

Table S1. Delphi questionnaire on feasibility and effectiveness.

	Strongly disagree	disagree	Neither agree nor disagree	Agree	Strongly agree
When the following education items are implemented in a non-face-to-face environment, they can be fully implemented as per face-to-face education.					
Theoretical session					
Concept of chain of survival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal protection for first-aiders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and environmental hazards associated with CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of bystander CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to recognize a patient in cardiac arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of regular training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of actual cardiac arrest patient cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on skills session					
How to activate EMS system and dispatch CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High quality chest compressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of AED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debriefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership and teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation using a feedback device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When the following education items are implemented in a non-face-to-face environment, they have the same educational effect as face-to-face education.					
Theoretical session					
Concept of chain of survival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal protection for first-aiders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and environmental hazards associated with CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of bystander CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to recognize a patient in cardiac arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of regular training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of actual cardiac arrest patient cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hands-on skills session					
How to activate EMS system and dispatch CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High quality chest compressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of AED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debriefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership and teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation using a feedback device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AED, automatic external defibrillator; CRP, cardiopulmonary resuscitation; EMS, emergency medical services.

Table S2. Consensus on feasibility in the final Delphi round.

	Feasibility					Consensus agreement
	Strongly disagree	disagree	Neither agree nor disagree	Agree	Strongly agree	
Theoretical session						
Concept of chain of survival	0 (0.0)	0 (0.0)	0 (0.0)	2 (15.4)	11 (84.6)	Agree
Legal protection for first-aiders	0 (0.0)	0 (0.0)	0 (0.0)	2 (15.4)	11 (84.6)	Agree
Personal and environmental hazards associated with CPR	0 (0.0)	0 (0.0)	0 (0.0)	2 (15.4)	11 (84.6)	Agree
Importance of bystander CPR	0 (0.0)	0 (0.0)	0 (0.0)	2 (15.4)	11 (84.6)	Agree
How to recognize a patient in cardiac arrest	0 (0.0)	1 (7.7)	1 (7.7)	7 (53.8)	4 (30.8)	Agree
Importance of regular training	0 (0.0)	0 (0.0)	0 (0.0)	7 (53.8)	6 (46.2)	Agree
Use of actual cardiac arrest patient cases	0 (0.0)	0 (0.0)	1 (7.7)	6 (46.2)	6 (46.2)	Agree
Hands-on skills session						
How to activate EMS system and dispatch CPR	0 (0.0)	0 (0.0)	1 (7.7)	8 (61.5)	4 (30.8)	Agree
High quality chest compressions	1 (7.7)	2 (15.4)	8 (61.5)	1 (7.7)	1 (7.7)	Non-consensus
Appropriate ventilation	2 (15.4)	5 (38.5)	5 (38.5)	1 (7.7)	0 (0.0)	Non-consensus
Use of AED	0 (0.0)	4 (30.8)	7 (53.8)	2 (15.4)	0 (0.0)	Disagree
Integrated practice	2 (15.4)	2 (15.4)	7 (53.8)	2 (15.4)	0 (0.0)	Non-consensus
Debriefing	0 (0.0)	1 (7.7)	3 (23.1)	8 (61.5)	1 (7.7)	Non-consensus
Leadership and teamwork	0 (0.0)	1 (7.7)	5 (38.5)	7 (53.8)	0 (0.0)	Non-consensus
Evaluation using a feedback device	2 (15.4)	4 (30.8)	1 (7.7)	6 (46.2)	0 (0.0)	Non-consensus

AED, automatic external defibrillator; CPR, cardiopulmonary resuscitation; EMS, emergency medical services.

Table S3. Consensus on effectiveness in the final Delphi round.

	Effectiveness					
	Strongly disagree	disagree	Neither agree nor disagree	Agree	Strongly agree	Consensus agreement
Theoretical session						
Concept of chain of survival	0 (0.0)	0 (0.0)	1 (7.7)	9 (69.2)	3 (23.1)	Agree
Legal protection for first-aiders	0 (0.0)	0 (0.0)	1 (7.7)	8 (61.5)	4 (30.8)	Agree
Personal and environmental hazards associated with CPR	0 (0.0)	0 (0.0)	1 (7.7)	10 (76.9)	2 (15.4)	Agree
Importance of bystander CPR	0 (0.0)	0 (0.0)	2 (15.4)	8 (61.5)	3 (23.1)	Agree
How to recognize a patient in cardiac arrest	0 (0.0)	0 (0.0)	5 (38.5)	7 (53.8)	1 (7.7)	Non-consensus
Importance of regular training	0 (0.0)	0 (0.0)	4 (30.8)	8 (61.5)	1 (7.7)	Non-consensus
Use of actual cardiac arrest patient cases	0 (0.0)	0 (0.0)	2 (15.4)	8 (61.5)	3 (23.1)	Agree
Hands-on skills session						
How to activate EMS system and dispatch CPR	0 (0.0)	1 (7.7)	1 (7.7)	11 (84.6)	0 (0.0)	Agree
High quality chest compressions	2 (15.4)	3 (23.1)	7 (53.8)	1 (7.7)	0 (0.0)	Disagree
Appropriate ventilation	3 (23.1)	8 (61.5)	1 (7.7)	1 (7.7)	0 (0.0)	Disagree
Use of AED	1 (7.7)	5 (38.5)	5 (38.5)	2 (15.4)	0 (0.0)	Disagree
Integrated practice	2 (15.4)	4 (30.8)	6 (46.2)	1 (7.7)	0 (0.0)	Disagree
Debriefing	0 (0.0)	2 (15.4)	3 (23.1)	8 (61.5)	0 (0.0)	Non-consensus
Leadership and teamwork	0 (0.0)	2 (15.4)	10 (76.9)	1 (7.7)	0 (0.0)	Non-consensus
Evaluation using a feedback device	2 (15.4)	3 (23.1)	4 (30.8)	4 (30.8)	0 (0.0)	Non-consensus

AED, automatic external defibrillator; CPR, cardiopulmonary resuscitation; EMS, emergency medical services.

Table S4. Checklist for Guidance on Conducting and REporting DELphi Studies (CREDES).

Rationale for the choice of the Delphi technique	Y/N
1. <i>Justification.</i> The choice of the Delphi technique as a method of systematically collating expert consultation and building consensus needs to be well justified. When selecting the method to answer a particular research question, it is important to keep in mind its constructivist nature	Y
Planning and design	
2. <i>Planning and process.</i> The Delphi technique is a flexible method and can be adjusted to the respective research aims and purposes. Any modifications should be justified by a rationale and be applied systematically and rigorously	Y
3. <i>Definition of consensus.</i> Unless not reasonable due to the explorative nature of the study, an a priori criterion for consensus should be defined. This includes a clear and transparent guide for action on (a) how to proceed with certain items or topics in the next survey round, (b) the required threshold to terminate the Delphi process and (c) procedures to be followed when consensus is (not) reached after one or more iterations	Y
Study conduct	
4. <i>Informational input.</i> All material provided to the expert panel at the outset of the project and throughout the Delphi process should be carefully reviewed and piloted in advance in order to examine the effect on experts' judgements and to prevent bias	Y
5. <i>Prevention of bias.</i> Researchers need to take measures to avoid directly or indirectly influencing the experts' judgements. If one or more members of the research team have a conflict of interest, entrusting an independent researcher with the main coordination of the Delphi study is advisable	Y
6. <i>Interpretation and processing of results.</i> Consensus does not necessarily imply the 'correct' answer or judgement; (non)consensus and stable disagreement provide informative insights and highlight differences in perspectives concerning the topic in question	Y
7. <i>External validation.</i> It is recommended to have the final draft of the resulting guidance on best practice in palliative care reviewed and approved by an external board or authority before publication and dissemination	Y
Reporting	
8. <i>Purpose and rationale.</i> The purpose of the study should be clearly defined and demonstrate the appropriateness of the use of the Delphi technique as a method to achieve the research aim. A rationale for the choice of the Delphi technique as the most suitable method needs to be provided	Y
9. <i>Expert panel.</i> Criteria for the selection of experts and transparent information on recruitment of the expert panel, socio-demographic details including information on expertise regarding the topic in question, (non)response and response rates over the ongoing iterations should be reported	Y
10. <i>Description of the methods.</i> The methods employed need to be comprehensible; this includes information on preparatory steps (How was available evidence on the topic in question synthesised?), piloting of material and survey instruments, design of the survey	Y

instrument(s), the number and design of survey rounds, methods of data analysis, processing and synthesis of experts' responses to inform the subsequent survey round and methodological decisions taken by the research team throughout the process	
11. <i>Procedure</i> . Flow chart to illustrate the stages of the Delphi process, including a preparatory phase, the actual 'Delphi rounds', interim steps of data processing and analysis, and concluding steps	Y
12. <i>Definition and attainment of consensus</i> . It needs to be comprehensible to the reader how consensus was achieved throughout the process, including strategies to deal with non-consensus	Y
13. <i>Results</i> . Reporting of results for each round separately is highly advisable in order to make the evolving of consensus over the rounds transparent. This includes figures showing the average group response, changes between rounds, as well as any modifications of the survey instrument such as deletion, addition or modification of survey items based on previous rounds	Y
14. <i>Discussion of limitations</i> . Reporting should include a critical reflection of potential limitations and their impact of the resulting guidance	Y
15. <i>Adequacy of conclusions</i> . The conclusions should adequately reflect the outcomes of the Delphi study with a view to the scope and applicability of the resulting practice guidance	Y
16. <i>Publication and dissemination</i> . The resulting guidance on good practice in palliative care should be clearly identifiable from the publication, including recommendations for transfer into practice and implementation. If the publication does not allow for a detailed presentation of either the resulting practice guidance or the methodological features of the applied Delphi technique, or both, reference to a more detailed presentation elsewhere should be made (e.g. availability of the full guideline from the authors or online; publication of a separate paper reporting on methodological details and particularities of the process (e.g. persistent disagreement and controversy on certain issues)). A dissemination plan should include endorsement of the guidance by professional associations and health care authorities to facilitate implementation	Y