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Singapore Government

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SPEECH BY MR CHAN SOO SEN, PARLIAMENTARY SECRETARY

(PRIME MINISTER'S OFFICE & MINISTRY OF HEALTH), AT THE MASS CARDIO-PULMONARY
RESUSCITATION (CPR) '99

OPENING CEREMONY ON SUNDAY, 15 AUG 99 AT 9.00 AM AT

TAMPINES SPORTS HALL, 495 TAMPINES AVE 5

Good morning

Dr V Anantharaman

Chairman, Mass CPR '99

Distinguished Guests

Ladies and Gentlemen

Boys and Girls

I am very happy to join you this morning to launch the Mass Cardio-Pulmonary Resuscitation (CPR) 1999, organised by the Singapore General Hospital (SGH) as part of the programmes to mark her 10th anniversary of restructuring. This Mass CPR event, conducted in the Tampines, Hougang, and Clementi Sports Halls, also involves 14 other organisations and aims to train 7,000 people in life-saving CPR in a single day. I was told this was the largest ever CPR event to be organised in Asia, if not the world. I would like to congratulate SGH for organising such a meaningful activity to mark her 10th anniversary.

2 SGH conducted a study on heart attack patients over the last 5 years. The study revealed that of the patients who collapsed (ie their hearts had stopped beating), only 6.6% received any form of life-saving CPR. Survival rate of collapsed heart attack patients in Singapore is a very low 2.5%. This compares very unfavourably with communities in some developed countries, such as King County in Washington USA and Goteburg in Sweden, where survival rate is more than 20%. In these communities, at least 50% of the collapsed heart attack patients could expect to receive CPR before arrival at hospitals.

3 CPR is indeed a matter of life and death in such critical situations. SGH had given me a few cases of how CPR administered immediately saved lives. I had a personal experience when my wife, a trained staff nurse, saved our former maid who suddenly collapsed. She administered CPR immediately after calling for an ambulance. The ambulance officer told us our maid could have died if the CPR was not administered.

4 If more Singaporeans are able and willing to administer CPR immediately on someone in difficulty, the survival rate of our acute patients will be significantly improved. CPR skill will be even more critical as our society ages. Older persons are more likely to end up with acute situations such as acute heart attacks and strokes. Therefore, while I commend SGH for organising Mass CPR '99, we cannot stop with this single effort. We need a deliberate and sustained effort to teach First Aid and CPR to more of our residents. I feel we should work towards eventually having at least one person in each household trained in life-saving First Aid and CPR, so that whenever there is a First Aid/CPR situation, there would be someone nearby who would know what to do before ambulance arrives.

5 I have discussed this idea with the Red Cross Society and St John Ambulance Brigade, as well as SGH. They were enthusiastic. They have agreed that, as a first step, a Task Force with Assoc Prof Goh Lee Gan of the Red Cross Society as Chairman, and Assoc Prof Low Cheng Hock of the St John Ambulance Brigade as Vice Chairman, would be set up to pursue this goal. The Red Cross Society has offered to provide secretariat support to the Task Force. The Task Force will work out a plan of action for the next few years, addressing to, amongst other things, such issues as syllabus, instructional methods, standardisation of procedures, and accreditation of trainers and trainees. The Task Force will also bring on board organisations with good network with the ground, such as the People's Association and the Labour movement, in order to bring First Aid/CPR training to the masses.

6 I hope our community support the work of the Task Force. If the work of the Task Force gathers momentum, it could emerge over time to become a National First Aid Council. The work of the Task Force will then be carried out routinely. If all in the Task Force put in their best effort, I am optimistic about the outcome. Judging from the good response from the Mass CPR '99, there is strong interest in First Aid/CPR training. My own experience in Joo Chiat reinforces this assessment. Since Oct 1998, Joo Chiat grassroots organisations have a joint training programme with St John Ambulance Brigade to conduct monthly First Aid/CPR training in Joo Chiat Community Club and Siglap South Community Centre. The level of interest has been high. At the end of each training session, there were usually trainees who stayed back to ask the instructors more questions, especially on CPR. I hope to see more First Aid/CPR training sessions organised, as they are meaningful grassroots and work-place activities.

7 May Mass CPR '99 be a significant step towards a community more able and willing to administer life-saving First Aid/CPR, like King County and Goteburg. We will feel a greater sense of well-being, security, and empowerment.

8 I am pleased to declare Mass CPR '99 open. I wish all participants an interesting and fruitful time.

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Thank you.

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Enclosure: Documented cases that demonstrate the importance of timely CPR.

D9H/08-15-mass-cpr

DOCUMENTED CPR CASES

These are summaries of 4 persons who were successfully resuscitated when they collapsed out-of-hospital, and 1 person who did not have a good outcome because CPR was delayed.

Each of these five cases illustrates the need for prompt action, and also the point that various age groups of people can be affected, from the young 37 year old man who was electrocuted while at work to the elderly gentleman who collapsed at home, and the man who collapsed at a public place, but had no early CPR. All these are real patients handled by the SCDF Emergency Ambulance Service and brought to hospital. Those who did well had prompt action by a member of the public. All these are local examples to illustrate that EARLY CPR SAVES LIVES.

It is difficult to get these patients or their families to talk to the press about their experience. In most, we are unable to clearly identify who did the bystander - initiated CPR.

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Case 1

In April 1989 a 37 year old electrician was electrocuted while working on an electrical power pole at a marketplace. He fell backward, apparently lifeless. A passer-by saw him and initiated CPR. At the same time an SCDF ambulance was called. It arrived in 3 minutes. The Ambulance Officer delivered defibrillation and the victim's heart rhythm returned to normal. He was admitted to hospital and discharged well a few days later. This was the first reported instance of a patient in Singapore being revived because of prompt CPR begun in the pre-hospital environment. It was also the first instance that the SCDF ambulance crew had successfully saved a victim by delivering electric shocks to the heart. The program in the ambulances had just then been initiated as a pilot 2 weeks earlier.

Case 2

In October 1995, a 55 year old Malay man was walking around while at work when he complained of dizziness and collapsed. A person nearby began CPR almost immediately. The ambulance arrived 7 minutes later. The victim was delivered 3 shocks by the ambulance crew. The heart rhythm returned and the patient was discharged well from hospital 8 days later. He had a by-pass operation 3 weeks later and is now well. It was fortunate that his working colleague knew CPR and used it successfully to keep him alive until the ambulance arrived and took over further management.

Case 3

In December 1995, a 77 year old Chinese male collapsed and fell on a public staircase. A member of the public started CPR and kept him going till the ambulance arrived 11 minutes later.

After 1 shock by the ambulance crew, the patient's heart revived. He was discharged well from hospital 9 days later. He had suffered an acute heart attack and collapsed. Prompt action by an alert member of the public saved his life. The immediate bystander-initiated CPR kept the patient going for the 11 minutes until the ambulance crew arrived to deliver further resuscitative treatment.

Case 4

In April 1997, a 57 year old Chinese male was at home in his 2nd storey HDB apartment when he developed central crushing chest pain and collapsed. This collapse was witnessed by a member of the family. CPR was begun approximately 3 minutes after collapse, and continued for a whole 20 minutes until the SCDF ambulance arrived. The ambulance had been delayed because it had initially been given the wrong address and some time had been wasted trying to locate the patient.. The quick thinking Ambulance Officer delivered 5 shocks after which the heart responded and resumed normal circulation. This patient had a successful bypass operation at the Singapore General Hospital 12 days later and is now well. What saved the patient's life was the persistence of the family member in doing good life-saving CPR for the full 20 minutes and keeping the blood moving around the body during those vital minutes.

Case 5

In January 1998, a 70 year old Chinese male was at a Hawker centre when he developed chest pain and collapsed after about 20 minutes. An ambulance was called 3 minutes later by passers by, and arrived 8 minutes after call. No CPR was carried out. The ambulance crew immediately began CPR and had to deliver 5 shocks before the heart regained normal rhythm. However, the patient remained comatose. He was admitted to hospital, but remained comatose throughout. After 17 days in the hospital, he was transferred to Mt Elizabeth Hospital by his family, still in a vegetative state. He died some days later. It was unfortunate that no CPR was done in the first 11 minutes after collapse. Even though the heart was revived by the paramedics, the patient was already brain dead and had a poor outcome. It is definitely likely that this man could have regained consciousness if CPR had been started promptly in the marketplace by a member of the public who knew CPR.