

UPDATED AMERICAN HEART ASSOCIATION GUIDELINES RECOMMEND MOBILE TECHNOLOGY TO ALERT BYSTANDERS

**The AHA's 2020 CPR Guidelines Recommend Emergency Dispatch Systems
Alert Willing Bystanders Through Mobile Phone Technology, Like PulsePoint, to Assist in
CPR and AED Retrieval**

PLEASANTON, CA (October 22, 2020)—The 2020 American Heart Association (AHA) [*Guidelines for Cardiopulmonary Resuscitation \(CPR\) and Emergency Cardiovascular Care \(ECC\)*](#) were just released to include updated CPR guidelines that direct emergency dispatch systems to use mobile technology to activate early bystander response in sudden cardiac emergencies. The PulsePoint Respond app, the North American standard in alerting willing bystanders to CPR-needed events, is currently in more than 4000 communities and has built a network of more than 2.5 million subscribers.

In 2015, when the previous recommendations were released, approximately 350,000 adults in the United States experienced nontraumatic out-of-hospital cardiac arrest (OHCA) attended by emergency medical services (EMS) personnel. Despite recent gains, less than 40 percent of adults receive layperson-initiated CPR, and fewer than 12 percent have an automated external defibrillator (AED) applied before EMS arrival.¹

According to the latest guidelines, “emergency dispatch systems should alert willing bystanders to nearby events that may require CPR or AED use through mobile phone technology (Class 1, LOE B-NR). Despite the recognized role of lay rescuers in improving OHCA outcomes, most communities experience low rates of bystander CPR and AED use. Mobile phone technology, such as text messages and mobile phone apps, is available to summon trained members of the general public to nearby events to assist in CPR and to direct those responders to the nearest AED. Notification of lay rescuers via a mobile phone app results in improved bystander response times, higher bystander CPR rates, shorter time to defibrillation, and higher rates of survival to hospital discharge.”²

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¹ *Highlights of the 2020 American Heart Association Guidelines for CPR and ECC*, pg. 4

² *Executive Summary, 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*, section 7.1

“For more than ten years the PulsePoint Foundation has been building the cardiac arrest alerting system and AED registry for North America,” said Richard Price, PulsePoint founder and president. “As pioneers of this technology we are heartened to see the strong AHA recommendation as we have seen the benefits of engaging the community in cardiac arrest response.”

Each day the PulsePoint Foundation processes approximately 600 cardiac arrest events at the moment they are reported to emergency services. More than 400,000 individuals have received a PulsePoint CPR-needed alert to more than 120,000 activations. Through the PulsePoint AED registry, 9-1-1 dispatch centers have cataloged more than 100,000 AED locations for recommendation to callers and mobile responders.

“It’s encouraging to see the AHA incorporating innovative approaches, such as PulsePoint, in the effort to improve out-of-hospital cardiac arrest survival rates,” said Dr. Michael Kurz, physician scientist at the Alabama Resuscitation Center and Immediate-Past Chair of the AHA Emergency Cardiac Care Subcommittee on Systems of Care. “As countries build their mobile-alerting networks I expect they will experience improvements in bystander CPR rates, public AED use and overall survival gains.”

“PulsePoint has been very successful in building an engaged network of trained responders for cardiac arrest events occurring in public places,” said Dr. Michael Sayre, professor at the University of Washington, Department of Emergency Medicine, and medical director for both the Seattle Fire Department and PulsePoint Foundation. “In the past few years PulsePoint has been trialing residential response models that also show great promise. These latest AHA recommendations reflect the true potential of using mobile technology, like PulsePoint, to begin lifesaving interventions sooner and more often.”

"These AHA recommendations coincide with the initiation of a Canadian Institutes for Health Research (CIHR)-funded, multi-center randomized controlled trial of PulsePoint in North America," said Dr. Steven C. Brooks, Associate Professor, Department of Emergency Medicine, Queen's University at Kingston. "This trial, which will also include health outcomes, will be an important addition to the growing international body of knowledge on using mobile technology to alert trained bystanders."

About the PulsePoint Foundation

PulsePoint is a 501(c)(3) public non-profit foundation based in the San Francisco Bay Area. Through the use of location-aware mobile devices, PulsePoint is building applications that work with local public safety agencies to improve communications with citizens and professional emergency responders, increase civic engagement and encourage the community to help reduce the millions of annual deaths from sudden cardiac arrest. Learn more at pulsepoint.org or join the conversation at [Facebook](#) and [Twitter](#). The free app is available for download on the [App Store](#) and [Google Play](#).