

CPR training needs reviving in Aotearoa New Zealand

Daniel Harvey, Jonathon Webber, Daniel O'Brien

To the editor,
We read with interest the letter titled "Time to make CPR and first aid training compulsory in New Zealand schools" by Dr Clive Solomon.¹

We wholeheartedly support the view that life-saving cardiopulmonary resuscitation (CPR) training, including automated external defibrillator (AED) use, should not be limited to healthcare professionals and should be mandatory in the Aotearoa New Zealand school curriculum. Children aged 13–14 have been shown to perform chest compressions comparable to adults, and younger children can be taught basic skills, such as calling emergency services or instructing an adult how to perform CPR.²

Survival from out-of-hospital cardiac arrest (OHCA) depends on the quick actions of bystanders to initiate CPR and locate an AED. Bystander CPR significantly improves survival rates, and training every school-age student would help all New Zealanders respond effectively during emergencies and strengthen the country's overall public health resilience.

Notwithstanding this, we remind readers of the variability in CPR training requirements among New Zealand health professionals. An audit we conducted in 2022 of the 17 regulatory bodies under the *Health Practitioners Competence Assurance Act 2003*, 13 Australasian colleges of medicine and seven New Zealand vocational medical training and recertification providers accredited by the Medical Council of New Zealand found that less than half had either initial registration or ongoing mandatory CPR training requirements.³ There is inconsistency across New Zealand healthcare professions, health settings and workplaces, leaving gaps in readiness to respond to medical emergencies. Addressing this variability could also improve patient outcomes.

The New Zealand experience highlights the substantial benefits this change in CPR training could achieve for patients and their whānau/family. The latest Out-of-Hospital Cardiac Arrest Registry national annual report states that 2,547

people, or seven people every day, were treated by ambulance services in 2024 for an OHCA: a 3.6% increase from the previous year. Of these, 72% occurred at home, emphasising the importance of all family members knowing how to perform CPR. Encouragingly, 83% of witnessed cases received bystander CPR, and 24% had a pulse upon arrival at the emergency department. However, only 11% survived to 30 days after the event. Worryingly, this rate has decreased from 13% since 2020.⁴

In New Zealand, the median ambulance response time is 9 minutes in urban areas and 12 minutes in rural and remote regions. Only 7% of cardiac arrest patients received defibrillation from a community responder before emergency services arrived. There was a 2.8-fold higher chance of survival when a witnessed OHCA was received with bystander CPR, and a 2.3-fold higher chance when community defibrillation occurred.⁴ As survival falls by ~10% for every minute that defibrillation is delayed, strategic placement of AEDs and empowering lay-rescuers to use them before emergency services arrive should be seen as a critical weak link in the Chain of Survival that could be strengthened by teaching CPR in schools.

Research from 20 years ago showed that while most New Zealand high school students were willing and motivated to learn CPR, a smaller proportion held negative attitudes towards it, which could act as a barrier to future learning or to performing resuscitation.⁵ The survey demonstrated that students had poor theoretical knowledge; however, most (84%) indicated they would be willing to perform CPR on a family member, with nearly two-thirds (64%) prepared to do so on a stranger. Of interest, in New Zealand, persons aged 14 years or older can become qualified surf lifeguards and are trained in CPR and AED use.⁶

Although AEDs are not mandatory, they are widely present across New Zealand schools, and high school students are more than capable of using them.⁷ Schools in the United States of America with an AED on campus have demonstrated high survival rates for students and adults who suffer cardiac arrest.⁸ Community access to AEDs in New

Zealand is not universal, and even where present, they may not be obtainable or ready for use. An audit of 50 registered AED locations in Hamilton found that several listings were outdated or duplicated, and far fewer were actually visible and publicly accessible. Only 7% were available 24/7.⁹

As noted in Dr Solomon's letter, many countries overseas currently require CPR training in schools, and the World Health Organization has endorsed CPR training for schoolchildren for the past decade.¹⁰ New Zealand risks falling behind if CPR training is not included in the school curric-

ulum. We urge a coordinated effort between the Ministry of Education, health authorities, the New Zealand Resuscitation Council and regulators to mandate frequent, accessible CPR and AED training for both school students and registered health professionals. Furthermore, targeted funding and policy support should be extended to schools, workplaces and community hubs to ensure widespread CPR proficiency and immediate access to AEDs. Echoing Dr Solomon's words, implementing CPR and AED training in schools will equip all school leavers with the skills to save lives.

COMPETING INTERESTS

DH is the president of Bethells Beach Surf Lifesaving Patrol.

As a resuscitation training advisor for the New Zealand Resuscitation Council, JW receives personal fees to deliver instructor courses. JW is the director of AquaSafe New Zealand Limited, a company that sells automated external defibrillators (AEDs).

DOB is a full-time academic at the Auckland University of Technology and wrote this letter as part of their academic role.

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