

**International Liaison Committee on Resuscitation
Minutes of the 5th meeting held on 23 October 1994.
University Hospital, Mainz, GERMANY.**

94/12 Present: Douglas Chamberlain (ERC) (Co-Chairman)
 Richard Cummins (AHA) (Co-Chairman)

ERC Peter Baskett
 John Bland
 Leo Bossaert
 Pierre Carli
 Wolfgang Dick
 Ank van Drenth
 Tony Handley
 Petter Steen
 David Zideman

AHA Lance Becker
 Judy Graves
 Mary Fran Hazinski
 Ahamed Idris
 Bill Montgomery
 Joe Ornato
 Bill Thies (in attendance)

HSFC Jim Christianson

RCSA Walter Kloeck
 Effraim Kramer

ARC Mervyn Allen
 Ian Jacobs

94/13 Welcome and Introduction:

The Co-Chairmen welcomed everybody present, and an address list was collected for distribution (Appendix 94/3).

Copies of ERC, AHA, and RCSA guidelines were distributed to all present.

94/14 Minutes of previous meetings

14.01 Minutes of the 4th International Liaison Committee on Resuscitation (ILC) held in Richmond were discussed.

The overall content of the minutes was agreed, but attention was drawn to minor faults in presentation. A corrected draft will be presented for approval at the next meeting.

- 14.02 Up to the present there has been no formal arrangement for the drafting of minutes. Both chairmen invited participation in a writing committee to be held on the 24 October. Several participants agreed to attend namely: Bland, Chamberlain, Dick, Jacobs, Kloeck, Kramer, and Steen.
- 14.03 Minutes of the Paediatric Life Support Working Group of the ILC meeting held in Washington were mentioned but not discussed in detail. They are attached as Appendix 94/4.
- 94/15 **Current Objectives:**
- Douglas Chamberlain restated the long term objectives of achieving a high degree of commonality in the guidelines likely to be presented by member organisations in or around 1997.
- A target for this meeting was close accord on the content of suggestions to the member organisations for possible adoption in the next round of guidelines. Feedback from a wider constituency would be anticipated for further discussion for the meeting to be held in Stavanger in June 1995.
- 94/16 **Composition of the ILC**
- 16.01 The original structure of named representatives and substitutes (with the possibility of co-opted members) had proved to be impractical because composition of member organisations changed. Moreover participation at meetings also depended on the availability of individuals.
- 16.02 The committee modified the composition of the ILC by increasing participation of the smaller organisations. This would permit them to have 1 representative at each of the 3 principal working groups. The new guideline for representation would be as follows:
- North America 7 (usually AHA 6, HSFC 1)
 - ERC 6
 - RCSA 3
 - ARC 3
- 16.03 The method of voting was discussed briefly, but the committee felt that voting was inappropriate. Every attempt will be made to reach consensus on all issues, but any disagreements would be recorded.
- 16.04 The question of invited observers was discussed. A suggestion had been made that a colleague from Japan might attend. The committee decided that in future the co-chairmen should be permitted to invite one or two observers per meeting at their discretion, but each observer would be allowed to attend only one meeting in that capacity.

16.05 The committee discussed the possible expansion of the ILC. A number of individuals had already made approaches but they did not yet represent appropriate organisations. In coming to a decision whether or not an organisation had a valid claim to participation in the ILC, the following questions would have relevance.

- 1) Is it a multinational representative organisation?
- 2) What disciplines or groups are represented?
- 3) How many members in the organisation and in its supporting groups?
- 4) Does the organisation have a mandate for producing resuscitation guidelines?

16.06 The committee acknowledged that important regions of the world had no representation on the ILC because of their lack of appropriate organisations. Until these emerged efforts would be made to create a network of communication so that the work of the ILC could be made more widely known.

94/17 **The Consensus Process in Resuscitation**

Richard Cummins distributed the first draft of a chapter entitled: "Consensus Development in Resuscitation: the Growing Movement towards International ECC Guidelines" prepared by the co-chairmen. This contains the mission statement of the ILC which is:

"To provide a consensus mechanism by which the international science and knowledge relevant to emergency cardiac care can be identified and reviewed. This consensus mechanism will be used to provide consistent international guidelines supported by science on emergency cardiac care for BLS, ALS, and PLS."

While the major focus will be upon the science relevant to treatment guidelines, the steering committee will also address:

- the effectiveness of educational and training approaches
- the implementation and organisation of emergency cardiac care.

94/18 **Working Group Status Report**

18.01 Members of the principal working groups presented a status report of progress to date based on Appendices 94/1, 94/2, and, 94/4.

18.02 Peter Baskett presented to the meeting his reservations on current recommendations for ventilation volumes (800-1200ml per ventilation). He claimed on the basis of some calculations that these inflation volumes are too high. If followed they would seriously restrict the number of chest compressions per minute. After general discussion it was agreed that previous research would be reviewed. The matter would be reviewed in the BLS working group.

18.03 Walter Kloeck presented a draft position statement on the recovery position for subsequent discussion by the BLS working group.

94/19 Working Group Sessions

The committee divided into the three principal working groups. Their deliberations are summarized in Appendices 94/5, 94/6, 94/7.

94/20 Working Group Discussions

Members of the three working groups presented their updates, but the detailed discussion was left until the next meeting at Stavanger. By this time wider consultations would have taken place.

94/21 Policy on Confidentiality

David Zideman expressed anxiety about problems that may occur if detailed knowledge of working group proposals were widely circulated. This could undermine the credibility of existing guidelines. Some consultation is clearly necessary but all participants were urged to handle the matter sensitively with due regard to the balance between the need for openness on the one hand and the perceived risks on the other.

94/22 International CPR Awareness Day (see 94/03)

Walter Kloeck informed the meeting of the success of South Africa's national CPR Day and found it encouraging that other countries and organisations were arranging similar events.

The long term goal of an International CPR Day would still be the ideal, but may take many years to implement.

94/23 Funding of ILC

The ERC and AHA have both written letters to Dr Gyarfas, head of the Cardiovascular Diseases section of the WHO, to request limited support for the activities of the ILC. A reply was eventually received - after some prompting - stating that this matter did not seem to fall within his remit. It was suggested by Dr Gyarfas and others that a more appropriate contact might be Dr Kirsten Johansen from the Department of Quality of Care and Technologies in the WHO. Douglas Chamberlain had already written on behalf of the ERC and other member organisations offered to do the same.

94/24 Plans for Meetings at Utstein, Stavanger 1995

Two meetings are planned in Utstein in June 1995. On the 23 and 24 June the ILC plans to meet. On 21 and 22 June there will be a new consensus meeting to revise the recommendations for the Utstein style of reporting. There will be overlap in the participants of these meetings. The committee approved the suggestion that each participating organisation be allocated an overall total number of participants for the two meetings. Not more than forty individuals would be invited to the consensus meeting. The chairmen undertook to make definite proposals in the next week or two. The committee anticipated that the number attending the ILC would be within the recommended framework of the ILC (see 94/16).

94/25

Dates of Future Meetings

6th ILC Meeting 23 and 24 June 1995, Stavanger, NORWAY.

7th ILC Meeting 19 and 20 October 1995, New Orleans, USA.

AFTERNOTE: There will be a clash with the 8th European Congress of Intensive Care Medicine, so the 12 and 13 October 1995 may be more appropriate.

8th ILC Meeting 13 and 14 May 1996, Montreal, CANADA.

94/26

Any Other Business

There being no other pressing business, the meeting was closed.

AFTERNOTE 2: A list of representatives who have attended the ILC meetings to date is shown in Appendix 94/8.

