

Evaluation of the Cardiac Emergency Preparedness of Philadelphia's Parks and Recreation Centers Abenezer Lemma(2023), Sophie Walsh(2022), Richard Keller NRP, EMS-I, Lindsey Flanagan MPH, Victoria L Vetter, M.D., MPH, Pediatric Cardiology at Children's Hospital of Philadelphia/Perelman School of Medicine of the University of Pennsylvania



Penn Undergraduate Research Mentorship Program, University of Pennsylvania

## Sudden Cardiac Arrest in **Younger Populations**

· Sudden Cardiac Arrest (SCA) is a life-threatening condition in which the heartbeat stops suddenly and unexpectedly.

- · Caused by an abnormality in the heart's electrical system
  - Ventricular fibrillation (VF) or tachycardia (VT

Blood flow to the body and brain stop · Sudden Cardiac Death (SCD) occurs if emergency treatment with CPR/AED or spontaneous recovery does not occur.

· Greatest in the 10-19 age group

· Occurs in approximately 350,000 adults and 7000 child deaths annually in US

· In youth, associated with inherited electrical conditions, weakened heart muscle, or coronary artery anomalies.

· Hypertrophic Cardiomyopathy (HCM) and Long QT Syndrome (LQTS) are the cause for almost 60% of SCAs.

#### **Role of CPR and AEDs in the Chain of Survival**

· CPR: Cardiopulmonary resuscitation is when you push hard and fast on the center of chest to make the heart pump; compressions may be given with or without rescue breaths.

 AED: Automated external defibrillator is a device that analyzes the heart and if it detects a problem may deliver a shock to restart the heart's normal rhythm. The rhythm abnormalities shock is commonly advised for are Ventricular fibrillation and Pulseless Ventricular Tachycardia. · SCD can be aborted by using CPR and/or AED, this can double or triple a person's chance of survival.

· Every minute of delay following SCA decreases chance of survival by 10%.



## Youth Heart Watch (YHW) and Project Adam at CHOP

· Works to prevent sudden cardiac death among children and adolescents by placing AEDs in schools, recreation centers and other public places.

#### STUDY AIM

· To determine the number of functional AEDs in the Philadelphia Parks and Recreation (PPR) Centers

· To replace the expired AEDs, batteries, and electrode pads to ensure functional units (Rescue Ready) to increase the safety of the Philadelphia community

#### METHODS

· Phone surveys conducted with each Center's Manager and site visits to determine the expiration dates of the Adult Pads, Pediatric Pads, and Batteries in the Centers' AED units.

· All expired materials noted in the survey data were then brought to the Recreation Centers and the AED units were left in working condition. · Creation of a database to track expiration of AED units, batteries and electrode pads for future

# **Programs hosted/run by Recreation Centers**

 In 2016, 179,567 youth between the ages of 2 and 18 participated in programs hosted by PPR · Over 130 day camps and a dozen theme camps are hosted each summer by rec centers More than 7000 kids between the ages of 6-12 participate in theses programs

### **Facilities Available at Recreation Centers**

Rec Center Percentage by Facilities

planning and timely replacement.



### **Importance of Recreation Centers in Philadelphia Communities**



Map of Philadelphia Recreation Centers (color coordinated by district)

## **Challenges of Research during the COVID-19** Pandemic

· Sharing our mission of making these Rec Centers prepared for a cardiac emergency, PPR worked with us amongst the challenges of COVID-19.

· PURM team members trained virtually using CPR manikins shipped to home address. · As a part of the study's ongoing relationship with PPR, this study considered ways to teach CPR and AED usage to Rec Center Staff virtually.

· The team explored the usage of homemade manikins out of soda bottles or toilet paper rolls to teach CPR and AED usage virtually.

· Increased emphasis on home life and how the instruction of CPR and AED usage could save the lives of family members within the Recreation Center's community.

# RESULTS

### Start of Study and End of study





· All active rec centers have fully functioning AEDs

· Three of the centers are under construction. · Unmanned centers and centers that are closed. will be served by PPR.

### CONCLUSIONS

· Rec Centers are main gathering centers for younger populations in Philadelphia's communities. They are locations for recreation and socialization.

· The units at PPR centers were donated by Philadelphia police and fire 10-20 years ago, and many of the materials needed to be updated.

· In order for these centers to be safe, they must be prepared for a SCA by having staff trained in CPR and AED use and updated AED materials.

· AED units are effective for ~10 years; the batteries are functional for 4 to 5 years, and the pads are functional for 2 to 4 years. The results of this study enable us to track the expiration of PPR's AED materials and prepare for future replacement efforts to keep the Rec Centers Rescue Ready.



\* Not functioning: Rec

center that have AEDs

with expired batteries,

\* Fully functioning: Rec

with up to date batteries

centers that have AEDs

pads or both

and pads

# REFERENCES

- · Parent Heart Watch
- database 2007 Phila.gov

· Census profile: Philadelphia, PA. (n.d.). [accessed 2020 Aug 15]. https://censusreporter.org/pu



Supported by a grant from PURM



22% of Philadelphia's

is 34.5, with 57% of the

Philadelphia.

population is under the age of 18.

The median age in Philadelphia

population under the age of 40.

· Rec Centers serve as community

builders and safe spaces for many

children and young adults in

· These centers are used for

senior centers, and general

Philadelphia communities.

35% of children under 18 in

Philadelphia are living in poverty.

Preparedness maintains the role

of these Rec Centers as safe

spaces by ensuring the best

possible response to a SCA.

gathering places within

· AEDs and Emergency

recreational activities, daycare.