

ACT:C3 Program



The ACT:C3 Program is a community education program that is being implemented to train citizens in the community to be able to perform compression only CPR.

The program is supported solely by donations from companies and private citizens that want to be assured of having the best care available to the community.

If you are interested in learning more about the ACT:C3 program, would like to order training supplies or would like to submit a donation, please contact the program coordinator at 541-744-3388.



What does this mean for me?

These new protocols affect the communities of Eugene and Springfield in several ways.

- ⇒ Central Lane Dispatch (911) has revised their cardiac arrest protocols to instruct bystanders to begin chest compressions as soon as possible.
- ⇒ More apparatus will be dispatched to each cardiac arrest incident. This is because more personnel are needed to do effective CCR compressions.
- ⇒ More time will be spent on scene because research has shown that there are improved outcomes when cardiac arrest patients are not moved.



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Cardio-Cerebral Resuscitation (CCR)

What is it and why is it being performed?



Informational brochure sponsored by:

Eugene & Springfield Metro
Fire & EMS Department



Sudden cardiac arrest (SCA) is the #1 cause of death for adults in the United States, killing nearly 300,000 people each year.

Cardio-Cerebral Resuscitation (CCR), also known as compression only CPR, is a way to give hands only CPR to a patient experiencing SCA. This new model of resuscitation provides SCA victims with the best possible chance of survival, both physically and neurologically. It has been found that high quality chest compressions and early access to defibrillation are the most important aspects of resuscitating an SCA patient. Trials of this newest form of CPR in other cities have shown an increase in the number of patients with a viable life, post cardiac arrest.

Eugene and Springfield area Emergency Medical Services (EMS) providers have changed their response protocols in order to use the newest approach to cardiac arrest resuscitation.

Chest Compressions:

Personnel will begin with uninterrupted chest compressions, the goal is not to stop compressions for any longer than 3-5 seconds during the resuscitation.

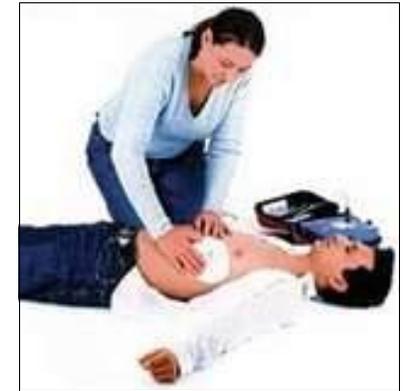
Passive Ventilation/Airway Placement:

Personnel will begin the resuscitation by using passive ventilation. This consists of placement of an oxygen mask on the patient. Using a bag valve mask or placement of an advanced airway compromises blood flow to the heart. Patients that collapse with sudden cardiac arrest (SCA) are usually well oxygenated prior to collapse. A King Airway will be placed after several minutes of compressions.



Intraosseous Infusion:

A needle will be placed into the bone marrow of the patient's tibia to give the patient medications and fluids. This method of gaining vascular access has been shown to minimize interruptions to chest compressions.



Defibrillation:

Defibrillation pads will be placed on the chest. If the patient is in a "shockable" rhythm, personnel will charge the defibrillator and deliver a shock to the patient's heart.

End Tidal CO₂:

Personnel are trained to use End Tidal CO₂ as a measurement of the patient's response to resuscitation, the quality of chest compressions and the proper placement of an advanced airway.

Staying On Scene:

It has been proven that effective manual chest compressions are difficult to maintain when a patient is being moved. The best chance of Return of Spontaneous Circulation (ROSC) is to stay on-scene with the patient as long as it is safe to do so.