

Survival from cardiac arrest is a brain problem, not a heart problem, according to Joshua Moore the HeartSAFE coordinator for the Eugene Springfield Fire and Life safety Department. With that in mind, Mr. Moore explained that all of what we learned long ago about cardiopulmonary resuscitation is simply wrong and has made it harder to revie those with cardiac arret in the time of the pandemic.

Most of us were taught to use a mix of breathing into a person and compressing the chest at 30 beats per minute. New research shows that the proper way to revie a person in cardiac arrest is NO BREATHING, but compressions at 100 beats per minute.

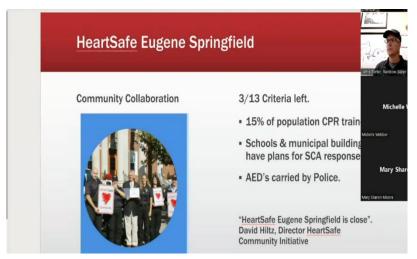
Mr. Moore's objective is to both convey that new knowledge throughout the community and to build a network of citizens who can respond to an individual who has suffered cardiac arret and provide support until emergency services can arrive. The HeartSAFE program, which he is bringing to the community has, as its goal, a substantial increase in the percentage of individuals who can survive cardiac arrest with little or no loss of brain function. HeartSafeAmerica is an organization which helps supply AEDs, CPR training and certification and encourages local communities to prepare themselves to better support those who suffer cardiac arrest. Mr. Moore's goal is to make the Eugene-Springfield area a HeartSAFE community, a situation which he believes will lead to a significant increase in the percentage of cardiac arrest victims who survive without loss of brain function.

Several times, Mr. Moore reemphasized that dealing with cardiac arrest is a brain problem, not a heart problem. The critical task is not so much to restore typical heart rhythm as it is to perfuse the brain with oxygenated blood, a task that is best carried out by chest compression CPR. The challenge is that people often do not know what to do and are afraid



to act. He said that EMS technicians ask only two questions when faced with a question of whether or not an arrest has occurred: does the person respond to screaming and shouting and are they breathing. If they do not, it is safe to proceed as if ana cardiac arrest has occurred. He emphasized several times that a bystander cannot injure a person by providing compression CPR. The heart and

lings are used to motion and compression and it is very unlikely that compression will cause any damage. A bystander simply has to put their hands together in the middle of the chest and do compressions at the rate of 100 stroke per minute. It is, he said, important to call for aid, because even trained firefighters cannot maintain compressions for more than about two minutes, and the must be sustained until EMS arrives. Compressions, he said, ar even more critical than using the AED, and should always be done first before anyone tries to use an AED.



Mr. Moore said this community is well advanced in meeting the 13 criteria established by the HeartSAFE program to qualify as a HeartSAFE community. The three remaining goas are to get 15 percent of the public trained in CPR, to establish several; schools or workplaces as campuses where significant numbers of people are trained, and the expand the availability of AEDs. He said that while all Springfield Police cars

carry AEDS, Eugene Police cars do not, and need about \$60,000-to purchase them.

Increasing the level of those trained in CPR will be a great benefit because now less than half of the people who suffer a cardiac arrest get CPR before the Fire Department arrives. History indicates that for every minute a person goes without oxygen to the brain, about 10 percent of brain function is lost. With expanded availability of compression CPR, he believes that the survival rate of cardiac arrest can be increased to about 50 percent.