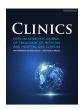
# CLINICS OFFICIAL SCIENTIFIC JOURNAL OF FACULDADE DE MEDICINA AND HOSPITAL DAS CLÍNICAS

UNIVERSIDADE DE SÃO PAULO - SÃO PAULO BRAZIL

## **CLINICS**

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#### **Editorials**

It is time to spread the message of highquality layperson cardiopulmonary resuscitation all over the world



The World Restart a Heart (WRAH) initiative of the International Liaison Committee on Resuscitation is saving more lives by spreading the message of two important themes – "ALL CITIZENS CAN SAVE A LIFE!" and "IT ONLY TAKES TWO HANDS TO SAVE A LIFE!" – to more than 50 million citizens of the world.

The number of laypeople who undertake Cardiopulmonary Resuscitation (CPR) training has increased considerably since 2018, when the WRAH initiative was first launched, engaging 13 million people worldwide. In 2021, 200 million individuals (including social media reach) were involved. In 2022, WRAH engaged over 50 million citizens from 194 countries (Table 1). This was achieved by including over 630,000 face-to-face training, participation in witnessed live in-person demos, and attending webinars, as online readers, written readers, and television and radio audiences (Table 2). This data, which by its nature will be an approximation, has been reported and verified by national

resuscitation councils from around the world. Social media campaign networks had a significant additional impact on sudden cardiac arrest and CPR awareness.

Initiatives that combine awareness, hands-on CPR training, and the use of an external automated defibrillator may optimize bystander CPR timing, performance, and the overall quality of CPR. The target groups for face-to-face or remote CPR training are diverse and include all age groups and people from many different professional backgrounds. With specific regard to the training of children, adjustments should be made according to age range because of different physical abilities and cognitive aspects. For instance, the main objective for young children (4 years and older) would be recognition of a situation where the person does not respond and thereafter calls for help. They should know the emergency telephone number and give essential information. For children aged above 10–12 years old, high-quality CPR and the use of a defibrillator can be achieved.

High-quality bystander CPR in out-of-hospital cardiac arrest may significantly reduce the risks of brain damage, nursing home admission, or death of all causes.<sup>5</sup> In this context, every year WRAH plays a relevant role as an annual awareness campaign worldwide of sudden cardiac arrest and CPR. And now, by reaching more citizens of the world, WRAH thus aims to save more lives with high-quality layperson CPR.

**Table 1**World Restart a Heart collaborators, related institutions and countries.

WRAH Contributors	Institutions	Countries Saudi Arabia	
Abdulmajeed Khan	Heraa General Hospital/PARC		
Aldus Smith	Resuscitation Council of Southern Africa	South Africa	
Allan de Caen	University of Alberta	Canada	
Amber V. Hoover	AHA/ILCOR	USA	
Andrew Lockey	Resuscitation Council UK/ERC/ILCOR	UK	
Antonieta Valderrama	Resuscitation Committee	Chile	
	Chilean Society of Anaesthesia		
Baljit Singh	IRCF	India	
Barbara Kelly	HSFC	Canada	
Bassinte Ossama	Global First Aid Reference centre/IFRC	France	
Bernd W. Böttiger	Medical Faculty of the University and University Hospital of Cologne/ILCOR/ERC/GRC	Germany	
Farhan Bhanji	Faculty of Medicine and Health Sciences, McGill University	Canada	
Federico Semeraro	Department Anaesthesia, Intensive Care and Emergence Medical System, Maggiore Hospital, Bologna/Co-Chair, ERC	Italy	
Gavin Perkins	University of Warwick/Co-Chair, ILCOR/ERC	UK	
George Woods	St John Ambulance	England	
Jacopo Pagani	Azienda Ospedaliero-Universitaria Sant'Andrea	Italy	
Jan Van Dooren	CEO, ERC	Belgium	
Koen Monsieurs	Antwerp University Hospital and University of Antwerp/Chair, ERC	Belgium	
Kevin Nation	New Zealand Resuscitation Council/ILCOR	New Zealand	
Laurin Paris	AHA	USA	
Lokesh R Edara	Western Michigan University School of Medicine/IRCF	USA	
Lokesh Tiwari	All India Institute of Medical Sciences Patna /IRCF	India	
Ludhmila Abrahão Hajjar	Faculty of Medicine, São Paulo University/KSLB	Brazil	
Maria José Carvalho Carmona	Faculty of Medicine, São Paulo University/KSLB	Brazil	
Marios Georgiou	American Medical Center Cyprus	Cyprus	
Maaret Castrén	Karolinska Institute/ILCOR Honorable Secretary	Finland	
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(continued)

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Table 1 (Continued)

WRAH Contributors	Institutions	Countries		
Mukul Kapoor	IRCF	India		
Nadine Rott	University Hospital of Cologne/GRC	Germany		
Naomi Kondo Nakagawa	Faculty of Medicine, São Paulo University /KSLB	Brazil		
Nilmini Wijesuriya	Resuscitation Council - College of Anaesthesiologists and Intensivists of Sri Lanka	Sri Lanka		
Pascal Cassan	IFRC	France		
Peter Morley	University of Melbourne Royal Melbourne Hospital/ILCOR Honorable Treasurer	Australia		
Prama Nanda	ERC	Belgium		
Raffo Escalante-Kanashiro	Instituto Nacional de Salud del Niño/IAHF	Peru		
Rakesh Garg	All India Institute of Medical Sciences New Delhi/IRCF	India		
Rasesh Diwan	Indian Resuscitation Council Federation	India		
Robert Neumar	University of Michigan/Co-Chair, ILCOR	USA		
Shelley Parker	HSFC	Canada		
Siddha SC Chakra Rao	IRCF	India		
Syed Moied Ahmed	Aligarh Muslim University/IRCF	India		
Swee Han Lim	Singapore General Hospital/RCA	Singapore		
Teghan Mear	New Zealand Resuscitation Council/ILCOR	New Zealand		
Tzong-Luen Wang	Fu-Jen Catholic University/Resuscitation Council of Asia	Taiwan		
Vinay Nadkarni	University of Pennsylvania Perelman School of Medicine	USA		
Zehra Al-Hilali	Arab Resuscitation Council	UAE		

AHA, American Heart Association; ERC, European Resuscitation Council; GRC, German Resuscitation Council; HSFC, Heart and Stroke Foundation of Canada; IAHF, Inter-American Heart Foundation; IFRC, International Federation of Red Cross and Red Crescent Societies; ILCOR, International Liaison Committee on Resuscitation; IRCF, Indian Resuscitation Council Federation; KSLB, Kids Save Lives Brazil; PARC, Pan Arab Resuscitation Council; RCA, Resuscitation Councils of Asia; UAE, United Arab Emirates; UK, United Kingdom; USA, United States of America.

**Table 2**World Restart a Heart: approximate numbers of people achieved in 2022.

	Face-to-face trainings	Witnessed live-in-person demos	Attending webinars	TV audience	Radio audience	Journals and magazines readers
American Heart Association			409,688			
Arab Resuscitation Council	18,322	51,415	505	10,000	5,000	
German Resuscitation Council	1,700			1,000,000		
Heart & Stroke – Canada	82,588	3,064				
Indian Resuscitation Council Federation	322,570	79,627	13,773	842,350	500,000	
International Federation of Red Cross	5,588					
Italian Resuscitation Council	2,000	3,000	600	5,000,000	500,000	6,183,240
Kids Save Lives Brazil	4,641		2,298	191,900		
Korean Association of Cardiopulmonary Resuscitation	731					
New Zealand Resuscitation Council, Australian St John Ambulance	13,000		11,628			
Pan Arab Resuscitation Council	22,361					
Resuscitation Council of Southern Africa	67,404			7,000		
Resuscitation Council UK	87,266	30	12,000		35,000,000	
Singapore Resuscitation and First Aid Council	67	2,150				
Srilanka Resuscitation Council	5,287		456	84,137		
TOTAL	633,525	139,286	450,948	7,135,387	36,005,000	6,183,240

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#### **Declaration of competing interest**

The authors declare no conflicts of interest.

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