



TO: Education Committee  
 FROM: Nancy Casella  
 American Heart Association Volunteer  
 West Haven, Connecticut  
 SUBJECT: ~~House Bill 7279~~ An Act Concerning CPR Training and Automatic External  
 Defibrillators  
 DATE: March 12, 2007

7292

I am writing to express my support, as well as encourage yours, of the upcoming Public Hearing scheduled this week on an important bill, HB 7292, AN ACT CONCERNING CPR TRAINING AND AUTOMATIC EXTERNAL DEFIBRILLATORS

My name is Nancy Cassella and I live in West Haven. I have been a Registered Nurse since graduating from the University of Connecticut in 1983.

I serve as a volunteer of the American Heart Association as a Regional Faculty member and Emergency Cardiovascular Care Committee member as well as a Training Center Coordinator at the Hospital of St. Raphael. In my capacity at St. Raphael's, I am an educator in cardiopulmonary resuscitation (CPR) and First Aid. My experience with this bill stems from a personal problem. My son was in his first week of full-day school (he was a first grader) in September 2006 when he passed out (syncopal episode). I foolishly assumed as I found out most parents did too, that any one taking care of children in an elementary school would know some basic first aid-after all most are parents themselves! Basic First Aid says to call '9-1-1' for a child who loses consciousness as this is not a normal thing for kid to do! Unfortunately, the Emergency Response Plan (ERP) at Seth Haley was to first, find the nurse. She is the only healthcare provider assigned to care for over 500 'patients' at this school. Precious time will be lost as well as a life taken with this ERP had this event led to my son needing emergency care due to a loss of breathing or pulse. There nurse was not immediately found & no AED was on site at the time. No one called '9-1-1'. I thank God my son had not stopped breathing, that his heart was still pumping and that he was not experiencing an anaphylactic response (severe life-threatening allergic reaction) to some insect or food product. Upon review of what happened and the 'what could've happened' my experience left me realizing all involved had the best intentions to care for my child but lacked education. The changes to a safer environment moved very slowly (at least to me, the Mom of a kid who hadn't been cared for in a prudent manner!) until a teacher in our city school system collapsed and was brought back to life by the use of a defibrillator-brought to the school by the emergency responders to the '9-1-1' call.

Now our West Haven School system has an AED in all the buildings. Is it enough? Not yet but we are certainly heading in the right direction! All links in the AHA's Chain of Survival must be utilized for us to possibly see a good outcome. The difference between sudden cardiac arrest and sudden cardiac death is that those in 'arrest' have the potential to be here tomorrow if these links are in place. Having an AED onsite becomes imperative to improve someone's chance of survival! Having and using an AED in less than 3-5 minutes from the time the victim 'drops' dead is scientifically proven to increase the person's chance for survival. With every passing minute that goes by without these vital links used, the victims' chance for recovery quickly diminishes. The training for the use of an AED and CPR is simple and straightforward, designed for those at a middle school level. Cost is such that providing one is not a financial burden and maintaining one is an easy once-a-day check to assure supplies are there and the battery is charged and ready.

It was the savvy public who mandated the FAA make certain that all commercial passenger airplanes carry an AED after a person died who most likely could've been a 'save' had an AED been available. Being reactive in a situation is too often sadly founded in regrets of what 'could've been done'.

I strongly urge you to support and pass bill HB 7292.

Thank you!

Nancy Cassella

Public Hearing Testimony Speaker:  
Nancy

Date:  
3/12/07

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