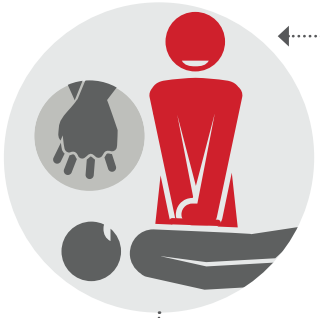
Telecommunicator-CPR (T-CPR):
Enhancing the Cardiac Arrest Chain of Survival

American Heart Association.

The Problem

Every year, more than **350,000 Americans fall victim to out-of-hospital cardiac arrest (OHCA).** Unfortunately, only about **1 in 10 victims survive** this dramatic event.



Early access to 9-1-1 and CPR are the first two links in the Chain of Survival. Early lay rescuer CPR approximately **doubles the chances of survival.**

However, while 9-1-1 is frequently called, **the majority of individuals experiencing out-of-hospital cardiac arrest do not receive CPR.**

Increasing Survival

As the **first link in the Chain of Survival**, telecommunicators must **partner with callers to quickly identify a cardiac arrest and, in turn, provide T-CPR instructions** while rapidly dispatching the appropriate medical response.

Chain of Survival

Successful resuscitation of cardiac arrest victims requires the time-sensitive, expert care described by each of the links in the Chain of Survival:

Early access to emergency medical services (EMS)

Early lay rescuer CPR

Early defibrillation

Early advanced care

Post-resuscitation care to facilitate rehabilitation and recovery

The first two links in the chain, **early access to EMS and lay rescuer CPR,** provide the foundation for subsequent treatment and are **critical for successful resuscitation.**

The Benefits of T-CPR

T-CPR offers a safe, cost-efficient, and effective approach to increase lay rescuer CPR.

Implementation of T-CPR has consistently increased lay rescuer CPR, often doubling the number of patients receiving early CPR.

T-CPR is associated with a **51% greater likelihood of survival after OHCA** compared to no **lay rescuer CPR**

Lay rescuer CPR is associated with intact functional survival, better long-term prognosis, and favorable cost-effectiveness.

An Effective T-CPR Program

Effective T-CPR requires a systems approach with commitment from call-takers, dispatchers, and responders.

T-CPR programs should be available across the country, and their performance should be measured, reported and evaluated against goals.

All 9-1-1 telecommunicators should receive formal T-CPR training and annual refreshers. Initial education can often be accomplished in <4 hours and continuing education in <2 hours.

Call to Action
Support HB#2386 & SB#1489

Ensure T-CPR training is a requirement for all 9-1-1 telecommunicators who provide dispatch for emergency medical conditions.

Ensure T-CPR training follows evidence-based, nationally recognized guidelines for high quality T-CPR which incorporates recognition protocols for continuous education.

Increase access to AEDs by increasing critical signage and a registry

Make Sudden Cardiac Arrest a Reportable Disease by requiring reporting into the National Registry

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