

**Wantage Township First Aid Squad
Michael Puskas
First Lieutenant**

FOR IMMEDIATE RELEASE

**NEW LIFE-SAVING DEVICE, THE AUTOPULSE, HELPS WANTAGE TOWNSHIP
BATTLE THE MAJOR HEALTH CRISIS OF SUDDEN CARDIAC ARREST**

Wantage Township Treating Sudden Cardiac Arrest in a Way Never Seen Before

Wantage Township First Aid Squad, Wantage, NJ announced today that it has equipped its squad with a new device to help **Wantage Township EMTs** treat sudden cardiac arrest (SCA). The ZOLL AutoPulse[®] Resuscitation System helps to improve blood flow to the heart and brain during SCA because of the unique, high-quality chest compressions it generates.

“Once a person is in cardiac arrest, every minute counts to get the heart beating normally again,” said Lt. Michael Puskas of the Wantage Township First Aid Squad “For every minute that passes, the chance of survival decreases by 10 percent. After 10 minutes, survival is unlikely. Our goal is to protect the lives of our citizens, and this purchase is an important step in helping to achieve that goal. I have been an emergency first responder for more than **30** years, and I have never seen a device that does what the AutoPulse does. With it, we are better prepared to deal with SCA.”

“Manual CPR is the standard for providing temporary circulatory support and oxygen delivery during cardiac arrest. However, due to its physical challenges, delivery of high-quality manual CPR is difficult to provide in many situations, and can quickly become tiresome for rescuers to do for prolonged periods of time. Significant decreases in quality have been seen after as little as one minute,” Lt. Puskas said.

Lt. Puskas also noted that another benefit of the AutoPulse is its ability to perform these high-quality chest compressions as rescuers transport a patient. Designed specifically for providing high-quality CPR on the move, the AutoPulse helps to ensure patient and

rescuer safety during movement from the scene of the cardiac arrest to the back of the ambulance, as well as during transport to the hospital.

Alarming Human Toll from SCA

Cardiac arrest is a substantial public health problem killing approximately 325,000 persons each year in the U.S. and Canada alone, and as many as a million worldwide. It is the leading cause of unexpected death in the world and strikes without warning. Survival is poor in most communities at less than eight percent, and improvements in resuscitation practices could save as many as half of these victims.

SCA is an abrupt disruption of the heart's function, which causes a lack of blood flow to vital organs. This lack of blood flow can result in the loss of blood pressure, pulse, and consciousness. In nearly half of all victims, SCA is caused by an abnormal heart rhythm called ventricular fibrillation (VF). VF occurs when the nerves in the heart malfunction, causing the left ventricle (the heart's main pumping chamber) to quiver or "fibrillate." Stricken with this chaotic rhythm, the heart cannot effectively pump oxygenated blood to the brain and other vital organs throughout the body. About half of all victims who suddenly collapse outside of a hospital initially require defibrillation. For other victims, however, who have heart arrhythmias that will not respond to defibrillation, the critical action for survival is achieving effective blood flow that feeds oxygen to the body.

About the AutoPulse Resuscitation System

The AutoPulse Resuscitation System provides high-quality automated CPR to victims of sudden cardiac arrest. Easy to use and battery operated, the AutoPulse squeezes the patient's entire chest to improve blood flow to the heart and brain.^{1,2,3} Among the large prospective clinical trials that have been published using an automated CPR device, the AutoPulse has achieved the highest survival rate.

Designed for patient movement and transport, the AutoPulse provides high-quality CPR without interruption. When the AutoPulse's stabilizing board is placed on a soft stretcher, rescuers can continue providing high-quality CPR down steep stairwells, around sharp corners, or even in a cramped elevator. Compared with manual CPR, the AutoPulse has been shown to reduce interruptions in compressions during transport by more than 85%⁶ and was applied in as little as 14 seconds. The AutoPulse is made for resuscitation on the move.

As of October 2015, the AutoPulse is in use in hospitals and emergency service organizations in over 80 countries worldwide.

Current AHA Focus on CPR Quality

The new 2015 Guidelines recommend automated CPR devices, including the AutoPulse Resuscitation System, as Class IIb, citing their role in performing high-quality CPR when manual CPR is difficult to achieve, such as during patient transport or in the cath lab. A major emphasis of the AHA Guidelines is on performing effective, high-quality CPR. AHA notes that the better chest compressions are performed (i.e., with adequate depth and rate allowing complete chest recoil), the more blood flow they produce. The more interruptions in chest compressions, the worse the victim's chance of survival from cardiac arrest. The Class IIb recommendation is the same class of recommendation that supports many of today's common resuscitation practices.

For more information about ZOLL and its products, visit www.zoll.com. For more information on SCA, visit www.americanheart.org or www.early-defib.org.

The Wantage Township First Aid Squad is a non profit emergency services organization which provides primary, basic emergency medical service to the township of Wantage and assists the surrounding community when called upon for mutual aid. This service is 100% donor supported and is free to all residents and visitors to our community 24 hours a day, 365 days a year. Donations are always appreciated as those dollars go directly back to the service of the community. Anyone interested in joining is welcome to contact us at any time.

Our email address is wtfas.nj@gmail.com

¹Duchateau et al. Intensive Care Med. 2010;61:273-280.

²Timerman S et al. Resuscitation. 2004;61:273-280.

³Halperin, et al. Circulation 2002;106(19)(Suppl II):538

⁴Wik L, et al. Resuscitation. 2014;85:741-748.

⁵Westfall M, et al. Critical Care Medicine. 2013;41(7):1782-9.

⁶Lyon RM, et al. Resuscitation. 2015;93:102-106.