International Liaison Committee on Resuscitation
Minutes of the 7th ILC Meeting
Atlanta Airport Hilton Hotel; Atlanta, Georgia; USA

95/09
Present:
Richard O. Cummins (AHA) (Co-chairman)
Douglas Chamberlain (ERC) (Co-chairman)

AHA:
Lance Becker
Bill Montgomery
Joe Ornato
Linda Quan
Art Sanders
John Kattwinkel
Bill Thies
FG Stoddard
Carol Evans

ARC:
Vic Callanan
Mervyn Allen

ERC:
Wolfgang Dick
Ank van Drent
Tony Handley
Peter Baskett
Petter Steen

HSFC:
Jim Christianson

RCSA:
Walter Kloeck
Efraim Kramer

95/10

Welcome and Introductions

The co-chairpersons, Richard O. Cummins and Douglas A. Chamberlain, welcomed the committee members, guests, observers and the host AHA staff. FG Stoddard, Editor of *Currents* Newsletter was introduced. The ILC encouraged all ILC members to subscribe to *Currents* as a major tool of communications regarding emergency cardiac care and resuscitation. An article in the Fall, 1995 issue of *Currents* (“International guidelines advanced in Norway”), prepared by Dr. Stoddard, had been circulated prior to the meeting.
John Kattwinkel, MD, Co-chair of the Neonatal Resuscitation Program of the AHA and the American Academy of Paediatrics, was introduced. Dr. Kattwinkel was invited to attend the ILC meeting as an AHA consultant on Neonatal issues. Other Resuscitation Councils are encouraged to add Neonatal expertise to their council representation (see PLS working group minutes for more details.)

An address list was circulated to be updated. Members were asked to note their sponsoring organization and their special role related to resuscitation guidelines. This updated list is provided as an Appendix to these minutes.

95/11

Review of the Minutes from 6th ILC meeting in Stavanger, Norway (Utstein Abbey)

The minutes of the 6th ILC meeting in Stavanger, Norway had been distributed prior to the 7th meeting. These minutes included the minutes from the 6th ILC meeting (95/01 to 95/08); the working groups of BLS (B95/01 to B95/10), PLS (P95/01 to P95/11), and ALS (A95/01 to 95/05). These minutes were reviewed and approved.

95/12

Continuity of committee membership

The Committee reviewed and discussed the agenda packet which included, in addition to the 6th ILC minutes, a number of articles and background documents. This agenda packet was sent out too late for in-depth review by the Committee members.

RECOMMENDATION: the Committee agreed to have all materials sent out well in advance for future meetings. Minutes and agenda items should be sent to all attendees at the immediate past meeting, as well as all attendees for the forthcoming meeting.

The Committee discussed the problem of continuity of committee membership from meeting to meeting. This has occasionally required repeated examination, from one meeting to the next, of the same issues. This repeated discussion has occasionally led to reversals of decisions made at one meeting, by attendees at a subsequent meeting. In addition, work assignments made to an individual representative at one meeting have not been completed when representation changes between meetings. RECOMMENDATION: The Committee reaffirmed the previous position that representation rests with the sponsoring organization, not individuals. This voting representation, on issues that require voting, continues to follow the formula of: ERC (6), AHA (6), HSFC (1), RCSA (3) and ARC (3). Work assignments are made to a sponsoring organization, not an individual. If that individual representative is unable to attend the subsequent meeting, or unable to complete a work assignment, then the responsibility remains with that individual's sponsoring organization. Individual representatives therefore have the responsibility to see that his or her work assignment is assumed by some other member of the sponsoring organization.

One representative made an observation that captured the spirit of the ILC: in the seven meetings of the ILC, the Committee has never needed to take a vote on any question.

95/13

Representation and participation by other countries

7th ILC Meeting; Atlanta, Georgia; October 26-27, 1995
The Committee discussed continued requests for participation by individuals in other countries and organizations that at this time are not represented in the ILC. The Committee expressed its concern that currently large areas of the world such as Asia, South and Central America and parts of Africa, are not represented in the ILC. The Committee stated again that the criteria for ILC membership includes: multinational and multi-organizational councils that are responsible for the development, publication and dissemination of resuscitation guidelines. At this time only the ERC, AHA, ARC and RCSA meet these criteria. The Committee recognized, however, the value of membership in the ILC for stimulating the development of resuscitation programs in countries that now lack such activities.

**RECOMMENDATION.** The Committee will continue to be open to requests for membership that meet the ILC criteria. In particular Douglas Chamberlain will discuss this question with Cardiologists in Japan, Mexico, Chile and Argentina. These individuals have communicated their interest in the work of the ILC.

**95/13**


A major concept behind the ILC is that the work of the ILC will serve as a resource for the world’s resuscitation councils and not a replacement. The ILC must be understood as the mechanism through which the world’s resuscitation councils work to achieve common resuscitation guidelines around the world. The Committee discussed extensively how to implement our respective resuscitation councils’ goal to teach the same guidelines throughout the world. The potential exists, however, for having multiple sets of guidelines. This potential arises from the necessity for the ERC to produce revised guidelines by 1997, and the AHA’s long-range plans that dictate full guideline review and revision in 1999. Nevertheless, the potential for dramatic differences in the various guidelines is small. The major principle of the ILC has been to simplify the existing guidelines. This simplification arises from the ILC focus on acceptance of only scientifically confirmed interventions, and on increasing the ease of training.

The Committee agreed that the work of the ILC is closely integrated into the guidelines processes of the separate resuscitation councils. The ILC currently serves to provide the initial international scientific review of potential guideline revisions. The discussions of the ILC already have identified both major and minor differences in the existing resuscitation guidelines (the major focus of the 4th ILC Meeting in Richmond, Virginia). Subsequent ILC meetings have focused on resolving these differences and on proposing areas of acceptable international recommendations. The forthcoming position papers of the ILC will serve to establish written agreement on potential guidelines that can be promulgated internationally.

To integrate the work of the ILC with the required work of the respective resuscitation councils, the Committee reached agreement as follows:

- **October, 1995 to May, 1996:** the ILC and the ILC working groups will move forward with written position papers on agreed-upon resuscitation guidelines for Neonatal, Paediatric, Basic and Advanced Life Support.
- **May 15-16, 1996:** the ILC and the ILC working groups will review and revise the position papers at the 8th ILC meeting in Montreal

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May, 1996 to November, 1996: the ILC and ILC working groups will revise and finalize the position papers. The representatives from the respective resuscitation councils will initiate a process for obtaining review and commentary from the members of their standing committees and subcommittees. Final revisions will be made at the 9th ILC Meeting in New Orleans, November 14-15, 1996.

November, 1996 to early 1997: the final ILC position papers will be circulated and made available as resource information for the ERC working groups as they prepare for their 1997 resuscitation guidelines. Authorship of ERC resuscitation guidelines and position papers will be shared with the ERC working groups who are preparing the 1997 ERC guidelines. These guidelines will be published in a 1997 issue of Resuscitation.

1997 to 1999. The AHA will proceed with its plans for the next review and revisions of the AHA Guidelines on ECC and CPR, last published in JAMA 28 Oct, 1992. The ILC Committee learned that the AHA is in the process of review of the methods the AHA follows for production of the AHA resuscitation guidelines. The AHA already has adopted methods for interim additions to its resuscitation guidelines such as the 1993 edition and the forthcoming 1996 edition of the AHA Handbooks on Emergency Cardiac Care; the publication of interim guidelines in Currents, and additional chapters and supplements to the ACLS Textbook (new program on automatic external defibrillation). AHA representatives expressed the opinion that the ILC position papers will contribute significantly to the AHA guidelines process. In particular, the expertise represented by the ILC membership will be integrated into the AHA review and revision of guidelines. Publication of the ERC Guidelines in 1997, undoubtedly influenced by the ILC position papers, will not pose a significant problem for the AHA guidelines process.

95/14

Review and discussion of progress by the ILC Working Groups

The plenary sessions of the 7th ILC included discussions of the issues and decisions of the three working groups. These discussions were led by the chairs appointed for this meeting: BLS co-chaired by Anthony Handley and Lance Becker; ACLS chaired by Walter Kloeck; PLS chaired by Linda Quan. Each working group chair presented their draft recommendations, and opened the floor for discussions by the plenary group. Following each period of comments and testimony the Working Groups continued discussion in separate breakout meetings.

Action plans. Each Working Group will produce their respective position papers headed “International Guidelines”. Preliminary drafts of these position papers were written following the 6th ILC meeting in Norway as follows: Pediatric International Basic Life Support Resuscitation Guidelines (by Mary Fran Hazinski); Basic Life Support (by Tony Handley and Lance Becker); and an ALS Universal Algorithm plus a series of ALS position statements (by Walter Kloeck and members of the ALS Working Group—see ALS minutes for specific topics and authorship).

Special note. Many of the discussions and decisions have been recorded in the minutes from the respective working groups. These important conclusions and recommendations need to be revised and incorporated into the final “International Guidelines” documents.

95/15

Neonatal Resuscitation
The Committee discussed neonatal resuscitation guidelines and whether an additional neonatal working group should be assembled. The committee appreciated the description by Dr. Kartwinkle of the Neonatal Resuscitation Program (NRP) developed by the AHA and the American Academy of Pediatrics. The NRP has focused on advanced life support guidelines for the delivery room, in the United States and in many other countries. Missing, however, are specific neonatal guidelines for the basic life support providers in the non-delivery room setting. Comments from the committee members suggest marked international differences exist in the percentage of total births that occur outside well-equipped and staffed delivery rooms. The Committee lacked sufficient information to determine whether these international differences are real or simply perceived. The committee did not reach a final decision on the need for a separate neonatal resuscitation working group. This topic will be addressed further in Montreal, with each resuscitation council encouraged to recruit further neonatal consultation.

See the attached minutes of each of the Working Groups (Appendices 95/1, 95/2, and 95/3) for details and final recommendations.

95/16

Review of the In-hospital Utstein manuscript: Uniform Guidelines for reporting in-hospital resuscitation.

The ILC committee reviewed and discussed the most recent draft of the In-hospital Utstein style guidelines. This manuscript was based on the Utstein '95 Conference held in June, 1995 at the Utstein Abbey in Stavanger, Norway. The Utstein '95 Conference immediately followed the 6th ILC Meeting and was sponsored, in part, by the resuscitation councils of the ILC. A total 15 ILC representatives present in Atlanta participated in the Utstein '95 Conference. This 7th ILC meeting was viewed as a unique opportunity to meet and conduct a face-to-face review of the In-hospital manuscript.

Limited time restricted the discussion to only a brief review of the manuscript. All ILC representatives, however, are requested to review the manuscript in greater detail. The ILC co-chairs, Richard Cummins and Douglas Chamberlain, request that reviewers concentrate on the overall manuscript and not spend large amounts of time revising the wording of individual sentences. The manuscript should be reviewed for clarity and understanding and whether of not the manuscript communicates clearly the major themes. Please send your comments directly to Dr. Cummins, who will be coordinating the revisions and later drafts. All individuals who provide comments and suggestions will be acknowledged in the final publications.

95/17

Dates for future meetings

8th ILC. The 8th ILC meeting will take place in Montreal, Quebec, Canada on May 15 and 16, 1996. This will occur in coordination with the ECCU'96 Conference in Montreal. The meeting will be hosted by the Heart and Stroke Foundation of Canada.

9th ILC. The 9th ILC meeting will take place in New Orleans, Louisiana, USA, on November 14 and 15, 1996. This will occur in coordination with the 1996 Annual Scientific Sessions of the American Heart Association. The AHA has agreed to host this meeting.
10th ILC. The 10th ILC meeting will take place in Europe in early 1997. This will occur in coordination with the ERC conference in which the 1997 ERC guidelines are presented. The ERC, which will host the conference, has not yet established exact dates.

95/18
Expression of Appreciation
The Committee expressed appreciation to Carol Evans, National Program manager of the AHA, and her staff associates, Mary Schaper, Aleyxa del Rio and Raguey Sprangel. These individuals worked hard to make the arrangements for the 7th ILC meeting. Much of the success of this meeting was due to Carol's careful planning and hard work. The Committee appreciated her participation in the discussions, as well as Bill Thies, Science Advisor to the AHA's ECC programs. FG Stoddard will report on the meeting in a future edition of Currents.

95/19
Other 1996 meetings of particular interest for resuscitation

- Citizen CPR Foundation and AHA ECCU '96 Update Conference; Montreal, Quebec; 16-18th May, 1996
- European Resuscitation Council's Congress "Resuscitation '96"; Seville, Spain; 6th and 7th June, 1996