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To: Senate Education
Subject: Amend SB 20

I have serious issues with SB 20. Training our youth about CPR, as with only hands free CPR.

I have looked up the latest training on CPR, two videos shows compressions and breathing for the victim, the other is hands only.

I am a retired Paramedic of 22 years. I have performed CPR and Advanced Cardiac Life Support (ACLS) to many times to count. Out of that, we had 7 saves, one of a 1 year old cold water drowning, a late 30 year old and older patients. I also have taught CPR and ACLS to Doctors, Nurses, Paramedics for several years. So the following is based on facts, science and actual use of CPR. I have been out of EMS since 2004 and I understand that hands free has the support of the Anchorage Fire Department and Providence Hospital. I wonder if, since this change, what scientific studies have been done as to real life outcomes compared to prior CPR training. I get that the reasoning for this is to get the public to do something vs not doing mouth to mouth out of fears of transmissible diseases.

In my opinion, the use of hands free does next to nothing as to expelling Carbon Dioxide (CO₂) and giving life saving Oxygen to the body. The reason we give breaths to the victim is two fold, that compressions only cannot do. To give oxygen which is transferred to red blood cells while at the same time CO₂ is released to the lungs for exhalation. An increase in CO₂ causes a marked increase in acid which is not compatible to life, thus artificial breathing decreases that acidosis. Even then, with the best CPR given, we can only do 1/3rd of effective Cardio Vascular output. Just because someone starts CPR immediately doesn't mean that person will be

revived. Yes, the potential is there far more than just calling 911, since there is a 4 minute window.

As to hands only. In watching the video, the apparent idea is that by doing the compressions it causes a billowing effect, so some air is inhaled and some CO₂ is exhaled. I noted in the video, the head is not extended so that the airway is not open, thus that billowing effect is lessened even further.

The idea of training people in CPR is to give that person a feeling that what they are doing is giving that patient a better chance of survival. At best with any training, it makes a person feel like they did something. Even with training, at the end when that patient is pronounced, it is a letdown and I can't count the times I have cried, yet I knew I did my best with the training I had and I had used that training to its fullest. In my opinion this hands only will give a false hope and then when they find that their loved one is pronounced dead, the letdown will be pronounced. I had a mother who was angry that CPR didn't work, she was talked through by 911 operator. I was able to tell her it did and when she saw her daughter alive it was a look I will not forget! Like that mother, the question always arises, could have I done more? With breathing and compressions, they will be able to say they did all they could.

Please train these students in the tried and true use of CPR with breathing, compressions and AED. Help them give a victim the best shot at survival!