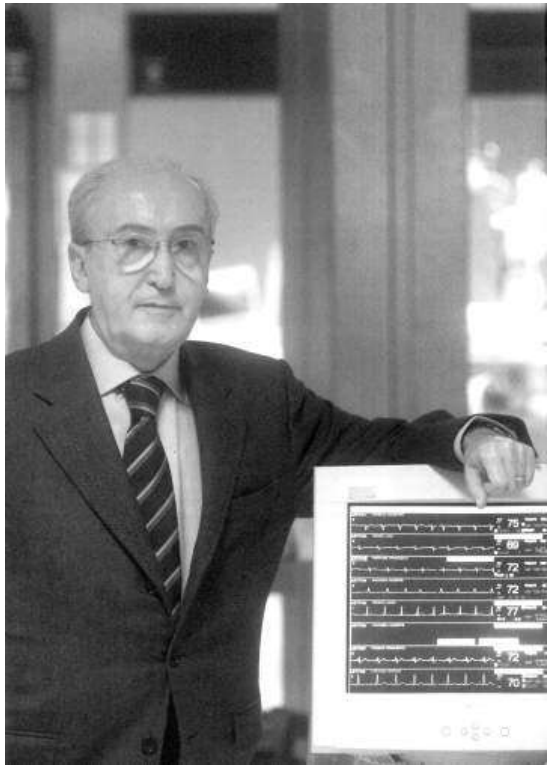
Italian Resuscitation Council

IRC



Franco Valagussa Lecture

Federico Semeraro, MD, FERC

Italian Resuscitation Council

IRC

Google

franco valagussa cardiologia

Tutti Immagini Notizie Video Libri Web Finanza Strumenti

Attualmente è direttore scientifico dell'associazione "Brianza per il Cuore" e responsabile operativo del settore educazionale dell' "Hearth Care Foundation" fondazione per la lotta alle malattie cardiovascolari dell'Associazione Nazionale Medici Cardiologi Ospedalieri. 5 lug 2003

Italian Resuscitation Council

IRC

Arengario.net
https://www.arengario.net › inte › inte48

Franco Valagussa - Monza - Arengario.net

Brianza per il Cuore
https://www.brianzaperilcuore.net › public › brian... PDF

Il saluto a un uomo di fede

4 dic 2006 — **Franco Valagussa** è stato il motore del pro- getto MONICA per l'area Brianza che, insieme ad altri 30 centri nel mondo, per conto dell ...
8 pagine

Brianza per il Cuore
https://www.brianzaperilcuore.net › public › brian... PDF

Brianza per il Cuore completa il sogno di Franco Valagussa

1 ott 2007 — Scrivo su questo numero di Brianza per il Cuo- re il mio primo intervento da presidente, una carica che ho assunto con la consapevolezza di.

Italian Resuscitation Council

IRC

……Dal 1992 ad oggi abbiamo addestrato almeno circa ***25.000 giovani alla rianimazione cardiopolmonare con il progetto "Salvare il Cuore".*** *Ed ora nella città di Monza sono oggi circa* ***250 i "laici" addestrati all'uso del defibrillatore semiautomatico per integrare il Sistema di emergenza Medica 1-1-8 (carabinieri, polizia di stato, polizia municipale, vigili del fuoco, protezione civile).*** *Proprio in questi giorni Brianza per il Cuore darà, grazie alla generosità della comunità,* ***30 defibrillatori pronti all'impiego al SSUEm 118 per la città di Monza****. Poi il progetto si estenderà all'intera Brianza, spero in tempi rapidi. Lo scopo è quello di portare la sopravvivenza per arresto cardiaco dall'attuale 5% al 20-25% entro due anni.*

https://www.arengario.net/inte/inte48.html

Per esempio?

A quell'età l'aspetto ludico è essenziale. Alle medie inferiori con “giochi di ruolo” un po' più impegnativi, per esempio facendo finta di creare un'immaginaria città di cui gli studenti siano amministratori e chiedere loro cosa fare per affrontare e risolvere il problema. Questo crea partecipazione e stimola la fantasia. Alle **scuole superiori si può già fornire una vera informazione scientifica**, anche se semplificata e sempre adeguata al livello d'età. Alcuni di questi programmi di intervento nel mondo scolastico, come quello mirato alle scuole superiori, hanno ormai vent'anni di vita, mentre due anni fa siamo partiti con un altro programma per le scuole elementari e medie inferiori che è un vero e proprio minicorso di pronto soccorso per emergenze cardiache.

https://www.arengario.net/inte/inte48.html

Italian Resuscitation Council

Nella mia vita professionale ho avuto la fortuna di incontrare grandi maestri….
Franco Valagussa è stato uno di loro.

Erga Cerchiari

Italian Resuscitation Council

«Serietà professionale, rigore scientifico, capacità di ascoltare, disponibilità al dialogo, riservatezza e discrezione, il tutto con una buone dose di ironia così lo ricordano in tanti.

La sua umanità e la qualità del suo lavoro l'hanno portato a importanti ruoli nella comunità cardiologica e non. Ha costruito una Cardiologia di riferimento nazionale all'avanguardia in fatto di dotazioni tecnologiche, è stato il precursore di temi assolutamente nuovi per i suoi tempi la prevenzione cardiovascolare, la rianimazione cardiopolmonare, l'educazione alla salute nelle scuole, la cardiologia di comunità, il ruolo centrale del malato».

Laura Valagussa

Italian Resuscitation Council

«Un'avanguardia costruita su un rigoroso aggiornamento e un silenzioso lavoro quotidiano.

Non è stato un papà perfetto ma un cittadino esemplare ed un grande medico che purtroppo, come una macchina, senza la benzina di mamma è andato in panne e si è fermato.

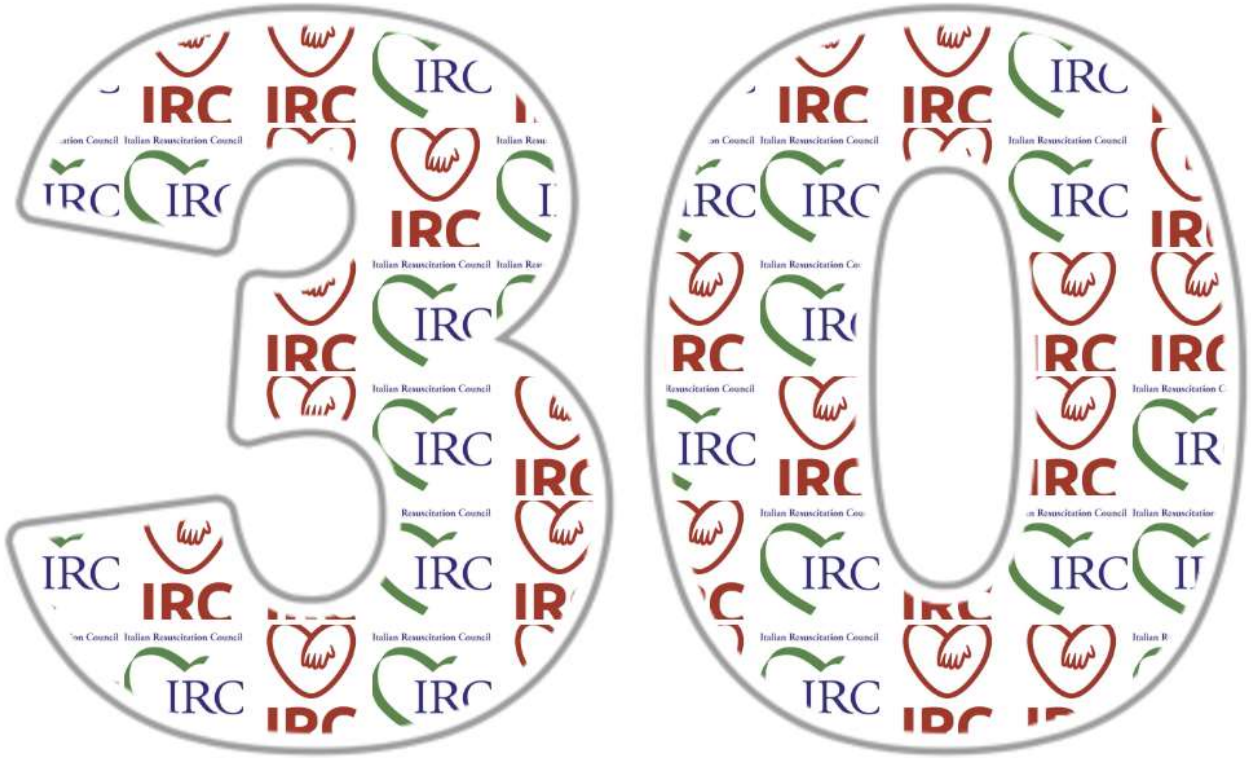
Perché caro Federico papà è stato quello che è stato perché al suo fianco aveva una meravigliosa ed esplosiva donna….»

Laura Valagussa

Franco e Gabriella

EUROPEAN RESUSCITATION COUNCIL

Italian Resuscitation Council



Formazione, Ricerca e Passione

Conflict of Interest

Chair European Resuscitation Council
ILCOR BLS Task Force Emeritus Member
IRC Foundation Member
Kids Save Lives campaign co-chair
EuReCa National Coordinator Italy
Sci-Fi & AI addicted

https://agatateam.blog

Captain's Log

Memories

Love for the technology

Wearable devices

VREM, Mini-VREM & Virtual Reality

Serious games & Relive

Kids Save Lives

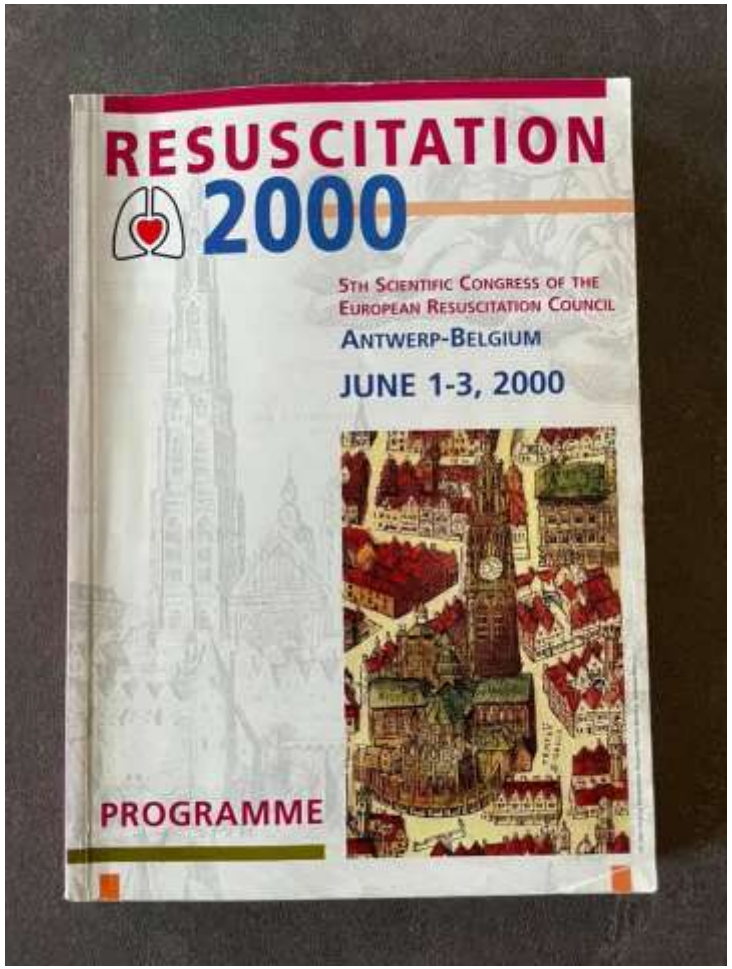
AI and the future


CALIFORNIA
OUTATIME

EUROPEAN RESUSCITATION COUNCIL

A long time ago in a galaxy far, far away….

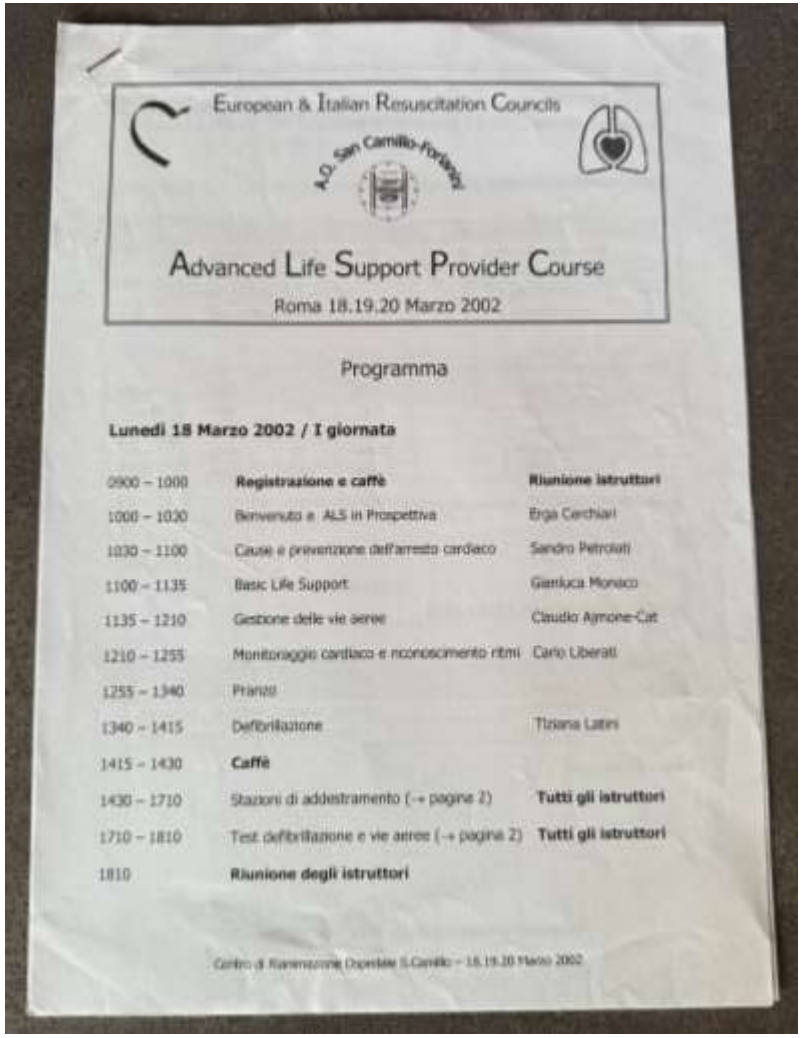
Italian Resuscitation Council



EUROPEAN RESUSCITATION COUNCIL

A long time ago in a galaxy far, far away….

IRC Italian Resuscitation Council



European & Italian Resuscitation Councils

A.O. San Camillo-Forlanini

Advanced Life Support Provider Course

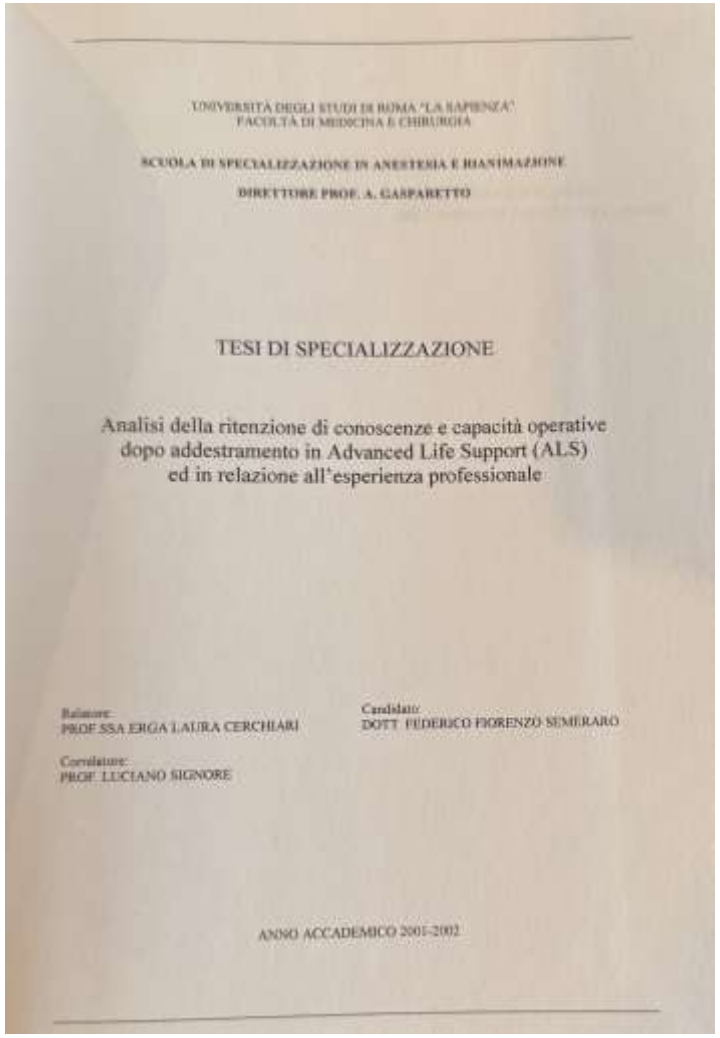
Roma 18.19.20 Marzo 2002

Programma

Lunedì 18 Marzo 2002 / I giornata

0900 – 1000	**Registrazione e caffè**	**Riunione istruttori**
1000 – 1030	Benvenuto e ALS in Prospettiva	Erga Cerchiari
1030 – 1100	Cause e prevenzione dell'arresto cardiaco	Sandro Petrolati
1100 – 1135	Basic Life Support	Gianluca Monaco
1135 – 1210	Gestione delle vie aeree	Claudio Ajmone-Cat
1210 – 1255	Monitoraggio cardiaco e riconoscimento ritmi	Carlo Liberati
1255 – 1340	Pranzo	
1340 – 1415	Defibrillazione	Tiziana Latini
1415 – 1430	**Caffè**	
1430 – 1710	Stazioni di addestramento (→ pagina 2)	**Tutti gli istruttori**
1710 – 1810	Test defibrillazione e vie aeree (→ pagina 2)	**Tutti gli istruttori**
1810	**Riunione degli istruttori**	

Centro di Rianimazione Ospedale S.Camillo – 18.19.20 Marzo 2002



UNIVERSITÀ DEGLI STUDI DI ROMA "LA SAPIENZA"
FACOLTÀ DI MEDICINA E CHIRURGIA

SCUOLA DI SPECIALIZZAZIONE IN ANESTESIA E RIANIMAZIONE

DIRETTORE PROF. A. GASPARETTO

TESI DI SPECIALIZZAZIONE

Analisi della ritenzione di conoscenze e capacità operative dopo addestramento in Advanced Life Support (ALS) ed in relazione all'esperienza professionale

Relatore:
PROF.SSA ERGA LAURA CERCHIARI

Correlatore:
PROF. LUCIANO SIGNORE

Candidato:
DOTT. FEDERICO FIORENZO SEMERARO

ANNO ACCADEMICO 2001-2002

ELSEVIER

RESUSCITATION

TRAINING AND EDUCATION

Retention of CPR performance in anaesthetists☆

Federico Semeraro[a,*], Luciano Signore[b], Erga L. Cerchiari[a]

[a] Department of Anaesthesia and Intensive Care, Ospedale Maggiore, Bologna, Italy
[b] Department of Anaesthesia and Intensive Care, University "La Sapienza", Rome, Italy

Received 4 January 2005; received in revised form 3 April 2005; accepted 9 June 2005

KEYWORDS
Advanced life support (ALS);
Cardiac arrest;
Cardiopulmonary resuscitation (CPR);
Training

Summary The objective of this study was to evaluate retention of ALS knowledge and performance among anaesthesiologists, who, in Italy, respond to in-hospital emergencies as team leaders.
Methods: 47 anaesthesiologists (23 consultants and 24 residents) were invited at one weeks notice to attend a re-evaluation session, 6 months after successful completion of an ERC ALS course. Knowledge retention was assessed by a multiple choice question test, and skills and management by evaluation of performance as team leader in one of the six standardized CAEsimS scenarios. During the performance, the timeliness of first defibrillation, completion of the three shock sequence, adrenaline (epinephrine) administration and intubation were recorded. Results were compared between consultants and residents.
Results: Compared to the results at the end of the ALS course, the percent of correct answers to the multiple choice question test decreased from 85.89 ± 5.28% to 79.45 ± 6.62% ($P = 0.001$), the number of candidates achieving a pass performance decreased from 47/47 to 30/47 ($P < 0.001$). Time to first defibrillation was 73.38 ± 18.72 s, time for completion of the third defibrillation was 113.04 ± 35.58 s and subsequent ALS interventions were very delayed or forgotten. Comparison between consultants and residents showed that consultants retained knowledge information better, skills decreased comparably in both groups and residents performed tasks faster.
Conclusions: The significant decay of ALS skills 6 months post-ALS recorded among anaesthesiologists supports the need for periodical reinforcement during intervals before recertification.

Introduction

The poor quality of resuscitation skills, particularly among medical staff, has been well documented.[1–3] On this basis, major efforts have been promoted to provide permanent in-hospital resuscitation training[4] and advanced life support

☆ A Spanish translated version of the summary of this article appears as Appendix in the online version at 10.1016/j.resuscitation.2005.06.011.
* Corresponding author. Tel.: +39 051 6478868; fax: +39 051 6478867.
E-mail address: rianesa@tin.it (F. Semeraro).

0300-9572/$ – see front matter © 2005 Elsevier Ireland Ltd. All rights reserved.
doi:10.1016/j.resuscitation.2005.06.011

A long time ago in a galaxy far, far away….

P-109

HOME SWEET HOME: CD-ROM MULTIMEDIA FOR TOXICOLOGY INFORMATION

Federico Semeraro[1,2], A. Russo[1], S. Sechi[1], F. Taggi[1], S. Ricalzone[1], L. Signore[1]. [1]Anaesthesia and Intensive Care, Poison Control Center-University of Rome 'La Sapienza', Viale del Policlino, Rome, Italy; [2]Via Benozzo Gozzoli 36, 00142, Rome, Italy.

Purpose of the study: Accidents at home are common and need careful consideration because many could be avoided by keeping a few simple precautions. Most of the more serious accidents are toxicological in nature and especially children are involved because of their habit of putting everything to their mouth. It is really surprising how many ordinary household articles are dangerous in this respect. In 2000, more than 1.1 million unintentional poisoning cases among children less than 5 years old were referred to the U.S. Poison Control Centers. More than 90% of all poison exposures occur at home. We hereby presented a new CD-ROM multimedia for medical and family toxicological information about home dangers. *Materials and methods:* The information is presented as a walk through a typical house with its potential danger situations. It is possible to move within the house and across each room: drawing-room, bedroom, kitchen, bathroom, terrace and lumber-room. The CD-ROM contain general aspects on toxicology, basic and advanced life support, decontamination, and antidotes. It also includes much information about different drugs and toxic substances. For each substance two separate cards exist: for the family and for the doctor. In the 'family card' advice is given as to what to do in a situation of toxicological risk; special care is paid to measures to be avoided. In the 'medical doctor card' more complete information is given indifferent sections: summary, epidemiology, mechanism of toxicity, clinical effects and treatment. *Conclusion:* The authors submit this program for the attention of the general population and the doctor. Worldwide distribution of computers should improve acceptance and utility of the medium. Basic public medical awareness can help to prevent some of the more serious poisoning incidents involving children; doctors can find a ready-to-use source of information on toxic exposure.

EUROPEAN RESUSCITATION COUNCIL

ERC Stavanger 2006

IRC Italian Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

IRC 2008

Italian Resuscitation Council

Virtual Reality Enhanced Mannequin (VREM)

Short communication

Virtual reality enhanced mannequin (VREM) that is well received by resuscitation experts☆

Federico Semeraro[a,*], Antonio Frisoli[b], Massimo Bergamasco[b], Erga L. Cerchiari[a]

[a] Department of Anaesthesia and Intensive Care, Ospedale Maggiore, Bologna, Italy
[b] Percro, Scuola Superiore Sant'Anna, Pisa, Italy

Summary: The objective of this study was to test acceptance of, and interest in, a newly developed prototype of virtual reality enhanced mannequin (VREM) on a sample of congress attendees who volunteered to participate in the evaluation session and to respond to a specifically designed questionnaire.
Methods: A commercial Laerdal HeartSim 4000 mannequin was developed to integrate virtual reality (VR) technologies with specially developed virtual reality software to increase the immersive perception of emergency scenarios. To evaluate the acceptance of a virtual reality enhanced mannequin (VREM), we presented it to a sample of 39 possible users. Each evaluation session involved one trainee and two instructors with a standardized procedure and scenario: the operator was invited by the instructor to wear the data-gloves and the head mounted display and was briefly introduced to the scope of the simulation. The instructor helped the operator familiarize himself with the environment. After the patient's collapse, the operator was asked to check the patient's clinical conditions and start CPR. Finally, the patient started to recover signs of circulation and the evaluation session was concluded. Each participant was then asked to respond to a questionnaire designed to explore the trainee's perception in the areas of user-friendliness, realism, and interaction/immersion.
Results: Overall, the evaluation of the system was very positive, as was the feeling of immersion and realism of the environment and simulation. Overall, 84.6% of the participants judged the virtual reality experience as interesting and believed that its development could be very useful for healthcare training.
Conclusions: The prototype of the virtual reality enhanced mannequin was well-liked, without interfence by interaction devices, and deserves full technological development and validation in emergency medical training.

Semeraro et al. Resuscitation 80 (2009) 489–492

Virtual Reality & Augmented Reality

Kuyt *et al. Advances in Simulation* (2021) 6:11
https://doi.org/10.1186/s41077-021-00158-0

Advances in Simulation

RESEARCH Open Access

The use of virtual reality and augmented reality to enhance cardio-pulmonary resuscitation: a scoping review

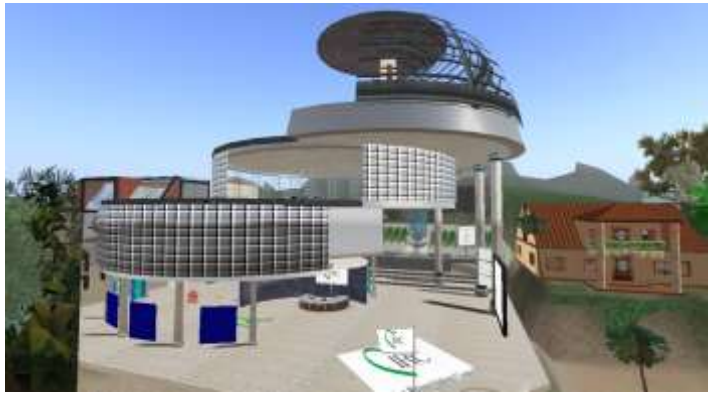
Katherine Kuyt[1], Sang-Hee Park[2], Todd P. Chang[3], Timothy Jung[4] and Ralph MacKinnon[1,4*]

Publications by year

The first original article published on these topics was in 2009 and reported on the acceptance of, and interest in, a newly developed prototype of a virtual reality enhanced manikin (VREM) [17]. The following year, further data on this VREM was presented during a conference [18]. In addition, in 2010, a review discussing the potential uses of VR in nursing education and CPR was published [19]. From 2016, there has been an exponential growth of publications regarding VR and AR in CPR. Although the data was collected only part way through 2020, the expectation is for this trend to continue. Earlier publications reviewed the use of VR; the first of the included publications based on the use of AR technology was not published until 2016 [20] (Fig. 2).

Kuyt K, Park SH, Chang TP, Jung T, MacKinnon R. Adv Simul (Lond). 2021 Apr 12;6(1):11.

Second Life ERC 2008

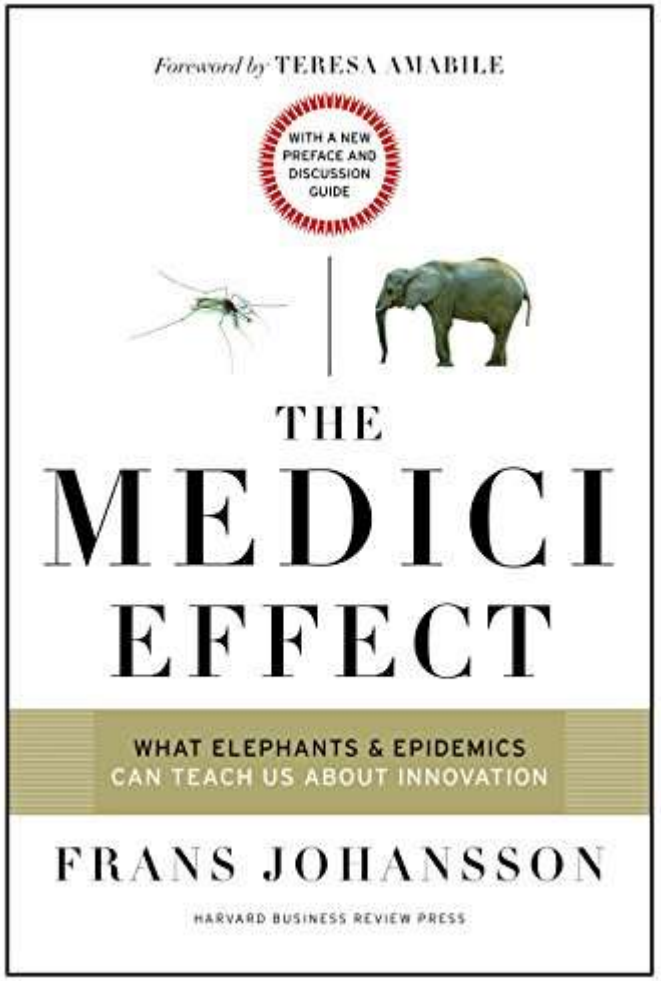


Early crazy ideas (2008-2009)

EUROPEAN RESUSCITATION COUNCIL

Living in the intersection

IRC Italian Resuscitation Council



EUROPEAN RESUSCITATION COUNCIL

iCPR 2009

Italian Resuscitation Council

January 2009

July 2009

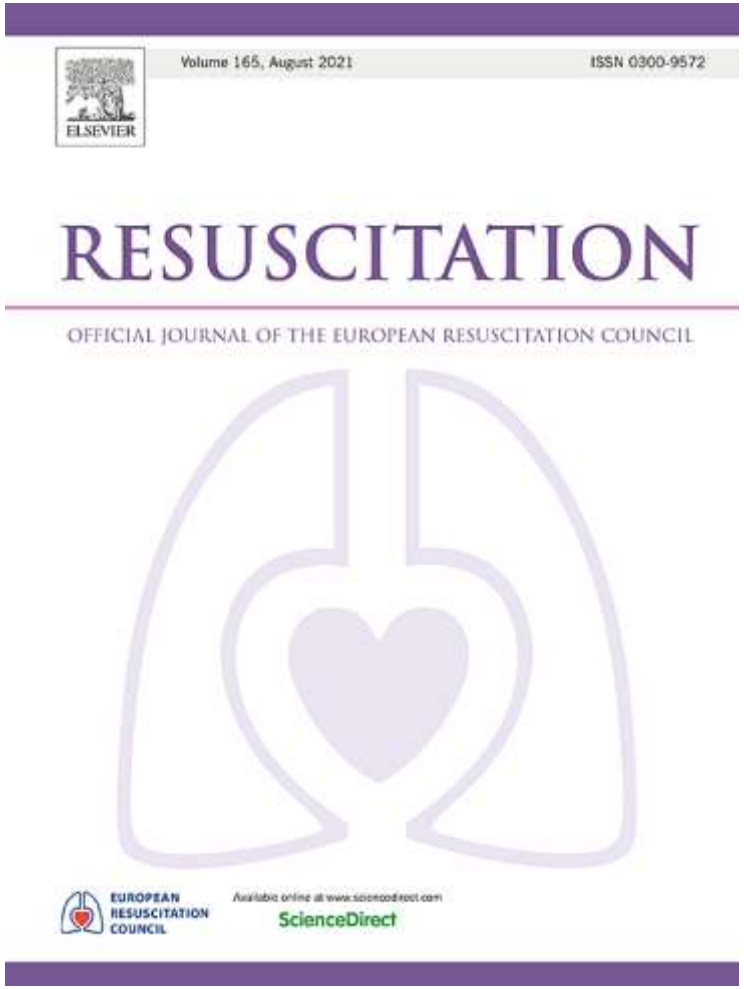
October 2009

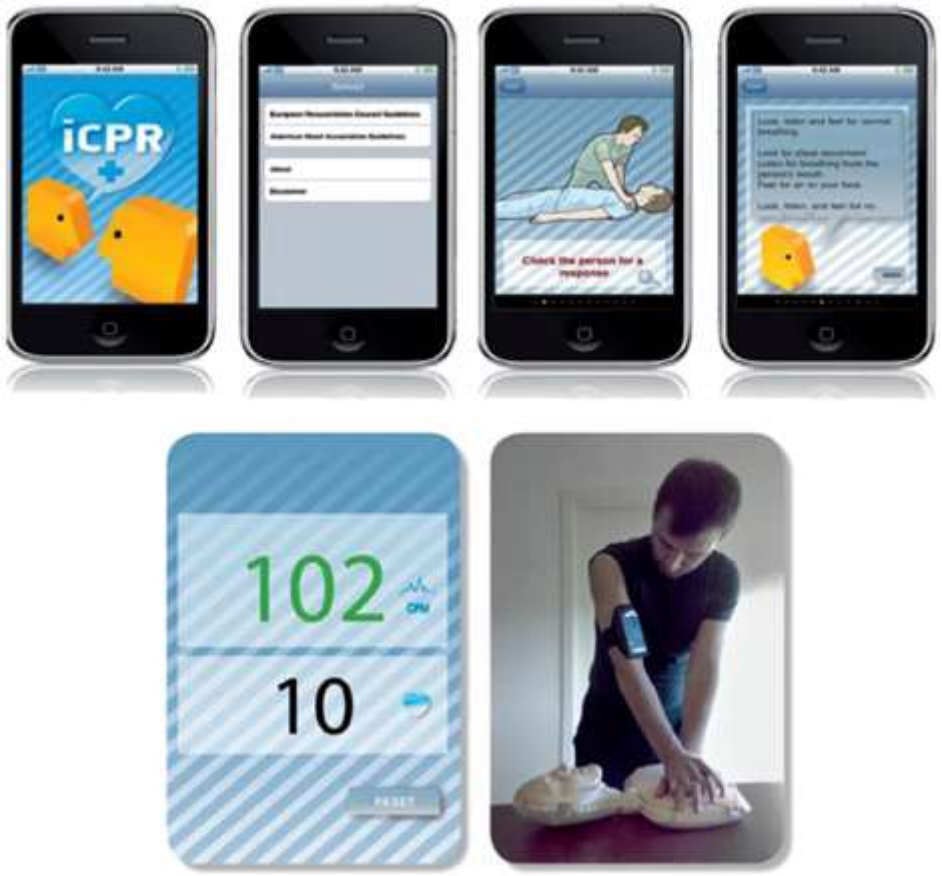
EUROPEAN RESUSCITATION COUNCIL

ERC Cologne 2009

Italian Resuscitation Council

iCPR: a new and friendly application for cardiopulmonary resuscitation training





Semeraro et al. Resuscitation 82 (2011) 436–441

EUROPEAN RESUSCITATION COUNCIL

RIAC 2008-2014

Italian Resuscitation Council

RIAC - IRC

Resuscitation 2008

EUROPEAN RESUSCITATION COUNCIL

EuReCa One & Two

IRC Italian Resuscitation Council

Available online at www.sciencedirect.com

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation

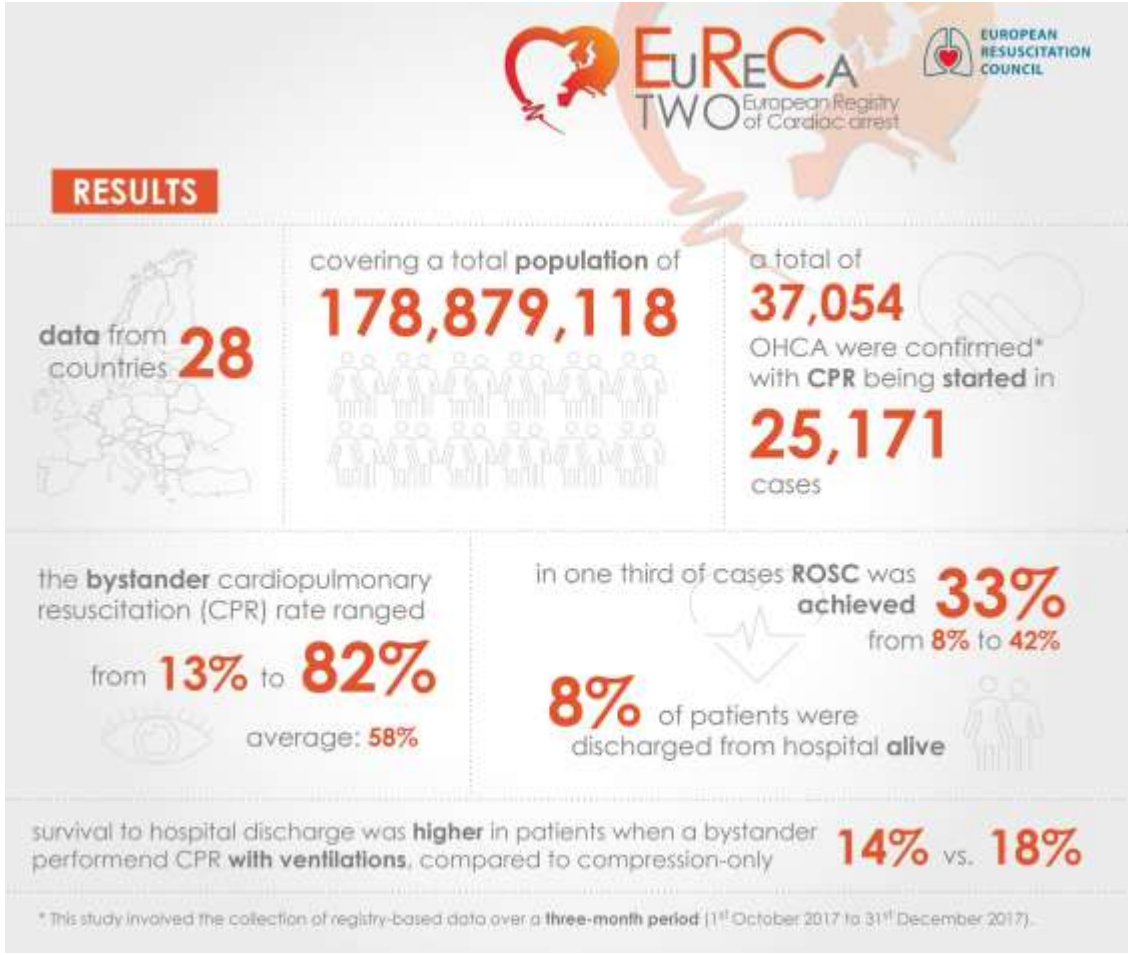
ELSEVIER

EUROPEAN RESUSCITATION COUNCIL

Clinical paper

Survival after out-of-hospital cardiac arrest in Europe - Results of the EuReCa TWO study

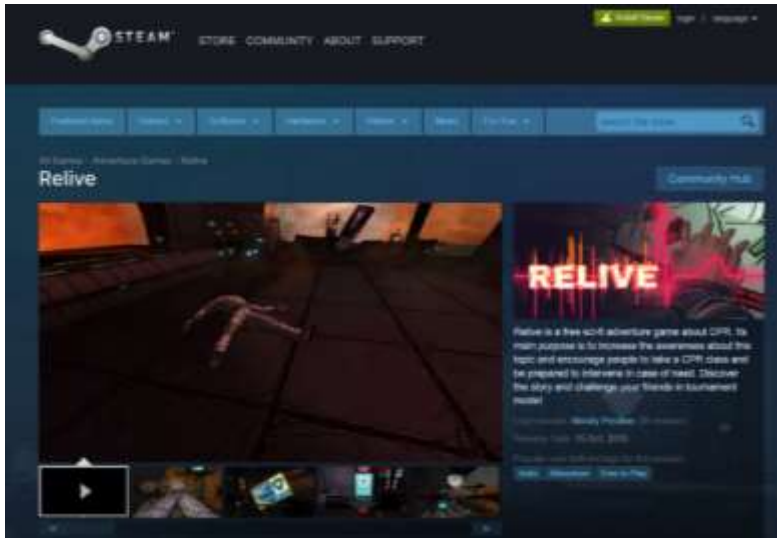
Jan-Thorsten Gräsner[a,b,1,*], *Jan Wnent*[a,b,c,1], *Johan Herlitz*[d], *Gavin D. Perkins*[e,f], *Rolf Lefering*[g], *Ingvild Tjelmeland*[h,a], *Rudolph W. Koster*[i], *Siobhán Masterson*[j], *Fernando Rossell-Ortiz*[k], *Holger Maurer*[l], *Bernd W. Böttiger*[m,Q], *Maximilian Moertl*[n], *Pierre Mols*[o], *Hajriz Alihodić*[p], *Irzal Hadibegović*[q], *Marios Ioannides*[r], *Anatolij Truhlář*[s,t], *Mads Wissenberg*[u], *Ari Salo*[v], *Josephine Escutnaire*[w], *Nikolaos Nikolaou*[x], *Eniko Nagy*[y], *Bergthor Steinn Jonsson*[z], *Peter Wright*[A], *Federico Semeraro*[B], *Carlo Clarens*[C], *Steffie Beesems*[D], *Grzegorz Cebula*[E], *Vitor H Correia*[F], *Diana Cimpoesu*[G], *Violetta Raffay*[H], *Stefan Trenkler*[I], *Andrej Markota*[J,K], *Anneli Strömsöe*[L,M,N], *Roman Burkart*[O], *Scott Booth*[e], *Leo Bossaert*[P,Q]



EUROPEAN RESUSCITATION COUNCIL

Later crazy ideas (2010….)

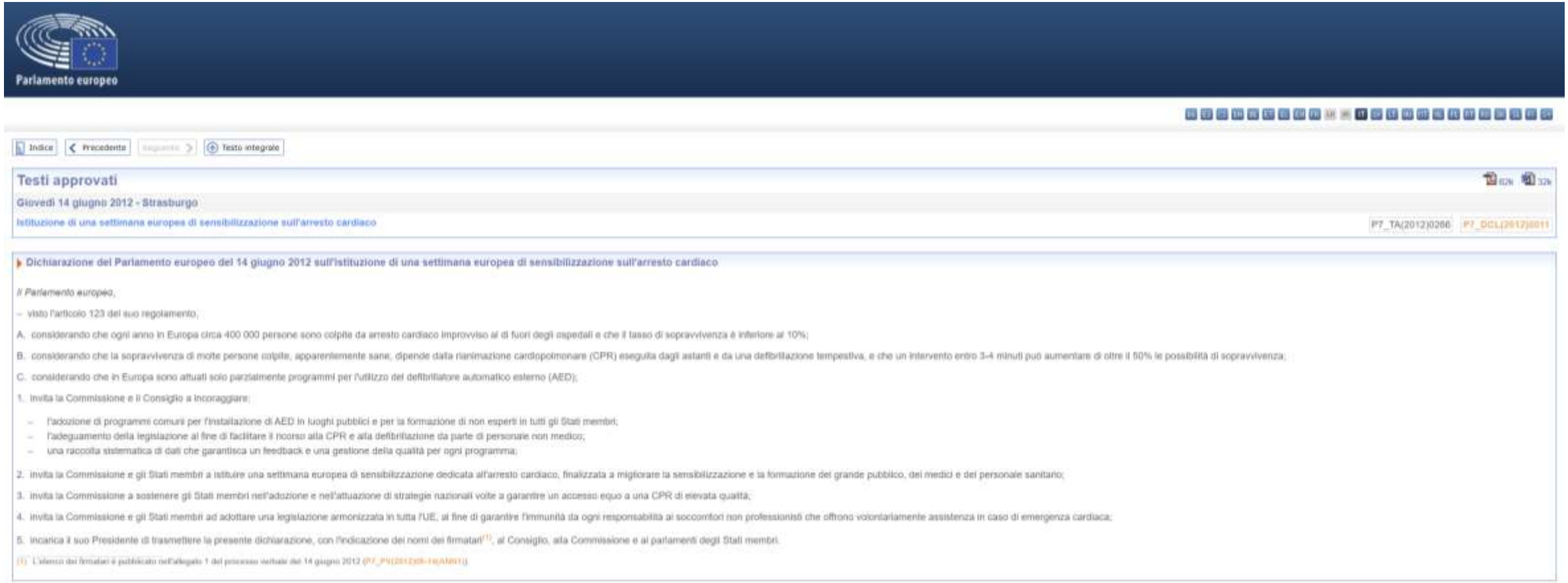
Italian Resuscitation Council



EUROPEAN RESUSCITATION COUNCIL

EU Cardiac Arrest Awareness Week

Italian Resuscitation Council



Parlamento europeo

Indice | Precedente | Testo integrale

Testi approvati

Giovedì 14 giugno 2012 - Strasburgo

Istituzione di una settimana europea di sensibilizzazione sull'arresto cardiaco

P7_TA(2012)0266 P7_DCL(2012)0011

Dichiarazione del Parlamento europeo del 14 giugno 2012 sull'istituzione di una settimana europea di sensibilizzazione sull'arresto cardiaco

Il Parlamento europeo,

– visto l'articolo 123 del suo regolamento,

A. considerando che ogni anno in Europa circa 400 000 persone sono colpite da arresto cardiaco improvviso al di fuori degli ospedali e che il tasso di sopravvivenza è inferiore al 10%;

B. considerando che la sopravvivenza di molte persone colpite, apparentemente sane, dipende dalla rianimazione cardiopolmonare (CPR) eseguita dagli astanti e da una defibrillazione tempestiva, e che un intervento entro 3-4 minuti può aumentare di oltre il 50% le possibilità di sopravvivenza;

C. considerando che in Europa sono attuati solo parzialmente programmi per l'utilizzo del defibrillatore automatico esterno (AED);

1. invita la Commissione e il Consiglio a incoraggiare:
   – l'adozione di programmi comuni per l'installazione di AED in luoghi pubblici e per la formazione di non esperti in tutti gli Stati membri;
   – l'adeguamento della legislazione al fine di facilitare il ricorso alla CPR e alla defibrillazione da parte di personale non medico;
   – una raccolta sistematica di dati che garantisca un feedback e una gestione della qualità per ogni programma;

2. invita la Commissione e gli Stati membri a istituire una settimana europea di sensibilizzazione dedicata all'arresto cardiaco, finalizzata a migliorare la sensibilizzazione e la formazione del grande pubblico, dei medici e del personale sanitario;

3. invita la Commissione a sostenere gli Stati membri nell'adozione e nell'attuazione di strategie nazionali volte a garantire un accesso equo a una CPR di elevata qualità;

4. invita la Commissione e gli Stati membri ad adottare una legislazione armonizzata in tutta l'UE, al fine di garantire l'immunità da ogni responsabilità ai soccorritori non professionisti che offrono volontariamente assistenza in caso di emergenza cardiaca;

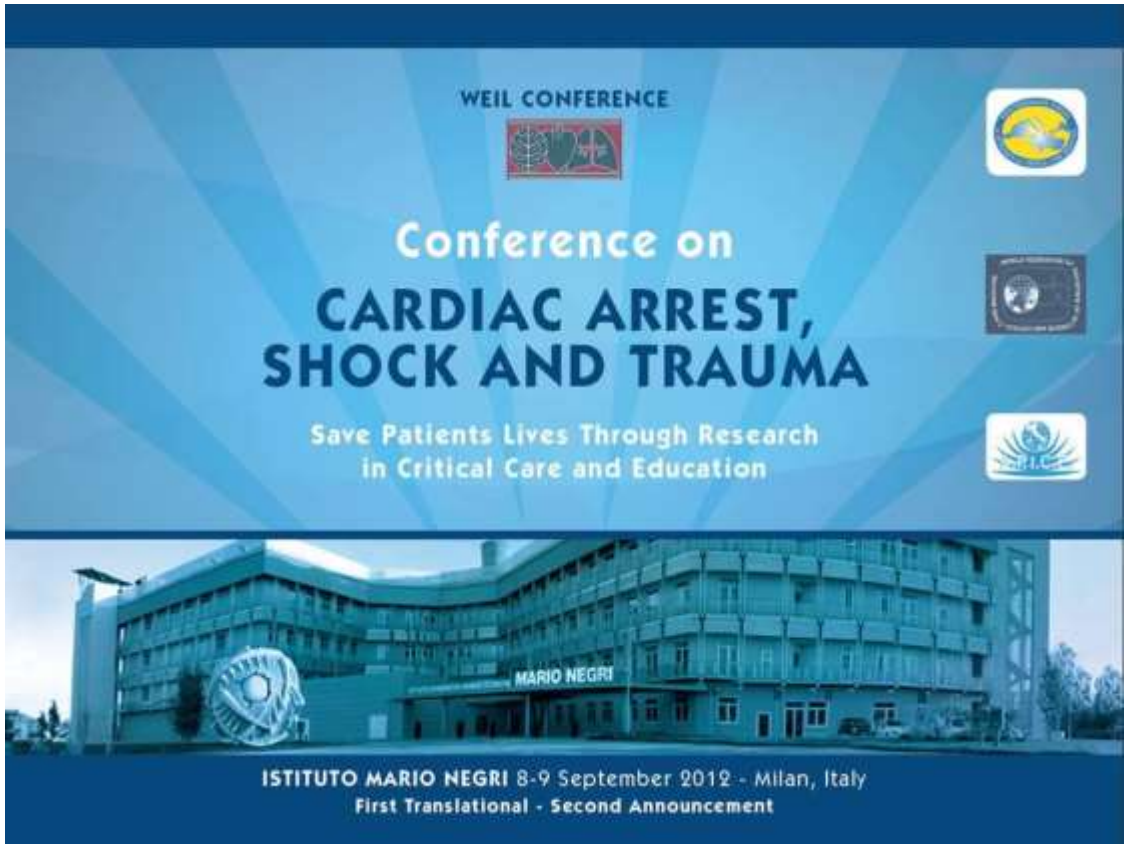
5. incarica il suo Presidente di trasmettere la presente dichiarazione, con l'indicazione dei nomi dei firmatari[1], al Consiglio, alla Commissione e ai parlamenti degli Stati membri.

(1) L'elenco dei firmatari è pubblicato nell'allegato 1 del processo verbale del 14 giugno 2012 (P7_PV(2012)06-14(ANN1))

EUROPEAN RESUSCITATION COUNCIL

8-9 Settembre 2012

IRC Italian Resuscitation Council



EUROPEAN RESUSCITATION COUNCIL

Pieve di Cento IRC 2013

Italian Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

Pieve di Cento IRC 2013

IRC Italian Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

Pieve di Cento IRC 2013

IRC Italian Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

Viva! 14-20 Ottobre 2013

IRC Italian Resuscitation Council

viva!

la settimana per la rianimazione cardiopolmonare

EUROPEAN RESUSCITATION COUNCIL

European Restart A Heart 2013

IRC Italian Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

European Restart A Heart 2013

IRC Italian Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

Viva! Bologna 2013

IRC Italian Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

Games for Health Europe 2013

IRC Italian Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

ERC Bilbao 2014

IRC Italian Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

Relive & Viva! 2014

IRC Italian Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

Relive VR

IRC Italian Resuscitation Council

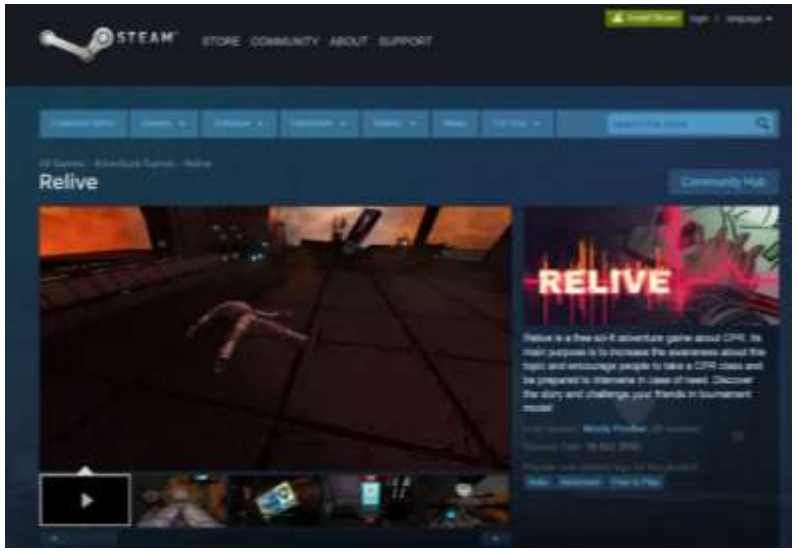
EUROPEAN RESUSCITATION COUNCIL

Relive 2015

Italian Resuscitation Council

Relive is a free sci-fi adventure game about CPR. Its main purpose is to increase the awareness about this topic and encourage people to take a CPR class and be prepared to intervene in case of need. Discover the story and challenge your friends in tournament mode!

Language: Italian, English, Dutch



All Games > Adventure Games > Relive

Relive

https://store.steampowered.com/app/404580/Relive/

Community Hub

Relive is a free sci-fi adventure game about CPR. Its main purpose is to increase the awareness about this topic and encourage people to take a CPR class and be prepared to intervene in case of need. Discover the story and challenge your friends in tournament mode!

ALL REVIEWS:	Mixed (152)
RELEASE DATE:	15 Oct, 2015
DEVELOPER:	Studio Evil
PUBLISHER:	Studio Evil

Popular user-defined tags for this product:

Free to Play | Indie | Adventure | +

Kids (learn how to) save lives in the school with the serious game Relive

Month 1-2 — **65 students**

Month 3-4 — **65 students** — **Competition**

15 students dropped out

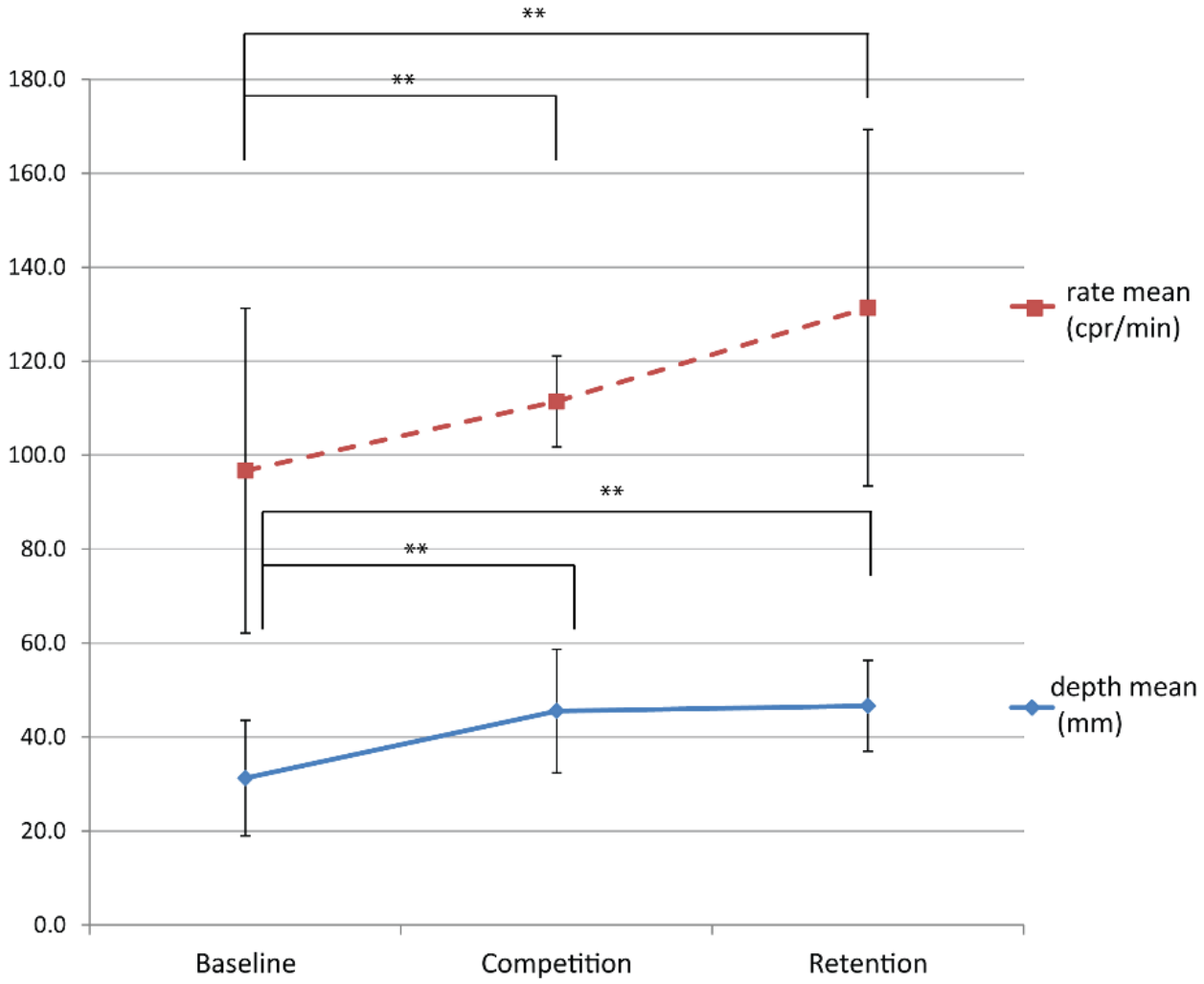
Month 8 — **50 students** — **Retention**

Semeraro et el. Resuscitation 116 (2017) 27–32

EUROPEAN RESUSCITATION COUNCIL

Kids (learn how to) save lives in the school with the serious game Relive

IRC Italian Resuscitation Council



Conclusions

Relive Tournament Mode was able to improve significantly awareness in terms of knowledge of CA and CC skills in a group of schoolchildren without any previous experience in CPR. Relive was able to improve retention of knowledge and was able to ensure retention of CC depth skill at 3 months after only one session of competition. The RTM was perceived as easy to use and providing an effective feedback. Relive could be useful as a tool to spread CPR knowledge and skills in the schools.

Semeraro et el. Resuscitation 116 (2017) 27–32

EUROPEAN RESUSCITATION COUNCIL

ILCOR EIT Task Force

Italian Resuscitation Council

Gamified learning for resuscitation education: EIT 6412; TFSR

SR

ILCOR staff

Created: December 06, 2023 · Updated: December 06, 2023

Treatment Recommendations

The Task force suggests the use of Gamified Learning (GL) to be considered as a component of resuscitation training for all types of basic and advanced life support courses (weak recommendation, very low certainty of evidence).

How cool is that ?

Virtual Reality for CPR training: How cool is that? Dedicated to the “next generation”

Federico Semeraro
Maggiore Hospital, Bologna, Italy
Andrea Scapigliati
Institute of Anesthesia and Intensive Care, Catholic University of the Sacred Heart, Rome, Italy
Giuseppe Ristagno
Istituto di ricerche farmacologiche “Mario Negri” – IRCCS, Milano, Italy
Anita Luciani, Stefano Gandolfi
Italian Resuscitation Council Foundation, Bologna, Italy
Andrew Lockey
Calderdale Royal Hospital, Halifax, UK
Michael P. Müller
Department of Anaesthesiology and Intensive Care Medicine, University Hospital, Technische Universität Dresden, Dresden, Germany
Sabine Wingen, Bernd W. Böttiger
University Hospital of Cologne, Kerpener Straße 62, 50937 Köln, Germany

We received 258 responses from 18 countries. The background of participants was:
key person in national resuscitation council, educator, instructor and members of the ERC Research NET

Semeraro et el. Resuscitation 2017

World Restart A Heart 16 Ottobre 2018 Roma

Available online at www.sciencedirect.com

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation

Letter to the Editor

Over 675,000 lay people trained in cardiopulmonary resuscitation worldwide — The "World Restart a Heart (WRAH)" initiative 2018

SPECIAL REPORT

Up to 206 Million People Reached and Over 5.4 Million Trained in Cardiopulmonary Resuscitation Worldwide: The 2019 International Liaison Committee on Resuscitation World Restart a Heart Initiative

Bernd W. Böttiger, MD, ML, DEAA; Andrew Lockey, MB, ChB, MMedEd; Richard Aickin, MbChB; Maria Carmona, MD, PhD; Pascal Cassan, MD; Maaret Castrén, MD, PhD; SSC Chakra Rao, MD; Allan De Caen, MD; Raffo Escalante, MD; Marios Georgiou, PhD; Amber Hoover, RN, MSN; Karl B. Kern, MD; Abdul Majeed S. Khan, SBIM; Cianna Levi, BSc; Swee H. Lim, MBBS; Vinay Nadkarni, MD; Naomi V. Nakagawa, PT, PhD; Kevin Nation, NZRN; Robert W. Neumar, MD, PhD; Jerry P. Nolan, MB, ChB; Jannicke Mellin-Olsen, MD; Jacopo Pagani, MD; Monica Sales, BA; Federico Semeraro, MD; David Stanton, CCA; Cristina Toporas, BSc; Heleen van Grootven, MA; Tzong-Luen Wang, MD, PhD, JM; Nilmini Wijesuriya, MD; Gillian Wong, MPH; Gavin D. Perkins, MB ChB, MD

Ten Years Challenge! #TenYearsChallenge #TenYearChallenge #TenYears

#VirtulReality #VRCPR #SchoolOfCPR #VREM #Relive #IRC

EUROPEAN RESUSCITATION COUNCIL

Virtual Reality CPR

ERC Congress Bologna 2018

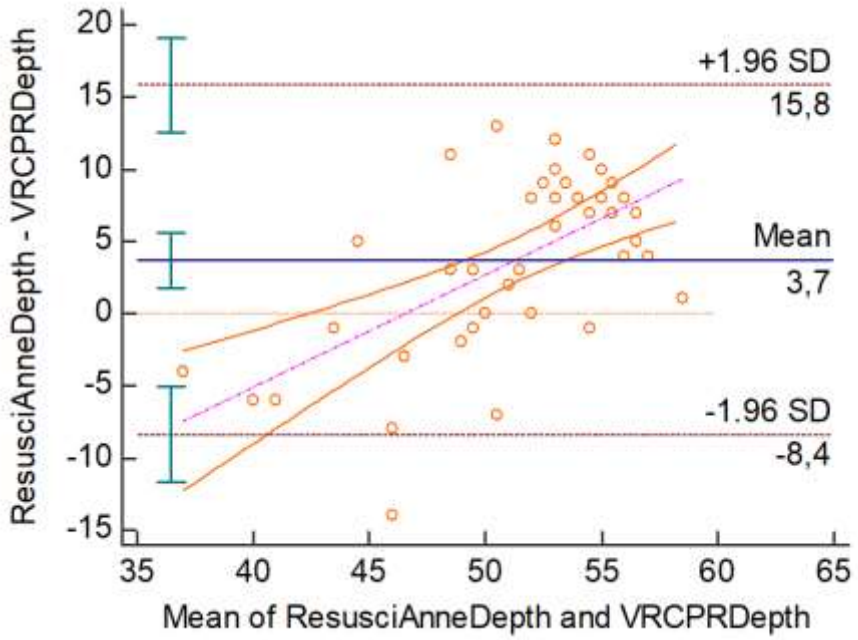
IRC Italian Resuscitation Council

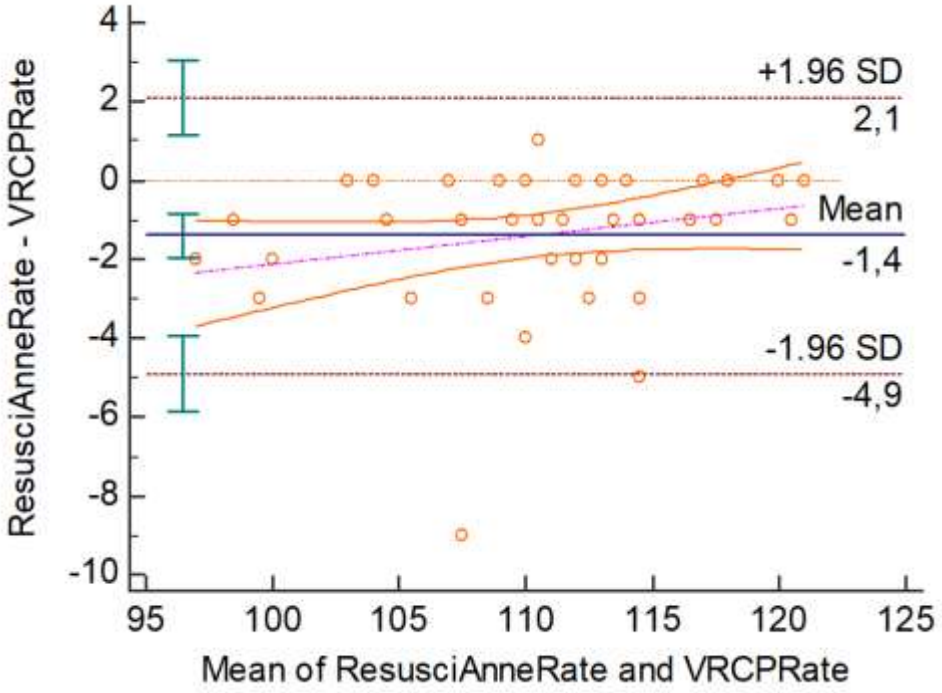
VR CPR versus CPR “Real” Training

- The VR CPR was tested in 43 users.
- Medical students at first year of medicine and surgery degree.
- All students were ERC BLS provider from 2018.
- The sample consisted of 25 (58%) male and 18 (42%) women
- Average age of 21±3 years and BMI 22±2.

Virtual Reality cardiopulmonary resuscitation (CPR) experience: a tool for quality training in resuscitation
Semeraro et al. Resuscitation. 2019 Feb;135:234-235.

VR CPR versus CPR “Real” Training





The Bland–Altman plot of chest compression depth and chest compression rate (Resusci Anne vs. VR CPR) in the 43 students' performance of 120 s chest compressions only-CPR.

Basic Life Support & Virtual Reality

RESUSCITATION 138 (2019) 18–19

Available online at www.sciencedirect.com

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation

Letter to the Editor

Back to reality: A new blended pilot course of Basic Life Support with Virtual Reality

Semeraro et al. Resuscitation. 2019 May;138:18-19.

EUROPEAN RESUSCITATION COUNCIL

Basic Life Support & Virtual Reality

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BLS Quality CPR Skill

IRC Italian Resuscitation Council

Participants' feedback

Table 1 – VR experience evaluation. **Participants' feedback on VR experience. Participants rated the following statements using a 7-point Likert scale (1 = completely disagree, 7 = completely agree).**

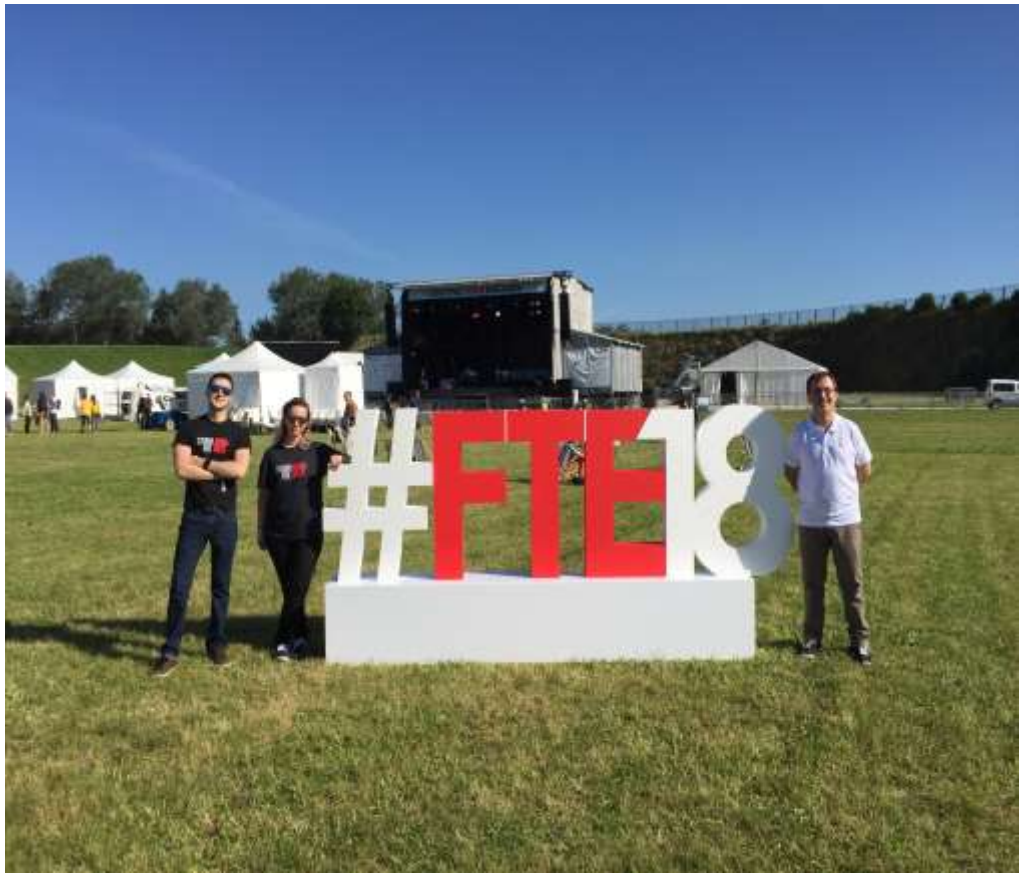
	N	Yes	No
1. Did you have any previous experience of Virtual Reality?	22	4	18
	n	Median [range]	
2. It is very difficult to wear and use the VR setup	22	1 [1-7]	
3. It is difficult to perform chest compression with the use of VR setup	22	2 [1-7]	
4. I have the feeling that the patient is really present in front of me	22	7 [5-7]	
5. The patient presents the classical signs of cardiac arrest (unconscious, gasping, pale skin, etc)	22	7 [6-7]	
6. I have the impression to be in the real Bologna square and/or in a real hospital	22	7 [4-7]	
7. The environment of the Santo Stefano Square is very realistic	22	7 [5-7]	
8. The perception of the three-dimensional space is very high	22	7 [6-7]	
9. The interaction with the patient is very realistic	22	7 [5-7]	
10. The feeling of personal involvement in the resuscitation procedure is high	22	7 [5-7]	
11. The feedback received from VR CPR on my chest compression performance during the 2 minutes of CPR is clear	22	7 [3-7]	
12. VR CPR helps me to perform a chest compression rate between 100 and 120 compressions per minute	22	7 [5-7]	
13. VR CPR helps me to perform a chest compression depth between 50 and 60 millimeters	22	7 [4-7]	
14. I feel emotionally more involved when experiencing VR CPR training in comparison to the standard CPR manikin training	22	7 [6-7]	
15. I agree Virtual Reality will improve the results of CPR Training in the near future	22	7 [4-7]	
	N	Yes	No
16. Do you think that VR CPR should be implemented to improve effectiveness of healthcare personnel training?	22	22	0

Semeraro et al. Resuscitation. 2019 May;138:18-19.

EUROPEAN RESUSCITATION COUNCIL

Festival Tous Engagés #FTE18
Testing in Real life

IRC Italian Resuscitation Council



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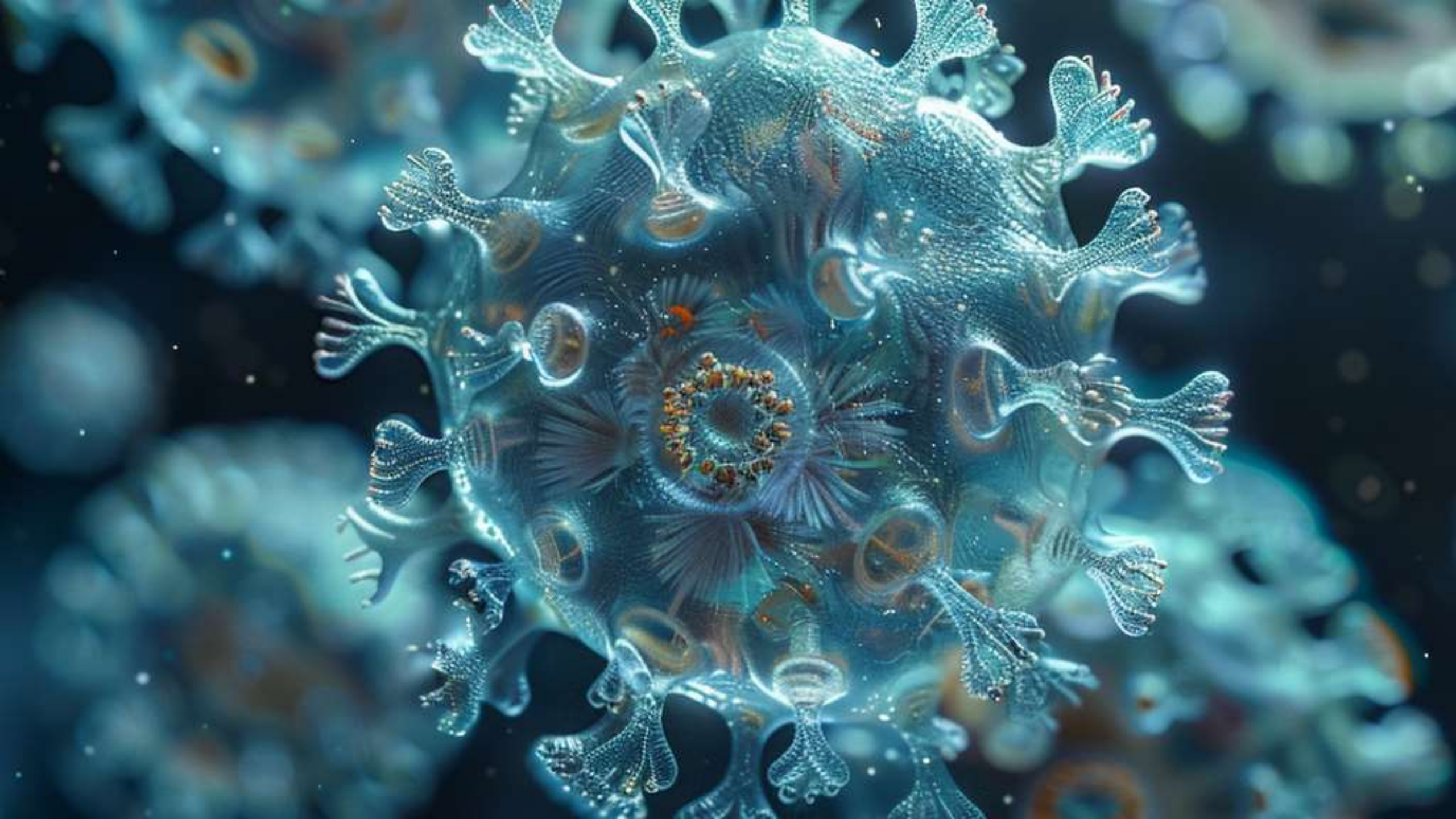
World Restart A Heart 16 Ottobre 2019 Bologna

IRC Italian Resuscitation Council



EUROPEAN RESUSCITATION COUNCIL

10th December 2020

IRC Italian Resuscitation Council

Chair-Elect European Resuscitation Council

EUROPEAN RESUSCITATION COUNCIL

World Restart A Heart 16 Ottobre 2021

Italian Resuscitation Council IRC

Potential Years of Life Lost (PYLL)

PYLL = 228 anni

EUROPEAN RESUSCITATION COUNCIL

World Restart A Heart 16 Ottobre 2024

IRC Italian Resuscitation Council

ERC Webinar: Open Webinar on Survivors' Communities

ERC Webinar: Open Webinar on Survivors' Communities

EUROPEAN RESUSCITATION COUNCIL

ENFORCER

Italian Resuscitation Council

Lo studio è finanziato dalla **"Fondazione IRC Italian Resuscitation Council ETS"**, un'associazione no-profit dedicata a supportare i sopravvissuti all'arresto cardiaco e le loro famiglie, e sviluppato e promosso da **Azienda USL Bologna** e **Montecatone Rehabilitation Institute**.

IRC Fondazione

Azienda Unità Sanitaria Locale Bologna

SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Istituto di Montecatone

MONTECATONE

www.studioenforcer.it

intErnet-based iNterventions FOR Cardiac arrEst suRvivors


OUTATIME

EUROPEAN RESUSCITATION COUNCIL

IRC 2021 Rimini

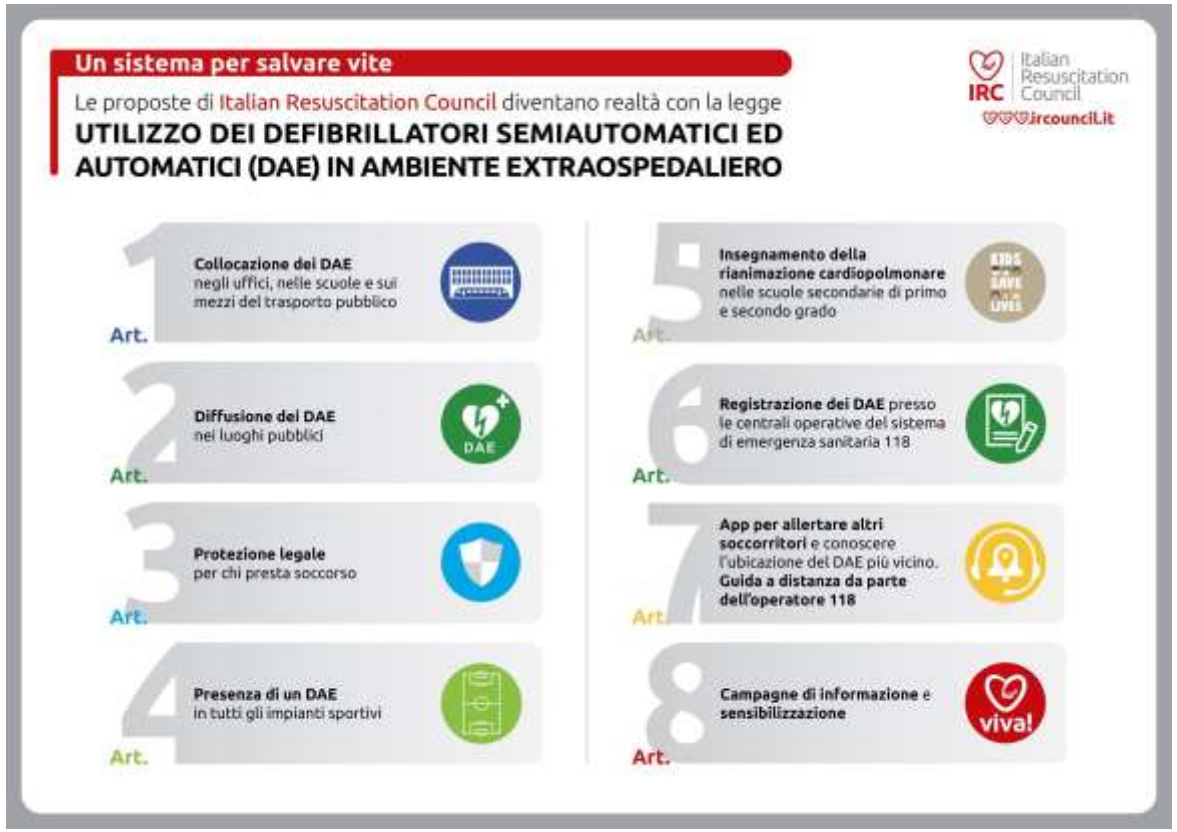
Italian Resuscitation Council

7 giugno 2013, Pieve di Cento

16 dicembre 2021, Rimini

EUROPEAN RESUSCITATION COUNCIL

IRC Italian Resuscitation Council



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Legge 27-02-2004, n. 46 - Filiale di Roma

Anno 162° - Numero 193

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PARTE PRIMA Roma - Venerdì, 13 agosto 2021

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4ª Serie speciale: *Concorsi ed esami (pubblicata il martedì e il venerdì)*
5ª Serie speciale: *Contratti pubblici (pubblicata il lunedì, il mercoledì e il venerdì)*

La **Gazzetta Ufficiale, Parte Seconda,** *"Foglio delle inserzioni", è pubblicata il martedì, il giovedì e il sabato*

LEGGI ED ALTRI ATTI NORMATIVI

LEGGE 4 agosto 2021, n. **116**.

Disposizioni in materia di utilizzo dei defibrillatori semiautomatici e automatici. (21G00126)

RESUSCITATION 167 (2021) 47–48

Available online at ScienceDirect

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation

Letter to the Editor

The new Italian law "A systems saving lives" the first European former application of ERC 2021 guidelines

Scapigliati A, Semeraro F, Di Marco S, Ristagno G; Italian Resuscitation Council Executive Committee. Resuscitation. 2021

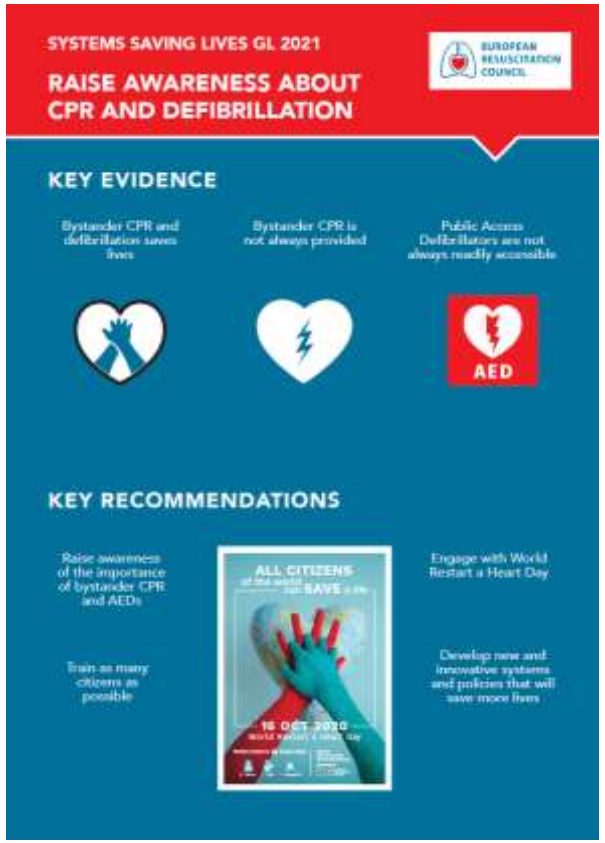
I am not afraid of death.
I am an old physicist.
I am afraid of time.

Interstellar Professor Brand

EUROPEAN RESUSCITATION COUNCIL

Viva! & World Restart A Heart

IRC Italian Resuscitation Council



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Viva! & World Restart A Heart

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First Responder & App

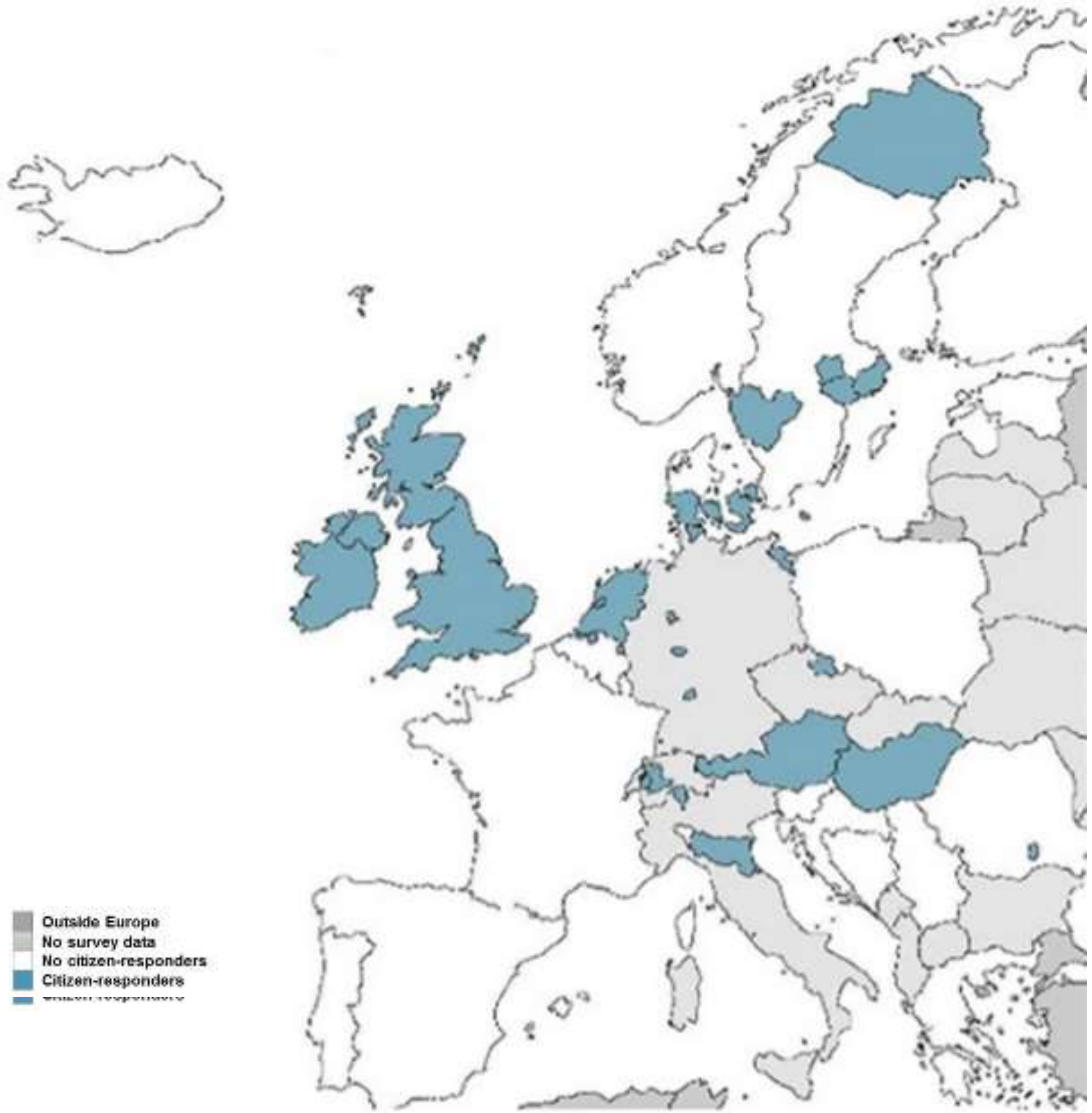
IRC Italian Resuscitation Council

ORIGINAL RESEARCH Open Access

First-response treatment after out-of-hospital cardiac arrest: a survey of current practices across 29 countries in Europe

Iris Oving[1], Siobhan Masterson[2], Ingvild B.M. Tjelmeland[3], Martin Jonsson[4], Federico Semeraro[5], Mattias Ri
Anatolij Truhlar[6], Diana Cimpoesu[7], Fredrik Folke[8,9], Stefanie G. Beesems[1], Rudolph W. Koster[1], Hanno L. Tan[1,*],
Marieke T. Blom[1] and for the ESCAPE-NET Investigators

Funded by
the European Union



Oving et al. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine (2019) 27:112

RegioneEmilia-Romagna

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA

Con il contributo di

FONDAZIONE DEL MONTE
DI BOLOGNA E RAVENNA
1473

DAE RespondER

L'App che allerta i defibrillatori

La **App DAE RespondER** è integrata con la **Centrale Operativa 118** e consente a chiunque sia registrato di essere allertato, con l'obiettivo di contribuire a **ridurre i tempi di intervento sui sospetti ARRESTI CARDIACI** in Regione Emilia-Romagna. Consente inoltre di **localizzare il DAE più vicino**, per poterlo recuperare e portarlo dove si trova la persona colpita. É infine possibile **chiamare il 118** inviando la propria posizione in modo automatico.

Scarica la **APP** disponibile su **Apple Store** e **Play Store**.

DAE RespondER App Store

DAE RespondER Google Play

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RESUSCITATION 185 (2023) 109746

Available online at ScienceDirect

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation

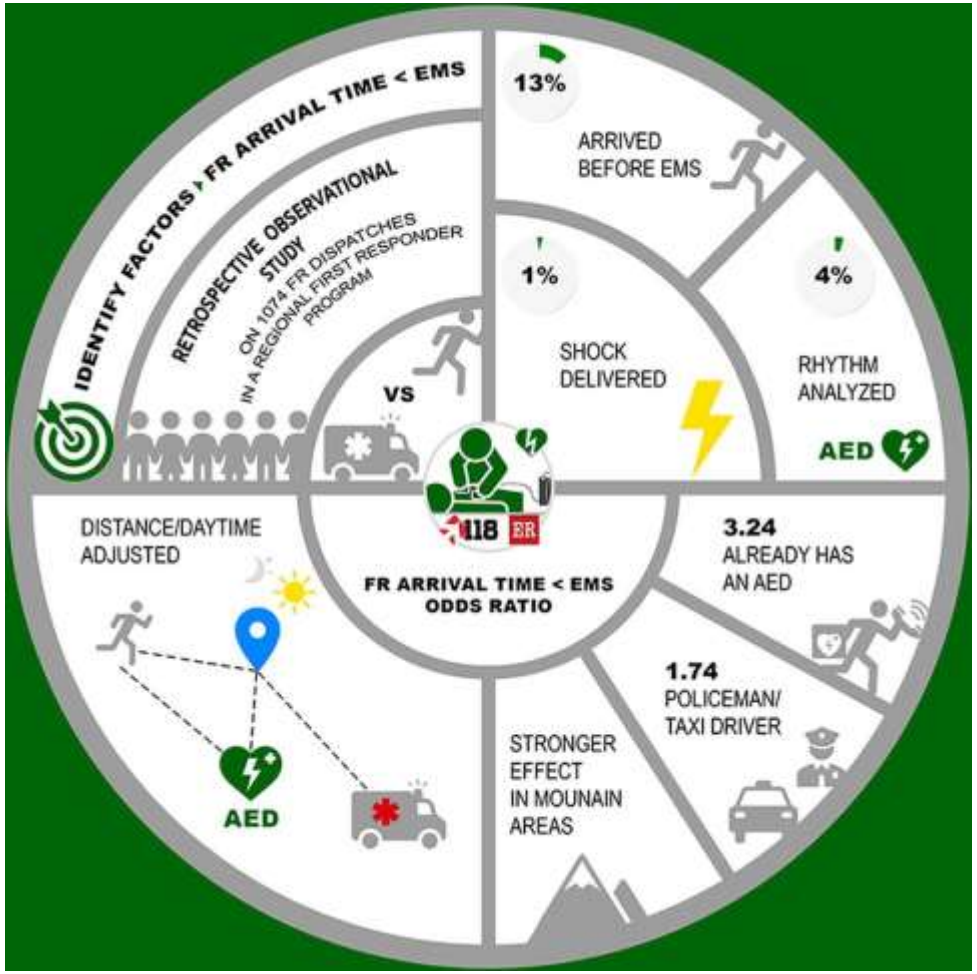
EUROPEAN RESUSCITATION COUNCIL

ELSEVIER

Clinical paper

Factors associated with the arrival of smartphone-activated first responders before the emergency medical services in Out-of-Hospital cardiac arrest dispatch

Lorenzo Gamberini[a], *Donatella Del Giudice*[b], *Stefano Saltalamacchia*[a], *Benjamin Taylor*[c], *Isabella Sala*[d,e], *Davide Allegri*[f], *Antonio Pastori*[g], *Carlo Coniglio*[a,*], *Giovanni Gordini*[a], *Federico Semeraro*[a], *Collaborators*[1]



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Kids Save Lives

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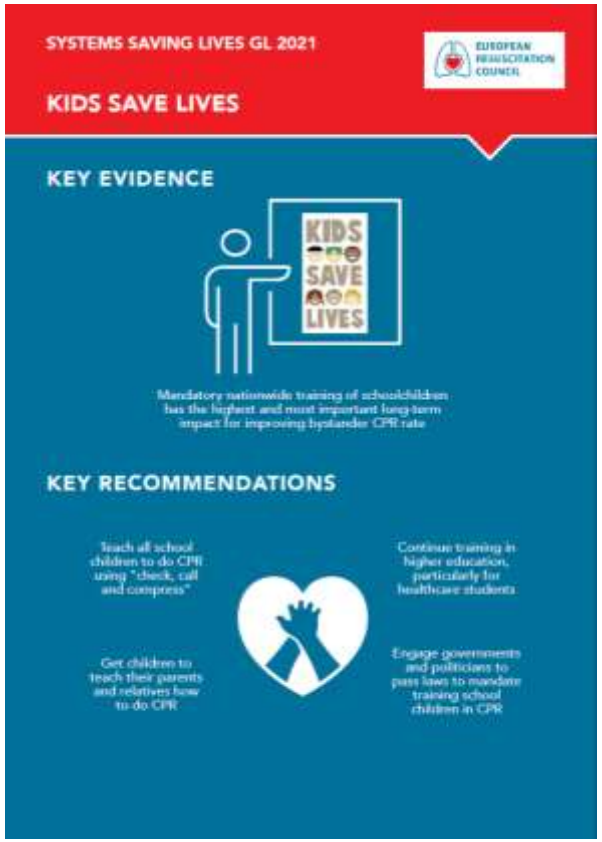

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EUROPEAN RESUSCITATION COUNCIL

ILCOR Scientific Statement

KIDS SAVE LIVES: Basic Life Support Education for Schoolchildren: A Narrative Review and Scientific Statement From the International Liaison Committee on Resuscitation

Daniel C. Schroeder, Federico Semeraro, Robert Greif, Janet Bray, Peter Morley, Michael Parr, Naomi Kondo Nakagawa, Taku Iwami, Simon-Richard Finke, Carolina Malta Hansen, Andrew Lockey, Marina Del Rios, Farhan Bhanji, Comilla Sasson, Stephen M. Schexnayder, Tommaso Scquizzato, Wolfgang A. Wetsch, Bernd W. Böttiger, on behalf of the International Liaison Committee on Resuscitation

Detection of Cardiac Arrest

- Highlight that cardiac arrest detection is the first key element of the chain of survival by using a simple algorithm
- Teach young children how to assess for consciousness and normal breathing

Transmission of an Emergency Call

- Begin teaching the emergency telephone number to young children from the age of 4 years
- Teach how to alert the emergency service correctly (eg, address of the emergency) to schoolchildren from the age of 6 years

Chest Compression Depth and Rate

- Young children should be taught the correct compression depth and rate, although they may not achieve these to guideline standards
- For schoolchildren, focus on the key components of high-quality CPR: minimizing chest compression interruptions, correct chest compression rate and depth, and full chest recoil
- The ability to practice BLS skills during training and retraining is critical
- The use of cognitive aids (eg, metronomes, music at 100–120 beats/minute) or real time feedback devices is recommended

Automated External Defibrillation (AED)

- Integrate AED education and practice in schoolchildren gradually
- Emphasize proper positioning of the pads of an AED and order of BLS
- Emphasize safety in delivering shock: "Do not touch the person."

Mouth-to-Mouth Ventilation

- In young children, focus on compression-only CPR
- Teach schoolchildren the technique, sequencing, and rates for breathing, taking into consideration some schoolchildren may have difficulty achieving ventilation volumes

Use of BLS Training Manikins and Multiplier Effect

- Consider professional BLS training manikins during BLS-lessons to teach high-quality chest compressions
- Distribute take-home BLS training kits for schoolchildren BLS training
- Motivate schoolchildren to act as a multiplier
- Use homework as an opportunity to consolidate knowledge and skills and teach others BLS

Duration of Training Sessions and Group Size

- Use group sizes of 3-5 pupils for BLS training when possible
- Ensure at least 2 hours of BLS training

Innovative Technology-Enhanced Learning and Social Media Tools for BLS Education

- Use technology-enhanced learning, social media tools, and virtual learning environments to engage, motivate, and educate schoolchildren in BLS
- Technology can be considered where resources or time do not permit formal instructor-led training or in combination with traditional training

Integration of Kids Save Lives in School Curricula

- Promote schoolchildren BLS training as an effective instrument to increase survival after OHCA
- Advocate to legislate schoolchildren BLS training as a graduation requirement at all levels of government
- Use published principles by local resuscitation organizations as underlying foundation for schoolchildren BLS training

Who Should Teach?

- Train schoolteachers as BLS instructors
- Include teaching BLS in the curriculum when training student teachers at universities
- KSL programs and resuscitation councils should serve as contact for schoolteachers and support them as BLS instructors

Appropriate Starting Age

- Train all schoolchildren in BLS annually independent of their age
- Arouse interest for BLS in young children from the age of four years

Motivational Aspects of Schoolchildren Towards BLS

- Increase motivation for learning and performing BLS by explaining the importance of timely interventions
- Identify and address barriers to performing BLS that are raised by schoolchildren

Development of Cognitive Skills

- Use a combination of theoretical lessons and practical skill training
- Emphasize practical skill training and blended learning

Retrieval of Theoretical Knowledge

- Include evaluation of theoretical knowledge in BLS education
- Provide annual theoretical and practical refresher training for maintenance of knowledge and skills

Role of Public Campaigns

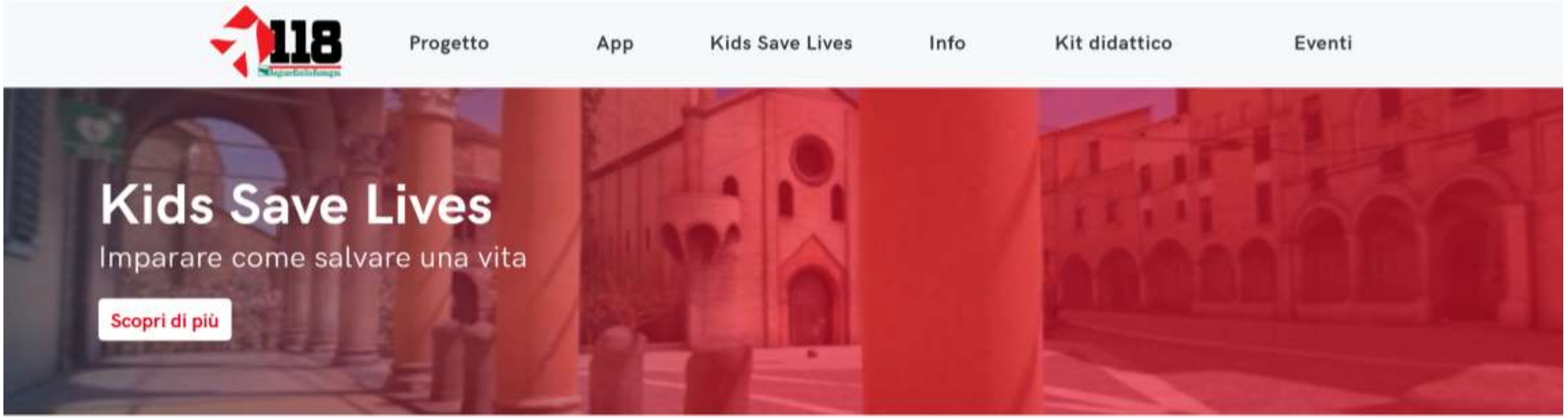
- Include schoolchildren in campaigns initiated to increase bystander CPR rates

Schroeder DC, Semeraro F, Greif et al. Resuscitation. 2023

EUROPEAN RESUSCITATION COUNCIL

Kids Save Lives 2022-2024

Italian Resuscitation Council



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Azienda Unità Sanitaria Locale di Bologna

Istituto delle Scienze Neurologiche
Istituto di Ricovero e Cura a Carattere Scientifico

118

Italian Resuscitation Council

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6 - 10 anni **11 - 18 anni** **> 18 anni**

Un picnic mozzafiato

Un picnic mozzafiato VR

School of CPR VR

DAE RespondER

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Italian Resuscitation Council

RESUSCITATION 194 (2024) 110088

Available online at ScienceDirect

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation

Simulation and education

Empowering the next Generation: An innovative "Kids Save Lives" blended learning programme for schoolchildren training

Federico Semeraro[a,#], Guglielmo Imbriaco[b,#,], Donatella Del Giudice[b], Marco Antognoli[a], Daniele Celin[b], Micaela Cuttitta[a], Vincenzo Lo Guasto[a], Gabriele Giulini[a], Tania Gnudi[a], Alessandro Monesi[a], Elisa Nava[b], Riccardo Tucci[a], Alessandra Carenzio[c,e], Sara Lo Jacono[d,e], Giovanni Gordini[a], Lorenzo Gamberini[a], Collaborators, Carlo Coniglio[f], Marzia Baldazzi[f], Chiara Landini[g], Martina Guarnera[h], Juliette Masina[i], Giorgia Ghedini[i], Lucia Potri[i], Donatella Tortolani[h]*

Abstract

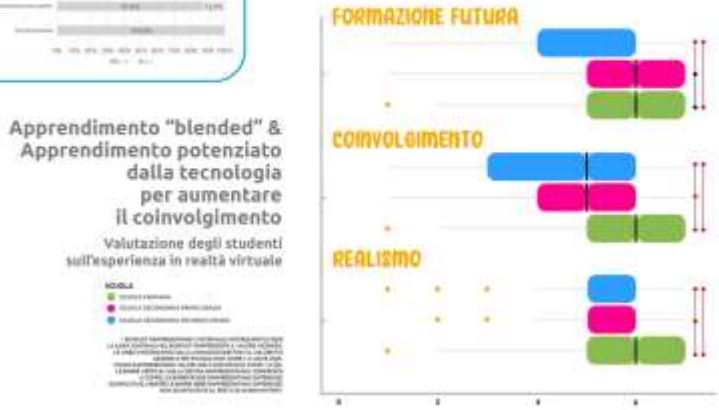
Introduction: Guidelines recommend teaching resuscitation from school age; however, little is known about the best methods to provide it. We devised a blended learning program for primary and secondary students (Kids Save Lives – KSL) consisting of brief lectures, practical training with mannequins, and virtual reality. We aimed to evaluate its impact on students' attitudes towards intervening during cardiac arrest and their knowledge about basic life support.

Methods: This observational, prospective, before-and-after study assessed attitudes and basic life support knowledge in primary and secondary school children exposed to the KSL program. 20 events were conducted in the metropolitan area of Bologna, Italy. A multiple-choice test (before and after the course) explored attitude, knowledge and perceptions of realism, engagement, and agreement with the virtual reality method.

Results: A total of 1,179 students (response rate 81.4%) were included in the final analysis, with 12.89% from primary schools, 5.94% from middle schools, and 81.17% from high schools. Students' willingness to intervene during a cardiac arrest rose from 56.9% to 93.1% ($p < 0.001$) post-course. The course's realism, engagement, and future prospects received positive feedback, with median scores notably higher in primary schools compared to secondary schools.

Conclusion: The blended learning method improved students' understanding of basic life support techniques and their attitude to act during cardiac arrest situations. The positive reception of the virtual reality component underscores technology's potential to bolster engagement and should be further explored for basic life support teaching in schoolchildren.

Keywords: Blended learning, Cardiopulmonary resuscitation, Kids save lives, Resuscitation education, Students, Virtual reality



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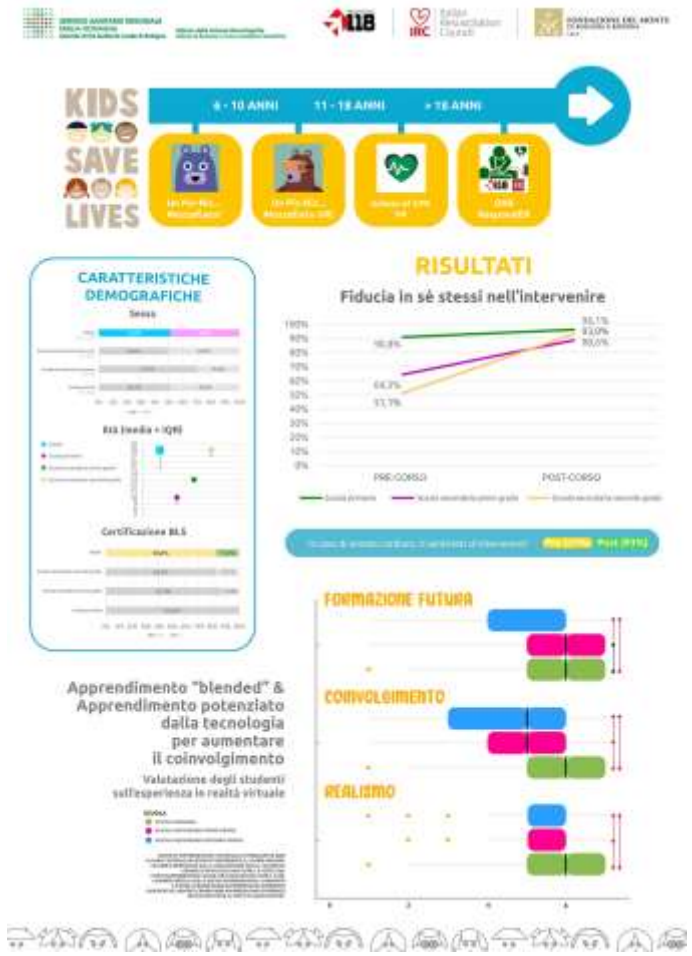
Kids Save Lives IRC Congress

Italian Resuscitation Council



EUROPEAN RESUSCITATION COUNCIL

Influencer & Awareness

IRC Italian Resuscitation Council

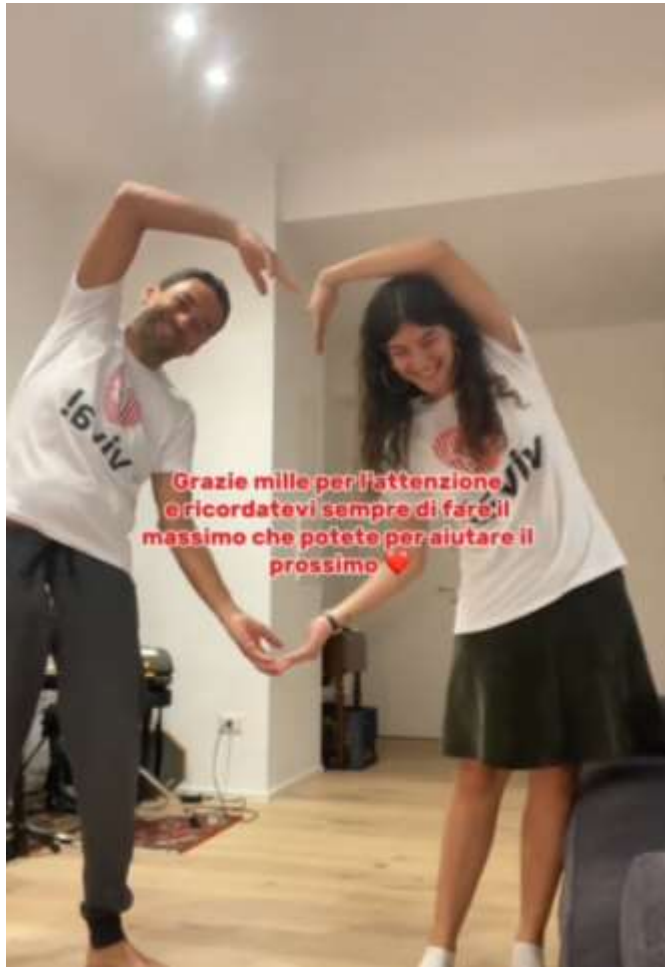
RESUSCITATION

Articles Publish Topics About Contact

LETTER TO THE EDITOR · Volume 205, 110420, December 2024

Young adults: How much impact does a social media post have on CPR awareness?

Federico Semeraro [a] · Flaminia Scapigliati [b] · Giuseppe Ristagno [c,d] · Andrea Scapigliati [b,e]



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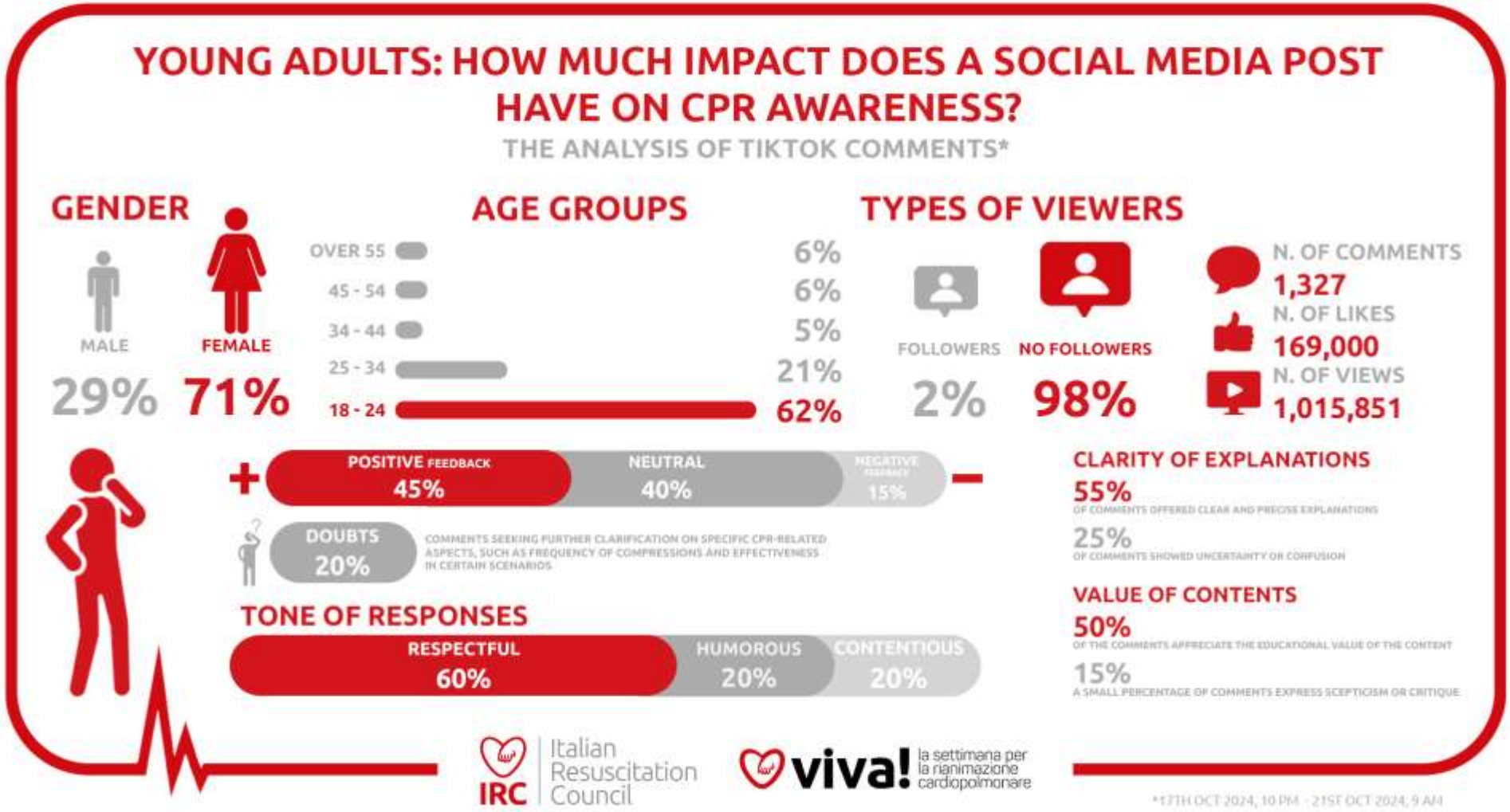
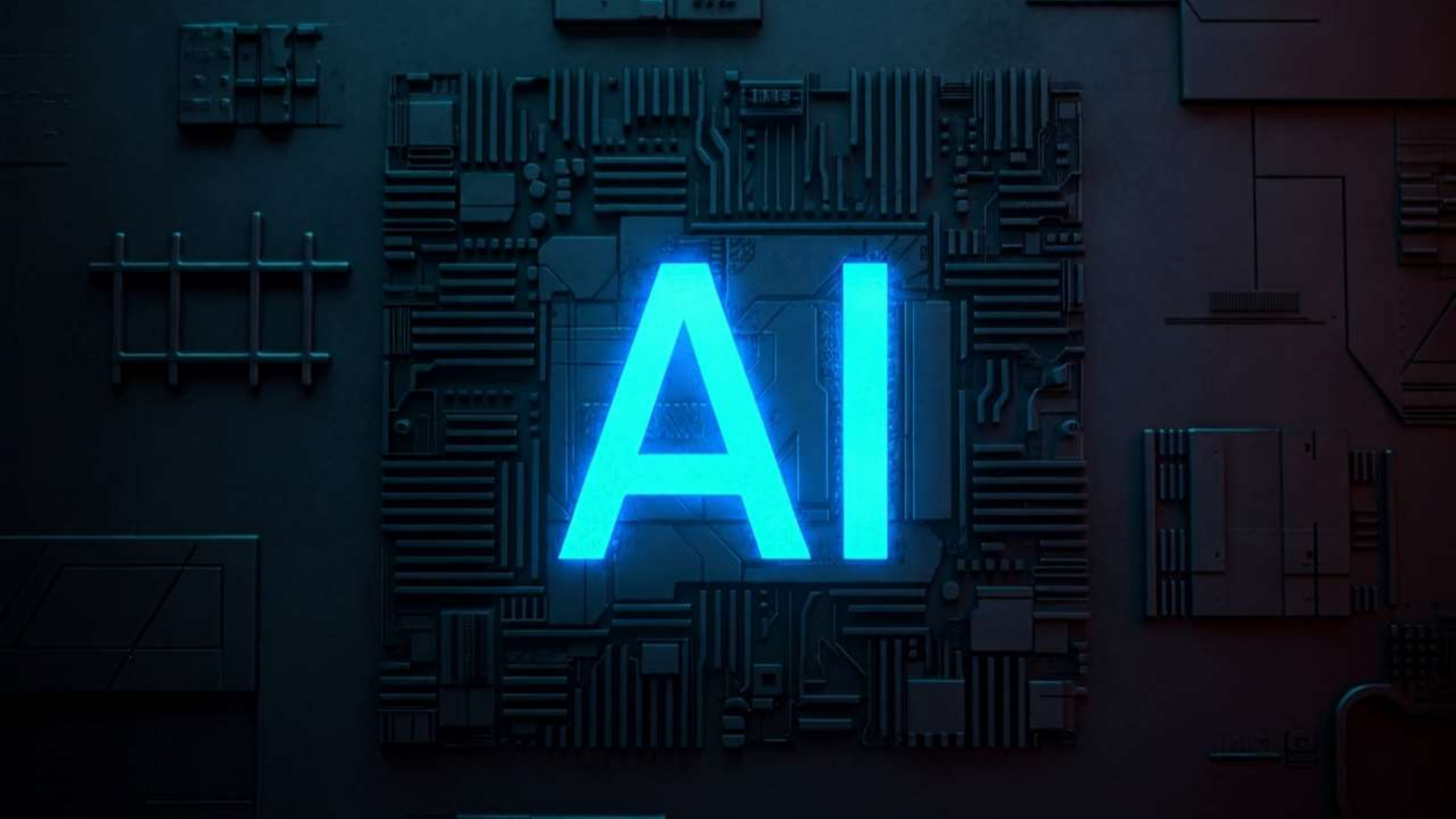
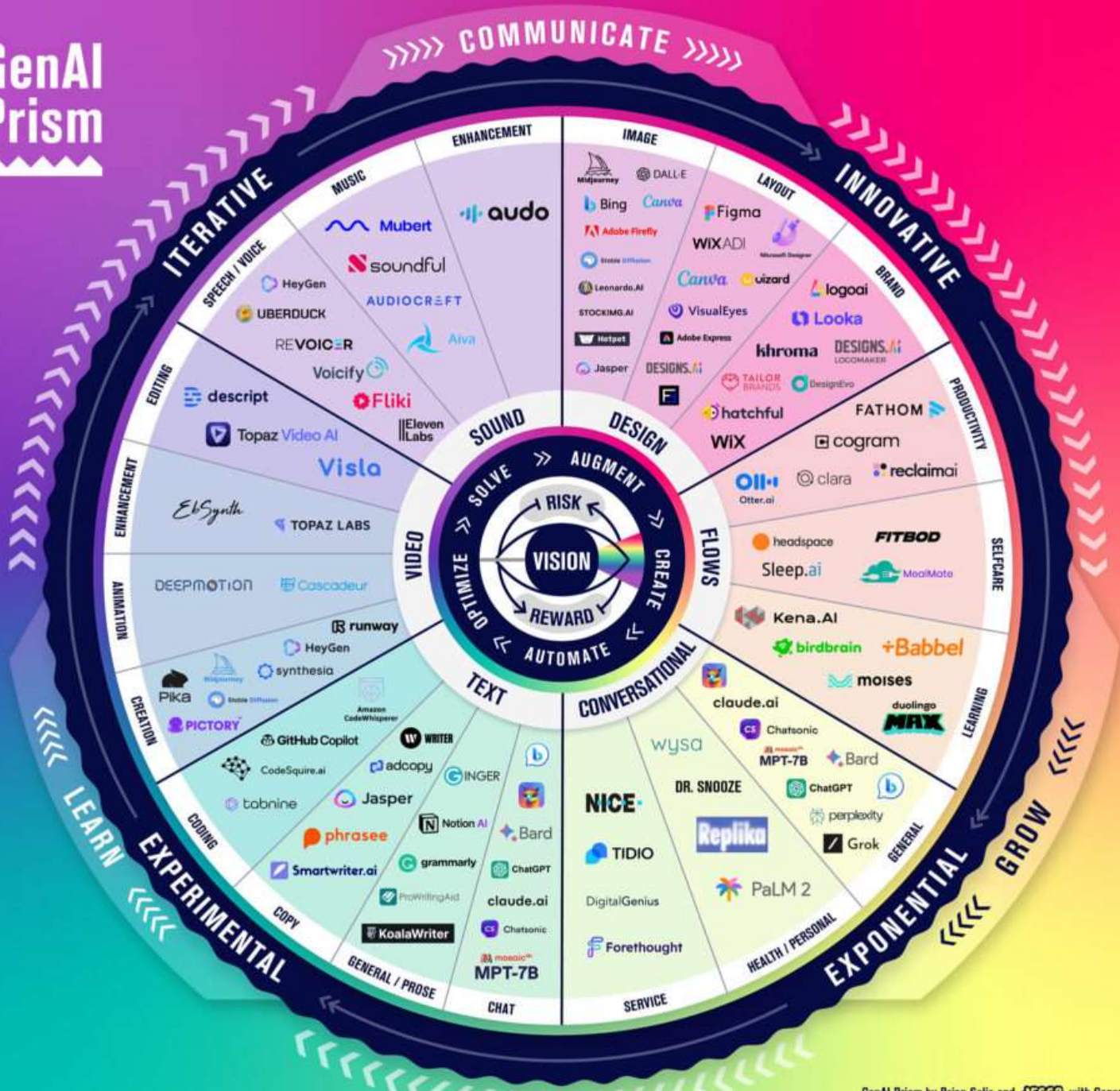
Influencer & Awareness

Italian Resuscitation Council




AI

GenAI Prism



GenAI Prism by Brian Solis and JESS3 with Conor Grennan

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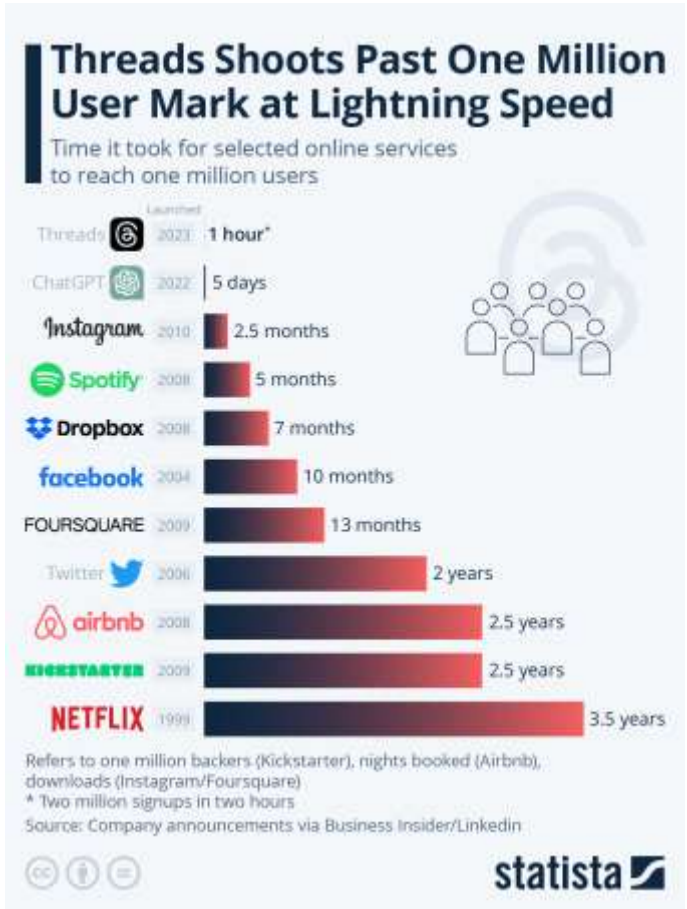
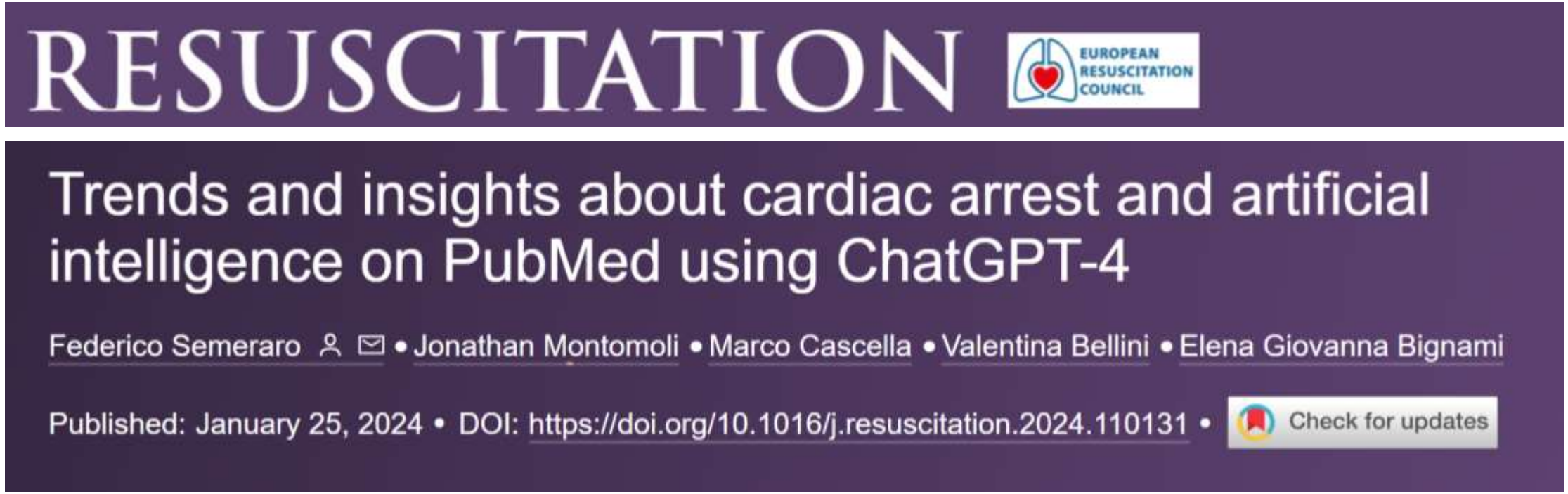


Cardiac Arrest & AI



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Cardiac Arrest & AI

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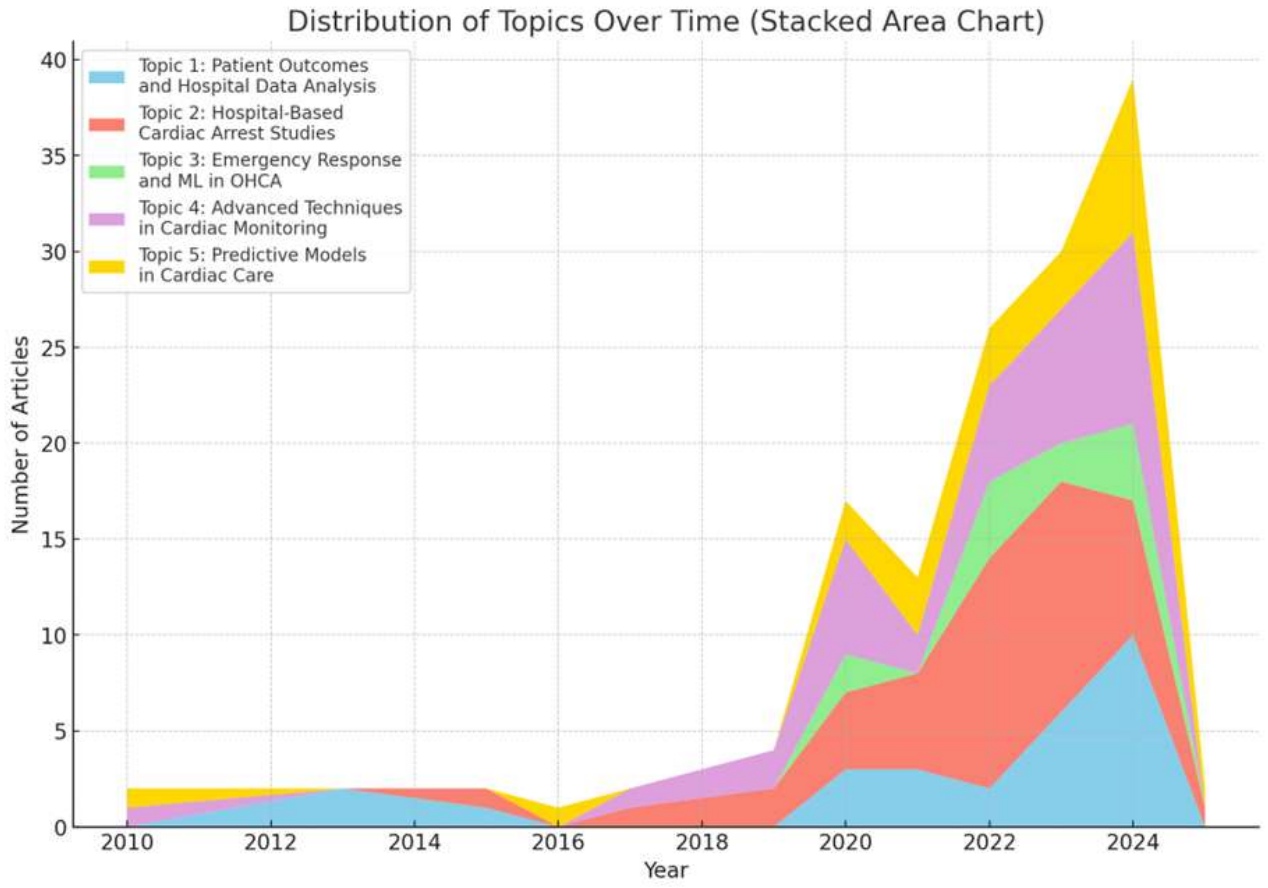

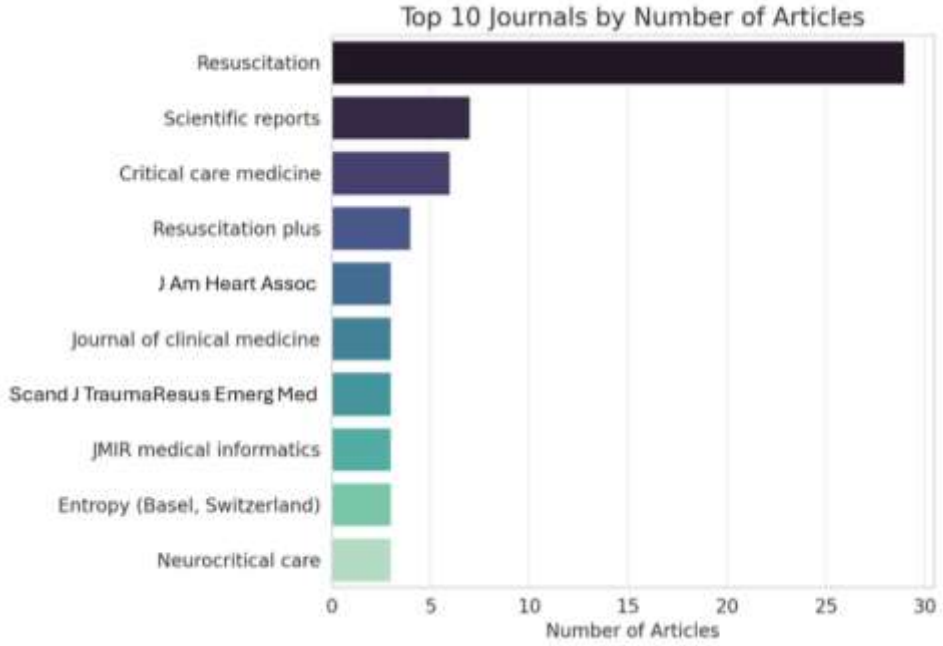

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COMMENTARY AND CONCEPTS | ARTICLES IN PRESS, 110250

Cardiac arrest and cardiopulmonary resuscitation in the next decade: Predicting and shaping the impact of technological innovations

Federico Semeraro • Sebastian Schnaubelt • Carolina Malta Hansen • Elena Giovanna Bignami • Ornella Piazza • Koenraad G. Monsieurs

Published: May 22, 2024 • DOI: https://doi.org/10.1016/j.resuscitation.2024.110250

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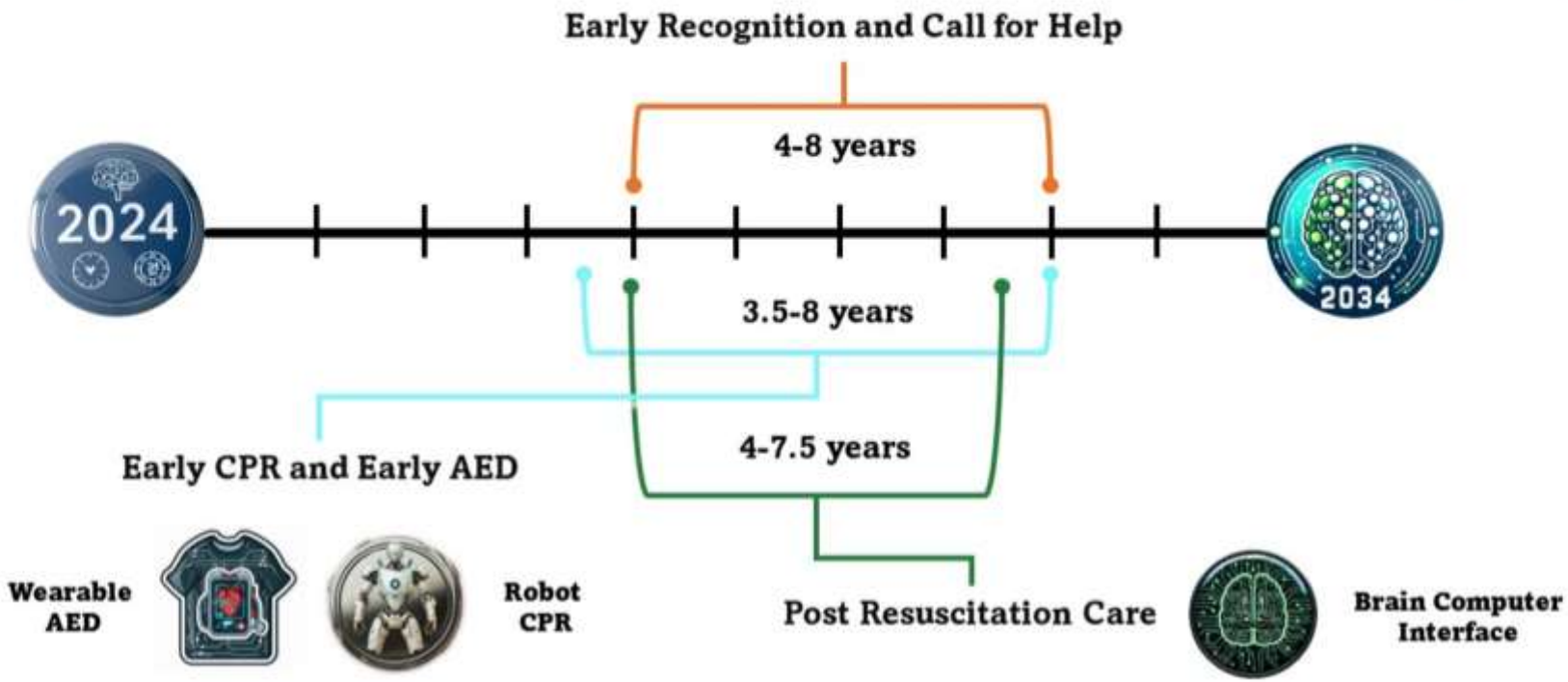


The future ?

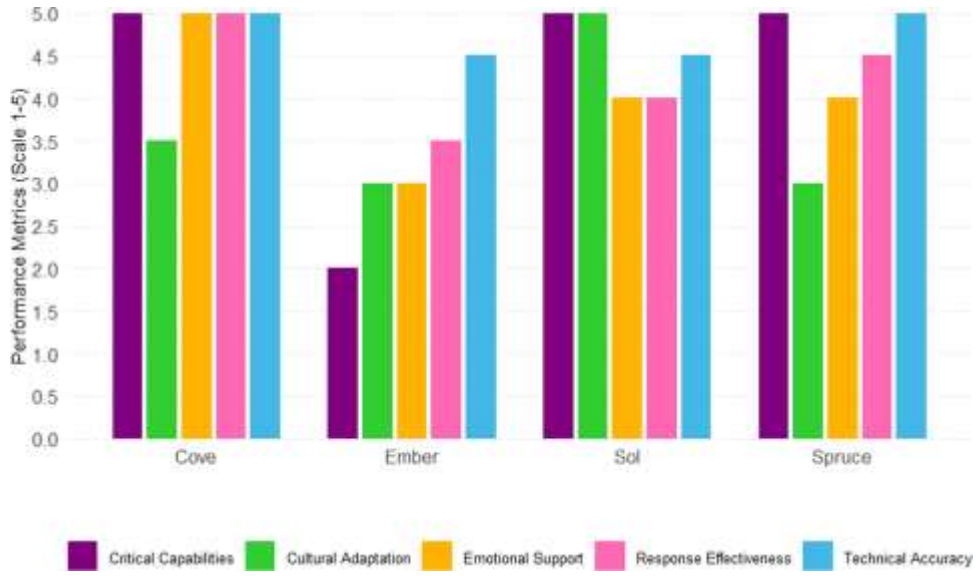
The future ?

RESUSCITATION

LETTER TO THE EDITOR · Articles in Press, 110447, November 27, 2024

Enhancing cardiac arrest response: Evaluating GPT-4o's advanced voice interaction system

Federico Semeraro [a] · Elena Giovanna Bignami [b] · Jonathan Montomoli [c] · Koenraad G. Monsieurs [d]

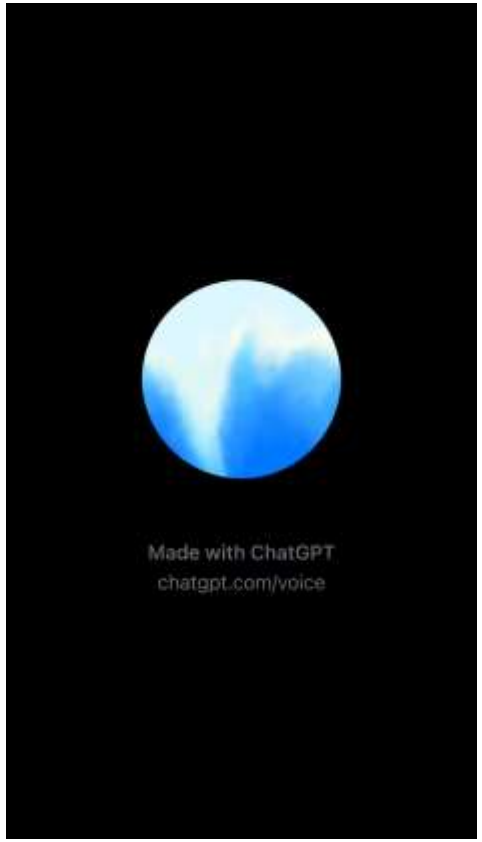


Articles in Press November 27, 2024

EUROPEAN RESUSCITATION COUNCIL

The future ?

Italian Resuscitation Council



TAKE HOME
MESSAGE

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IRC Italian Resuscitation Council

ERC Congress 2025

Rotterdam Ahoy Convention Centre

Rotterdam, Netherlands

23 – 25 October 2025

EUROPEAN RESUSCITATION COUNCIL

IRC Italian Resuscitation Council

ERC Congress 2026

Alianz MiCo, Milan Italy

17-19 September 2026

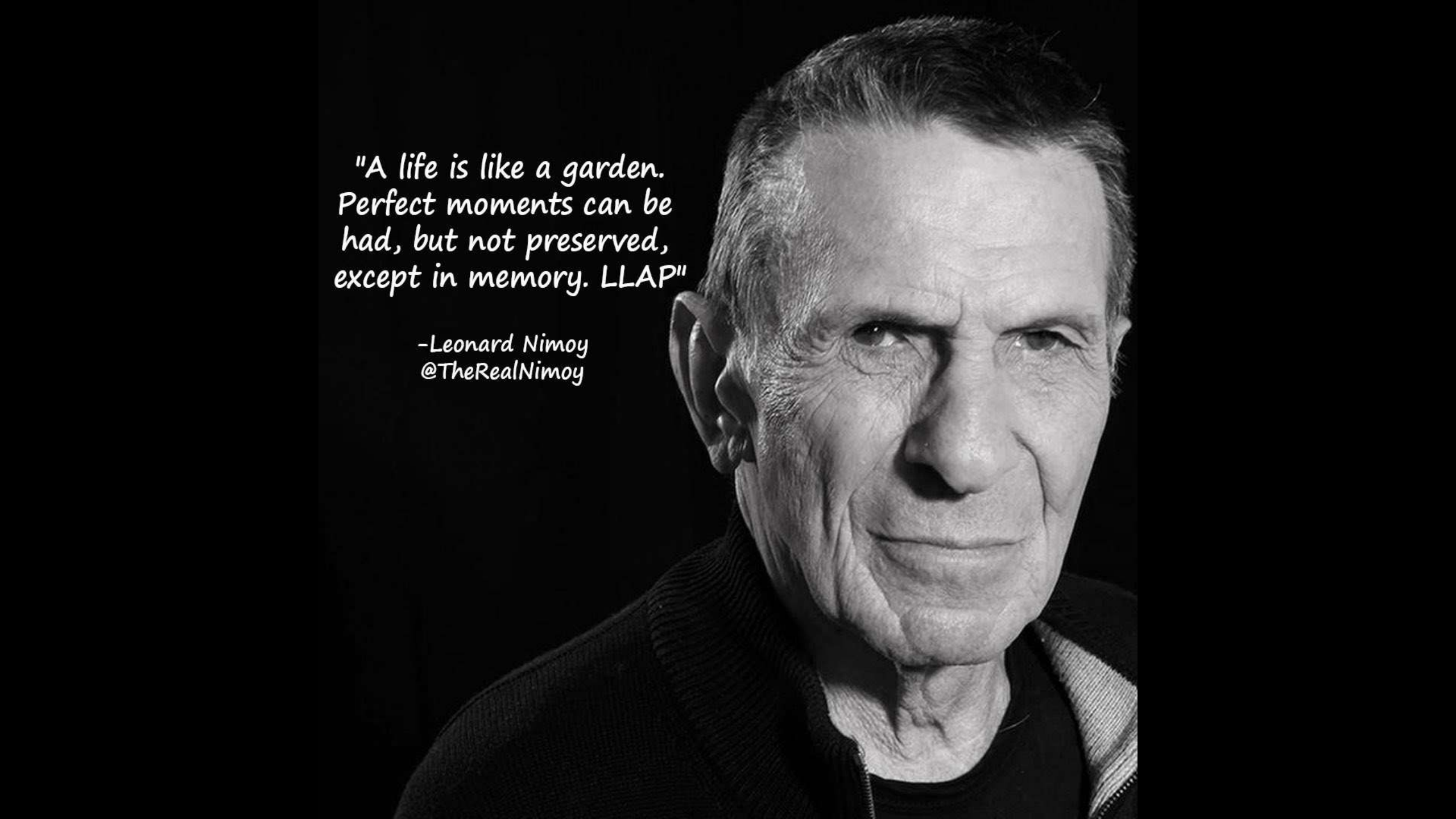

“
Non smettete mai di sognare,
solo chi sogna può volare..
”
Peter Pan

"Un amico è qualcuno che sa tutto di te e ti ama comunque."




Mark Twain


THAT'S ALL
FOLKS


"A life is like a garden.
Perfect moments can be
had, but not preserved,
except in memory. LLAP"
-Leonard Nimoy
@TheRealNimoy