The American Academy of Pediatrics recommends that high school students receive training in Basic Life Support (BLS) and Pediatric Basic Life Support (PBLS) as part of their health education program.

The skills taught, such as recognition of symptoms, establishment of an airway, and rescue breathing, will help prepare students to deal with individuals who need their assistance due to aspiration or cardiopulmonary emergencies. Individual efforts using only BLS/PBLS skills can be effective in rescuing patients in these circumstances. Prompt initiation of cardiopulmonary resuscitation (CPR) after early recognition of a cardiac arrest has limited success alone. This education must be supported by a community emergency response system. Immediate CPR coupled with access to the community emergency response team maximizes the impact of school education programs.

School-based programs have been successful in training students to have BLS skills. The Academy does not expect that BLS/PBLS training will prepare students for all emergencies, nor does it intend that students should be made to believe they are solely responsible for rescuing victims or for the survival of individuals with life-threatening events in their school or community. Younger students should be reassured that their responsibility is limited during emergency events, particularly when adults are available. In addition to the potential benefits of BLS/PBLS, a realistic perspective of resuscitation abilities as only a link in the “chain of survival” should be provided. The limitations of BLS/PBLS and of all emergency services on the eventual outcome of cardiac arrests also should be explained.

Students should be given information about avoiding the acquisition of transmissible diseases during CPR. The Academy does want young people to develop an enhanced sense of responsibility for their fellow citizens, both as students and eventually as adults; to gain confidence and capability in dealing with sudden and usually frightening events; and to appreciate the need for, and how to call for, emergency assistance.

The Academy further recommends that local school districts ensure that all BLS/PBLS instructors in their school are qualified appropriately and that all students will have the opportunity to be formally educated in BLS/PBLS. Standards are well described. The school should also offer BLS/PBLS training at regular intervals to permit skills to remain current. Repeat training in CPR has a significant effect on improving the retention of both knowledge and skills for resuscitation.

Schools are encouraged to develop a personnel plan for dealing with emergencies and to make BLS/PBLS training and certification available for all school personnel including nonteaching staff.

The designated school physician, if qualified, can serve as consultant to the BLS/PBLS programs. All interested pediatricians can make known their willingness to organize or serve as instructors in BLS/PBLS training programs for their school community. Pediatricians can promote approved programs that are economically feasible for the school. Pediatricians can also encourage the development of supplemental training programs for BLS/PBLS education for parents as well.

Committee on School Health, 1992 to 1993
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REFERENCES

This statement has been approved by the Council on Child and Adolescent Health.

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.
9. Standards and guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care (ECC). *JAMA.* 1986;255:2954-2977
Basic Life Support Training in School

*Pediatrics* 1993;91;158

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