGrath P, Connolly D, McCluskey DR. Teaching basic life support to school children using medical students and teachers in a "peer-training" model – results of the "ABC for life" programme. Resuscitation 2007;75:169-75

Uray T, Lunzer A, Ochsenhofer A, Thanikkel L, Zingerle R, Lillie P, Brandl E, Sterz F. Feasibility of life-supporting first aid training as a mandatory subject in primary schools. Resuscitation 2003; 59(2):211-20

Van Kerschaver E, Delooz HH, Moens GF.The effectiveness of repeated CPR training in a school population. Resuscitation 1989;17:211-22

Wik L, Steen PA, Bircher NG. Quality of bystander cardiopulmonary resuscitation influences outcome after prehospital cardiac arrest. Resuscitation 1994;27:195-203