

The Australian Resuscitation Council: new guidelines for 2006

Ian G Jacobs and Peter T Morley

The Australian Resuscitation Council (ARC) is a voluntary coordinating body that represents all major groups involved in the teaching and practice of resuscitation. The ARC was formed in 1976 in an attempt to standardise the teaching and performance of basic life support techniques — cardio-pulmonary resuscitation (CPR). The Council comprised representatives of the major existing teaching organisations and was supported by its co-sponsors: the Royal Australasian College of Surgeons and the Australian and New Zealand College of Anaesthetists.

Over the past 30 years, the ARC has grown to include even broader representation, including nursing, ambulance and other medical organisations (see Table for a full list of member organisations and their representatives). The ARC has taken on the role as a coordinating body for other areas within resuscitation. The Advanced Life Support Sub-Committee was formed in 1991, and guidelines for advanced life support were first published in 1993.¹ Since then, the ARC has published paediatric advanced life support guidelines, and neonatal guidelines.

In March 2006, the ARC released updated guidelines for basic life support (BLS), advanced life support (ALS), paediatric advanced life support (PALS) and neonatal basic and advanced life support (NLS). These are published in full on the ARC website (<http://www.resus.org.au>).

The ARC does not work in an international vacuum and indeed, in 1993, was one of the foundation councils of the International Liaison Committee on Resuscitation (ILCOR). This involvement led to the publication of various consensus documents, including the initial advisory statements (1997)²⁻⁷ and then the Guidelines 2000 publication.⁸ The latest international collaborative effort was the 2005 consensus process. This complex review process⁹ was set up to produce the Consensus On Science and Treatment Recommendations (COSTR) document. A total of 281 international reviewers completed 403 worksheets on 276 topics, and these worksheets have been posted on the Internet as a resource (<http://www.c2005.org>). The information gleaned from these worksheets was collated and summarised into consensus science statements and, whenever possible, consensus treatment recommendations in the recently published COSTR document.¹⁰ This publication in turn provided the background information for the various resuscitation councils and organisations throughout the world to develop their own guidelines

(incorporating whatever local nuances or priorities are necessary). Given its close involvement and philosophical commitment to the international collaborative process, the ARC has updated its guidelines to incorporate this information.

Member organisations of the Australian Resuscitation Council (ARC) and their representatives

Member organisation	Representative
Australasian College for Emergency Medicine	A/Professor Jeff Wassertheil
Australian and New Zealand College of Anaesthetists	Dr George Merridew Dr Michael Parr
Australian and New Zealand Intensive Care Society	Dr Peter Morley
Australian College of Ambulance Professionals	Mr John Hall
Australian College of Critical Care Nurses	Ms Jennifer Dennett
Australian Defence Force	Dr David Scott
Australian Red Cross	Mr Glenn Peddey
Cardiac Society of Australia and New Zealand	Dr Darren Walters
Convention of Ambulance Authorities	Dr Hugh Grantham
National Heart Foundation	Mrs Binky Henderson
Royal Australasian College of Physicians Paediatrics and Child Health Division	A/Professor Jim Tibballs
Royal Australasian College of Surgeons	Mr Franklin Bridgewater
Royal Australian College of General Practitioners	Dr Christopher Hogan
Royal College of Nursing, Australia	Ms Natalie Ashcroft
Royal Life Saving Society Australia	Professor John Pearn
St John Ambulance Australia	Dr Peter Warfe
Surf Life Saving Australia	Dr Natalie Hood
Chair ARC New South Wales Branch	Mr Peter McKie
Chair ARC South Australian Branch	Dr Hugh Grantham
Chair ARC Queensland Branch	Mr Steve Dean
Chair ARC Tasmanian Branch	Dr Malcolm Anderson
Chair ARC Victorian Branch	Mr Tony Walker
Chair ARC Western Australian Branch	A/Professor Ian Jacobs
Co-opted member (Neonatologist)	Professor Colin Morley

In addition to the recommendations for management, the ARC has incorporated, whenever possible, an indication of the strength (class) of the recommendation and the level of supportive evidence. The Class of Recommendation used by the ARC is a simple ranking into one of two levels of support:

- considered to be beneficial and should be used (Class A); or
- may be beneficial and acceptable to be used (Class B).

The levels of evidence used by the ARC are adapted from the National Health and Medical Research Council's guideline for creating guidelines.¹¹

The major changes in ALS and PALS are summarised in two articles in this issue of the Journal (pages 129 and 132).^{12,13}

In addition, the major changes made to the previously published BLS guidelines are:

- No signs of life equals: unconscious (unresponsive), not breathing normally and not moving. When there are no signs of life present, then the rescuer should commence CPR.
- Two initial breaths should be given rather than five.
- The compression to ventilation ratio is now 30:2 for infants, children and adults. The same compression to ventilation ratio applies regardless of the number of rescuers.

(For further information, see <http://www.resus.org.au>.)

Once again, we have reached a time for change. The ARC strongly affirms that, during this transitional period, existing practice should not be considered to be either ineffective or unsafe. The new guidelines do not reflect that what we have been doing previously is either wrong or harmful, but rather that we may be able to do better. The ARC continues to attempt to provide the best consensus evidence-based guidelines, as if in response to the request: "Tell us what you want to do and when, but be honest about the amount of information that you have to support it".

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