



The ERC Newsletter is an informative publication providing regular updates on the latest developments and achievements in the field of resuscitation. It covers a wide range of topics, from scientific advancements to events and news highlights from the ERC and its affiliated organisations. The newsletter is a valuable resource for anyone interested in staying up-to-date with resuscitation science and practice. Whether you are a resuscitation science enthusiast, healthcare professional, or simply interested in our activities, the ERC Newsletter is a must-read.

Event: Creating Cardiac AWAREness at Work



On January 13, we were present at the European Parliament, Brussels, with the partner organisations for the event "Creating Cardiac AWAREness at Work". The event was hosted by Dr. András Kulja, and organised by the Alliance for Workplace Awareness and Response to Emergencies (AWARE).

During the event, policymakers, healthcare experts, and workplace safety advocates discussed the urgent need to revise EU legislation and make workplaces across Europe safer and better prepared for sudden cardiac arrest (SCA) emergencies.

[Read the 'Event Report' to Know More About the Event](#)

Science and Education: The ERC Survey

The ERC 2025 Guidelines 'First Aid' group, on behalf of the European Resuscitation Council, is conducting a survey to understand the use of naloxone, emergency kits, tourniquets, and cervical spine immobilisation by both trained first responders and non-trained bystanders across European countries.

As someone with knowledge or experience in these areas, your input is invaluable. This survey aims to gather insights into the current practices, availability, and perceived needs of these tools and techniques in prehospital care. Your responses will contribute to a deeper understanding of emergency response practices and inform future guideline recommendations.

We greatly appreciate your time and insights. Should you have any questions or concerns, feel free to reach out to us at guidelines@erc.edu

[Fill out the Survey Here](#)

ERC 2025 Guidelines: Shaping the Future of Resuscitation!

The latest European Resuscitation Council (ERC) guidelines for 2025 are in development, and advocacy plays a crucial role in Systems Saving Lives. Our newly published article, 'Learn to Drive. Learn CPR.', provides key evidence to be integrated into the following ERC guidelines, reinforcing the need for mandatory CPR training for new drivers across Europe.

**ERC 2025 GUIDELINES:
SHAPING THE FUTURE OF RESUSCITATION!**

What the research shows

- ✓ 39% of European countries already require CPR training for a driving license.
- ✓ Many programs lack a strong CPR focus, leaving drivers unprepared for emergencies.
- ✓ Driving schools reach 90% of new drivers—a unique opportunity to spread CPR education!

Why this matters for ERC 2025

The ERC 2025 guidelines will emphasise systematic, policy-driven approaches to improving survival rates in out-of-hospital cardiac arrests. Integrating CPR into driver education is a proven strategy that saves lives, aligning with the advocacy efforts of the ERC and the European Driving Schools Association (EFA).

Ongoing policy impact

- The European Parliament has backed mandatory CPR training in its new Driving License Directive proposal.
- The ERC continues to advocate for its inclusion in the final legislation by engaging policymakers and stakeholders.

Next steps

- ✓ As the ERC 2025 guidelines take shape, we call on the resuscitation community, policymakers, and driving educators to support this initiative and help create a Europe where every driver knows how to save a life.

www.cprguidelines.eu

[Read the Full Article Here](#)

Trending on Social Media



ERC Survey: Use of Naloxone, Emergency kits, Tourniquets and C-spine immobilisation



GUIDELINES
2025
EUROPEAN RESUSCITATION COUNCIL



[Creating Cardiac AWAREness at Work
View the post on LinkedIn](#)

[ERC Survey
View the post on Facebook](#)

Trending on Social Media



The ERC Fellow Team
[View the post on Facebook](#)



EU Parliament Event
[View the reel on Instagram](#)

Young ERC: Join the Young ERC Network



Join
The Young ERC Network



Do you aspire to expand your impact, connect with like-minded individuals, and drive innovation throughout Europe?

The Young ERC Network invites you to be a part of this groundbreaking initiative.

We are seeking dedicated young leaders who are eager to contribute fresh perspectives, enthusiasm and collaboration to the European Resuscitation Council (ERC) community. This is an excellent opportunity to engage with fellow resuscitation enthusiasts and Young Chapters of National Councils across Europe, influence the future of resuscitation education and innovation, and amplify your voice within a vibrant and dynamic community.

If you're ready to be part of this exciting journey and take on a leadership role in a local initiative, we encourage you to reach out.

Don't miss the chance to join a network committed to saving lives and shaping the future of resuscitation. Together, we can make a difference!

We look forward to welcoming you on board.

[Sign up Here](#)

In the Spotlight: Impact of the Newborn Life Support in Vietnam

The impact of the training in figures

NLS Training Statistics				16th November 2024							
Type / Level of Hospital at which the NLS Candidates work	Facilities at which the NLS Candidates work		NLS Candidates			Profession of NLS Training Candidates	NLS Candidates				
	No.	% of Facilities where staff were trained	Received Training	Candidates who Passed Practical Test			No.	% of Total Candidates	Candidates who Passed Practical Test		
			No.	No.	% who passed from this type of Facility				No.	% Passes for this Profession	
1	National Hospitals	12	8%	251	236	94%	Doctor	513	57.7%	504	98%
2	City & Provincial Hospitals	74	48%	453	431	95%	Nurse	177	19.9%	162	92%
3	District Hospitals	18	12%	37	36	97%	Midwife	194	21.8%	173	89%
	District Health Centres	28	18%	48	43	90%	Resuscitation Officer	2	0.2%	2	100%
4	Commune Care Centres	1	1%	1	1	100%	Other	3	0.3%	3	100%
Public Hospitals not directly under MoH		5	3%	39	39	100%	Total	889	100%	844	95%
Private and PPP Hospitals		15	10%	60	58	97%					
Total		153	100%	889	844	95%					

Nearly one third (47 = 31%) of the health facilities receiving staff training were at the District Hospital or District Health Centre level (one being at Commune level).

At the end of 2024, UK Newborn Life Support (NLS) volunteer instructors have successfully conducted eight courses in Vietnam. For each course, either the British Ambassador or the British Consul General presented the first Vietnamese edition of the ERC NLS manuals to the directors of our partner hospitals and universities. This represents a significant advancement in newborn healthcare.

Despite heavy rain and flooding, celebrations in Hue reflected a strong commitment to improving practices in newborn resuscitation. The university's Rector emphasised the significance of correct newborn resuscitation with the official NLS manual serving as a critical tool in our effort to reduce newborn mortality.

In the Spotlight: 30 years of the Italian Resuscitation Council



On December 14, the two-day National Congress of the Italian Resuscitation Council took place at the Palazzo dei Congressi in Bologna, celebrating its 30th anniversary. Over 700 attendees and 70 speakers from across Italy participated in the event.

The first day highlighted the anniversary celebrations, including an award ceremony for Founding Members and the Valagussa Lecture by Federico Semeraro, Chair of the European Resuscitation Council. For the first time, an ALS Competition was held, followed by the IRC Young session featuring presentations from emerging researchers.

The second day focused on pediatric trauma, advanced life support (ALS), and post-return of spontaneous circulation (post-ROSC), with awards given for the best-submitted abstracts, including cash prizes from the Journal of Clinical Medicine.

[Check out the Celebration Pictures](#)

An AED heart rhythm analysis algorithm to increase chest compression fraction

cprINSIGHT analysis technology in the LIFEPAK CR2 defibrillator reduces CPR pauses and increases chest compression fraction (CCF) during the treatment of sudden cardiac arrest victims.

Below is an abstract of the article that utilises a LIFEPAK CR2 with cprINSIGHT that demonstrates the reduction in CPR pauses and increased in CCF. This article is called “Analysing the Heart Rhythm During Chest Compressions: Performance and Clinical Value of a New AED Algorithm” by de Graaf et al., published in Resuscitation Journal (2021).

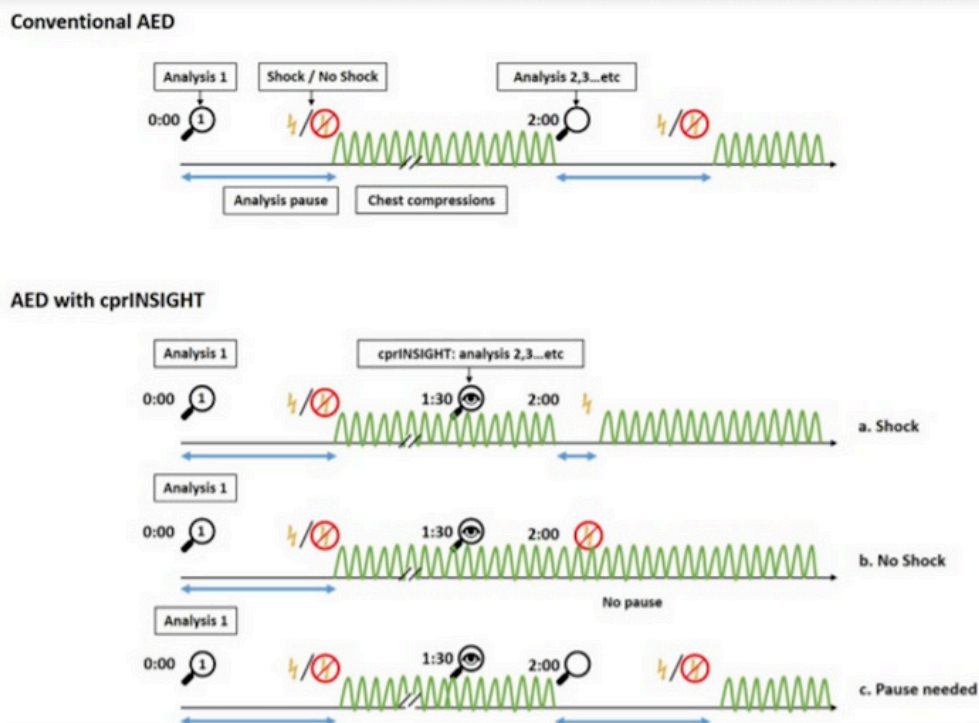


Fig. 1 – Conventional AED algorithm and cprINSIGHT algorithm.

In this figure the green curved line represents chest compressions.

Conventional AED: conventional AED algorithm with every 2-min cycle a pause in chest compressions for heart rhythm analysis and shock or no shock decision.

cprINSIGHT: every first analysis is a conventional analysis, analysis 2,3 . . . etc will use the cprINSIGHT algorithm which start 30s before the end of a 2-min cycle.

a: cprINSIGHT “shock”: analysis during the last 30s of a CPR cycle with a decision during chest compressions, only pause for shock delivery.

b: cprINSIGHT “no shock”: analysis during the last 30s of a CPR cycle with a decision during chest compressions, no pause needed, chest compressions are not interrupted at all.

c: cprINSIGHT “pause needed”: analysis during the last 30s of a CPR cycle, but a shock or no-shock decision during chest compressions could not be made. Then a voice prompt to pause is given and a conventional analysis is done to arrive at a shock or no shock decision.

Industry Partner: Advertorial

Abstract

Purpose: Automated external defibrillators (AED) prompt the rescuer to stop chest compressions (CC) for ECG analysis during out-of-hospital cardiac arrest (OHCA). We assessed the diagnostic accuracy and clinical benefit of a new AED algorithm (cprINSIGHT), which analyses ECG and impedance signals during CC, allowing rhythm analysis with ongoing chest compressions.

Methods: Amsterdam Police and Fire Fighters used a conventional AED in 2016-2017 (control) and an AED with cprINSIGHT in 2018-2019 (intervention). In the intervention AED, cprINSIGHT was activated after the first (conventional) analysis. This algorithm classified the rhythm as "shockable" (S) and "non-shockable" (NS), or "pause needed". Sensitivity for S, specificity for NS with 90% lower confidence limit (LCL), chest compression fractions (CCF) and pre-shock pause were compared between control and intervention cases accounting for multiple observations per patient.

Results: Data from 465 control and 425 intervention cases were analysed. cprINSIGHT reached a decision during CC in 70% of analyses. Sensitivity of the intervention AED was 96%, (LCL 93%) and specificity was 98% (LCL 97%), both not significantly different from control. Intervention cases had a shorter median pre-shock pause compared to control cases (8 s vs 22 s, $p < 0.001$) and higher median CCF (86% vs 80%, $P < 0.001$).

Conclusion: AEDs with cprINSIGHT analysed the ECG during chest compressions in 70% of analyses with 96% sensitivity and 98% specificity when it made a S or a NS decision. Compared to conventional AEDs, cprINSIGHT leads to a significantly shorter pre-shock pause and a significant increase in CCF.

Keywords: Algorithm; Automated external defibrillator; Chest compression fraction; Chest compressions; Out-of-hospital cardiac arrest; Pre-shock pause; Rhythm analysis.

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If you want to know more about LIFEPAK CR2 defibrillator with cprINSIGHT analysis technology, please contact your Stryker sales representative or visit [stryker.com](https://www.stryker.com)

01/2025 | EC-LCR2-ARTI-1550622_REV-0_en_gb © 2025 Stryker

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