FAQ's

Do you have a question about resuscitation or training? We might have answered it already.

Whether you're a resuscitation instructor, course participant or member of the public, we might have answered your question already under one of these headings:

- Training
- Clinical queries
- Social, cultural or legal concerns

Alternatively send us your question.

What is meant by resuscitation?

The body's tissues require a continuous supply of oxygenated blood to function properly. When tissues are deprived of oxygen they become hypoxic. When tissues are deprived of blood supply they become ischaemic.

Ischaemia will cause tissues to become hypoxic. The most common causes of ischaemia and/or hypoxia are shock (where circulation is inadequate to meet the body's needs), hypoxaemia (low blood oxygen concentration) and cardiac arrest (where the heart stops pumping blood into circulation).

Resuscitation is the general term used to denote the process by which a rescuer attempts to reverse the development of ischaemia and/or hypoxia. Cardiopulmonary resuscitation (CPR) is the cyclic combination of a series of chest compressions, manual airway opening and rescue breaths.

Training

I would like to enrol on a CORE or NLS course. Can you provide me with a list of course providers?

The NZ Resuscitation Council doesn't maintain a central register of course providers and we're not able to recommend any one particular provider.

However, some options to find a provider are:

1. *Contact the resuscitation coordinator at your nearest Te Whatu Ora - Health NZ hospital and see if they can assist.*
2. *An internet search for "CORE resuscitation provider" or "Newborn Life Support course provider" in your area should give you some results of private providers*
3. *If you belong to a regulatory or medical membership organisation they may be able to provide you with a list of preferred providers.*

I've lost my certificate – can I have a new one?

If you have lost your CORE or NLS certificate, please contact your course provider first. If they are unable to help you, we may be able to issue you a replacement for a fee. Please contact us at info@resus.org.nz for further information as we will need to check when you last completed your certification and raise an invoice for payment.

Can anyone enrol on a CORE or NLS course?

No. To enrol on a CORE or NLS course, you must hold a health professional qualification.

Please see our Responder Training Framework for more information about training levels.

Find out more

Is CORE or NLS equivalent to other certifications?

The NZ Resuscitation Council does not make determinations regarding equivalency to any of our courses other than for ALS courses provided across the Tasman and endorsed by our Australian counterparts. For us to do so would require an extensive review of not only course knowledge and skill content but also teaching methodology and quality controls.

While we endeavour to maintain a standard for all of these components for our own courses we are not in a position to comment on any aspect of courses provided by other organisations.

Will I receive NZQA credits upon completion of CORE or NLS?

No. The NZ Resuscitation Council CORE and New Born Life Support courses will not provide you with NZQA unit standards. Our courses are for NZ registered health professionals and the content is designed based on the learner having a pre-existing knowledge set and health qualification.

Are Trainee Interns allowed to do CORE Advanced?

It is within the Medical Council's Policy for New Zealand and Australian Graduates that Trainee Interns in their first postgraduate year hold an Advanced Cardiac Life Support certificate that is less than 12 months old and commensurate to the skills and knowledge of CORE Advanced.

Who sets training requirements?

The New Zealand Resuscitation Council does not have a mandate to set training requirements. Training requirements are set by colleges, professional bodies and employers. Our training programmes are frequently used by such bodies to set professional standards but this is not mandated by us.

Our Rescuer Framework suggest resuscitation training provided by us which might be suitable for different rescuers.

Is CORE recognised in Australia?

Yes. The New Zealand Resuscitation Council and Australian Resuscitation Council recognise the certification provided from each council's course as equivalent for the purposes of professional or workplace credentialing. Although each council's courses teach slightly different material to reflect differences in national resuscitation guidelines, the differences are minor and have no impact on the quality or outcomes of resuscitation in practice.

This arrangement applies only to CORE Provider courses. No other courses are currently recognised for cross-crediting purposes.

How do I become an Emergency Care Instructor?

We do not set the requirements for First Aid and do not offer First Aid training. However, we do offer the Emergency Care Assessment for providers who wish to demonstrate that they teach resuscitation and first aid following our resuscitation guidelines.

Find out more

Why is trauma management included in CORE?

For most resuscitation councils internationally, the focus of training and education is regarding the management of cardiac arrest (for example with ALS, BLS and ACLS courses), while training related to the management of severe trauma is left largely to other bodies.

In New Zealand, the rate of trauma related morbidity and mortality is very high – especially road trauma related. For this reason the NZRC continues to include introductory education related to the early management of severe trauma in the CORE programme. For those exposed more regularly to the management of severe trauma, the depth of knowledge and breadth of skills required will significantly exceed that covered in this manual and in the CORE programme. Attendance of trauma related courses - such as EMST or ATLS - is recommended.

Clinical queries

Is it acceptable to administer adrenaline (IM) in cases of cardiac arrest where there is no IV access?

Currently the evidence that supports using vasopressors during cardiac arrest management is not strong. The key to a successful outcome from cardiac arrest is quality CPR, early defibrillation, and a systems approach to overall management. While early administration of (IM) adrenaline into a large muscle is the mainstay of anaphylaxis treatment, it is not recommended during cardiac arrest management.

Is it okay not to do rescue breathing?

Current guidelines promote rescue breathing as routine in resuscitation events, and the New Zealand Resuscitation Council advocates the use of rescue breathing. Rescuers should be trained to provide rescue breathing as part of the DRS ABCD whereby the ratio of compressions to rescue breaths is 30:2. Rescue breathing is particularly important in drownings. See Guideline 5 (Guidelines).

What is 'cough CPR' and is it effective?

'Cough CPR' refers to a person coughing repeatedly and vigorously when they think they are having a heart attack and are alone. It has wrongly been suggested as a way to prolong responsiveness until help arrives.

There is no evidence for cough CPR and it has no place in first aid.

Where heart attack is suspected, the priority is to call an ambulance. Heart attack can lead to cardiac arrest and is a medical emergency. For more on first aid management for heart attack, see Guideline 9.2.1 (Guidelines).

If a rescuer cannot perform chest thrusts or back blows to clear the choking patient's airway, is it okay to perform abdominal thrust as long as the person seeks medical attention afterwards?

We don't recommend the use of abdominal thrusts for treating choking. Wherever possible, we encourage the rescuer to attempt back blows and chest thrusts in preference to abdominal thrusts, as abdominal thrusts have the potential to lead to life-threatening complications. Medical attention should always be sought after an event involving Foreign Body Airway Obstruction where there remains concern that foreign material is still in the airway or injury has occurred. See Guideline 4 (Guidelines).

Are there any age groups in which an AED should not be used, or is less beneficial than CPR alone, to improve outcomes for arrested persons?

Where an adult or child is unresponsive and not breathing normally, an automatic external defibrillator (AED) should be used to assess whether a shock can be delivered. In most situations, a shock may be the person's only chance of survival following cardiac arrest.

For children between 1 and 8 years of age, use child electrodes if these are available. For children under 1 year of age, there is no scientific data to support the use or non-use of AEDs in children under 1 year of age. A device that reduces doses for infants is preferred. If there is any delay in the availability of the preferred device, the device that is available should be used. Find out more about AEDs in Guideline 7 (see Guidelines).