

A near death on the baseball field in Arizona is a wake-up call for many

# Lifesavers

by Jeff McGaw

**A**t 65, Bill Smith, a pitcher for the Chicago Skyliners 58+ Division World Series team, was way more fit than most his age.

The Villanova Wildcat baseball alumnus from the class of 1964, a veteran of 15 marathons, and a workout fiend with a medically certified clean bill of health, Smith did not look like a guy about to knock on eternity's door.

Yet on November 1, 2006, in the bottom of the first inning of his game at Fitch Park in Mesa, Arizona, Bill Smith's heart literally stopped.

Knock knock.

"Sudden cardiac arrest," as it is medically known, occurs 325,000 times each year—about 900 times each day—in the United States.

It is responsible for half of all heart-related deaths in the country. Victims die 95 percent of the time. Only one out of every 1,000 survivors escapes without brain damage.

None of the terrified onlookers at Fitch Park that day, least of all Bill Smith, could have known that at that precise moment his heart stopped, Bill Smith might well have been the luckiest man on the face of the earth.

## "Right time, right place..."

Within seconds of his collapse, people were dialing 911 on cellular phones—the first link in what folks in the heart business call the "chain of

survival." Less than a minute after Bill's collapse, Dr. Earl Smith, a retired emergency room physician, was administering cardiopulmonary resuscitation (CPR)—the second link in the chain. Smith, a player for the San Antonio Rangers, was in the middle of a 58+ Division game on an adjacent field.

Most incredibly, an automatic external defibrillator was found in a nearby concession stand. AED's are literally miracles in a box:

**"He picked the exact right time and right place and right circumstance. Everything was perfect for him to survive."**

*Dr. Earl Smith*

They can automatically detect the heart's deadly irregular beat and deliver a corrective jolt.

In short order, the briefcase-sized device was delivered to Dr. Smith, who in turn successfully restarted Bill Smith's heart. It was later reported that none of the other fields being used for the tournament had accessible defibrillators.

Less than an hour had elapsed, and Bill Smith was in an ambulance heading for Mesa Lutheran Hospital.

According to the American Heart Association, if bystander CPR is not provided, a sudden cardiac arrest victim's chances of survival fall seven to 10 percent for every

minute of delay until defibrillation. Few attempts at resuscitation are successful if CPR and defibrillation are not provided within minutes of the collapse.

"He picked the exact right time and right place and right circumstance," Dr. Smith said. "Everything was perfect for him to survive."

## Cost versus Benefit

Bill Smith's amazing story of survival highlighted awareness of the chain of survival and the importance of AED's in particular.

Bill Howard, manager of the San Antonio Texans 55+ team, subsequently purchased an AED for \$1,553.45 and collected donations from teammates to cover the cost.

Mike Hart urged his fellow players in the Capital District MSBL in Albany, New York to consider the costs and potential benefits of placing defibrillators at every field. The cost for five defibrillators—about \$10,000 total—would wind up costing each of the approximately 400 players about \$25 each, he said. The devices, he said, would benefit not only MSBL players but others who used the same fields.

"It's amazing technology," said MSBL president Steve Sigler. "The benefits far outweigh the costs. Leagues should definitely consider giving themselves access to AED's," he said.

Dr. Smith, who spent 35 years in the emergency room and who was one of the first fully certified emergency room physicians in Texas, called what happened at Fitch Field in November 2006 both a miracle and a wake-up call.

Considering the fact that there were four 58+ games going on at Fitch on that very day, a total



LEFT: Bill Smith. BELOW: Fitch Park in Mesa, Arizona, was a good place to be that day. RIGHT: Dr. Earl Smith.

## American Heart Association kit Teaches CPR at Home

*Kit features DVD and personal manikin, allowing flexible, 22-minute training for families and community groups*

DALLAS—Knowing that the cardiac arrest survival rate in the U.S. is five percent or less, and knowing that attacks occur mostly at home, the American Heart Association created a simple, affordable way for people to learn CPR in less than 25 minutes and for under \$30.

It's called "Family & Friends™ CPR Anytime™." Everything needed to complete this self-directed CPR training comes in one kit, which can be used in the convenience of the living room or family room. A single kit allows an entire family to learn CPR. The kit includes a one-of-a-kind CPR manikin, 22-minute DVD and resource booklet.

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of eight teams and about 120 guys 58 and older, "you have to call that a relatively high-risk situation. With the heat, the frantic stops and starts that are part of baseball, the stress of competition, you have all the ingredients for some old guy to go down," he said.

"I'm a big believer in efficient use of your money," said Dr. Smith. "I would think it would be very cost effective to have four or five AED's and then make sure they're at each field."

Where sudden cardiac arrest is concerned, "time is our biggest enemy," Dr. Smith said. "I want to commend Mesa for having the foresight to make them available. We need to make them more widely available."

Bill Smith, to the dismay of none, enthusiastically supports that idea. "I'm all for that. I think it's wonderful. They have them in airports and health clubs. They have them in a lot of places," he said. But, he added, "there's a lot of places they don't have them."

## The Rest of the Story

Bill Smith awoke in the ambulance on the way to Mesa Lutheran Hospital feeling great and hungry, he said. "What happened in the game?" he recalled asking. Less than two hours after collapsing on the diamond, and defeating incredible medical odds, Smith was alert, comfortable, and eating a sandwich at Mesa Lutheran. "I was so hungry," he said.

Last April—five months after nearly dying—Bill and his wife Ann were secretly invited to

## Heart Facts

Baseball players love statistics, and so, it turns out, does the American Heart Association. For example, it reports that 94 percent of sudden cardiac arrest victims die before reaching the hospital. Here are some other known facts published by the American Heart Association:

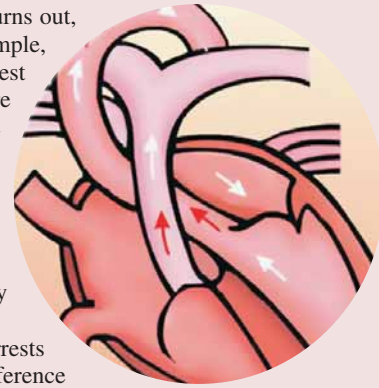
Approximately 325,000 of all annual adult coronary heart disease deaths in the U.S. are due to sudden cardiac arrest, suffered outside the hospital setting and in hospital emergency departments. About 900 Americans die every day due to sudden cardiac arrest.

75 to 80 percent of all sudden cardiac arrests happen at home. CPR training can mean the difference between life and death for a loved one. Immediate CPR can double or triple a victim's chance of survival. CPR increases blood flow to the heart and brain and can provide an effective bridge to defibrillation.

If no CPR or defibrillation is performed, brain death occurs in four to six minutes after sudden cardiac arrest. The odds of survival decrease seven to 10 percent for every minute of delay until defibrillation.

Sudden cardiac arrest is most often caused by an abnormal heart rhythm called ventricular fibrillation (VF). Cardiac arrest can also occur after the onset of a heart attack or as a result of electrocution or near-drowning.

When sudden cardiac arrest occurs, the victim collapses, becomes unresponsive to gentle shaking, stops normal breathing and after two rescue breaths, still isn't breathing normally, coughing or moving.



## AED's and Defibrillation Q&A:

(Source: The American Heart Association)

Automatic External Defibrillators (AEDs) are computerized devices used to treat cardiac arrest victims. The technology evaluates a cardiac arrest victim's heart rhythm, determines if shock is needed and delivers an electric shock through the chest wall to the heart. Audible and/or visual prompts guide the user through the process.

**Q:** How does an AED work?

**A:** Adhesive electrode pads are placed on the victim's chest and they are joined by cables to the AED. A computer inside the defibrillator analyzes the victim's heart rhythm and advises the operator whether a shock is needed to return the heart to normal rhythm.

**Q:** Who can use an AED?

**A:** AEDs are relatively simple. They can be used by non-medical personnel such as police, fire service personnel, flight attendants, security guards and other lay rescuers who've been properly trained. The American Heart Association recommends that anyone who might use an AED take its Heartsaver AED course. Training will help rescuers know how to provide CPR, know when to attach an AED, and know how to safely operate and troubleshoot the AED.

**Q:** Why does someone having a heart attack need an AED?

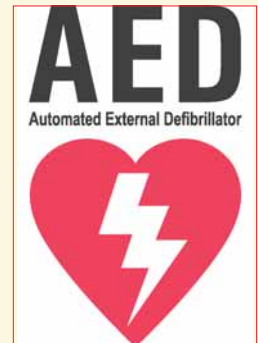
**A:** Not everyone having a heart attack needs an AED, but some victims of heart attack can develop sudden cardiac arrest—a condition that essentially causes the heart to quiver or beat out of rhythm. AED's correct that situation.

**Q:** Can an AED make mistakes?

**A:** It is unlikely.

**Q:** If AEDs are so easy to use, why is formal training needed?

**A:** Commercially-available AEDs are very user-friendly and contain voice and light prompts to guide the rescuer. In fact, school children can operate an AED effectively. However, safe use of an AED requires more than the simple operation of the device; an AED operator must know how to recognize the signs of sudden cardiac arrest, when to activate the EMS system and how to perform CPR. It's also important to receive formal training on the actual AED that will be used. That way the user becomes comfortable with the device and can successfully operate it in an emergency.



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the San Antonio MSBL's annual awards banquet. Smith even played a game with one of the San Antonio teams the day before the banquet.

At the awards banquet, Dr. Earl Smith, unaware that Bill Smith was in the audience, was asked to tell the story and did so to the open-jawed amazement of the 400-plus people in attendance. "Several times during this I said I'd really like to meet the guy," Dr. Smith said. Afterwards, Dr. Smith was presented with a plaque for his efforts on the field.

He didn't immediately recognize the guy handing it to him.

"Thank you for saving my life," Bill Smith said. There wasn't a dry eye in the place, reported San Antonio MSBL president Skip Bradley.

"I was stunned," Dr. Smith recalled.

Smith had a clean bill of health prior to almost dying. He had several tests prior to his sudden cardiac arrest, but he and doctors believe test results may have been skewed by his advanced level of fitness.

Ultimately, as is often the case in sudden cardiac arrest, underlying and undetected blockages were found. Those blockages did not directly cause the episode, but may have played a supporting role in throwing off his heart's rhythm.

Three heart stents and two angioplasties later, he feels as good as new. "After a couple of weeks I was working out. There was no heart damage. In two or three weeks I was walking a couple of miles."

Bill Smith is back playing baseball now, and still working out like a fiend.

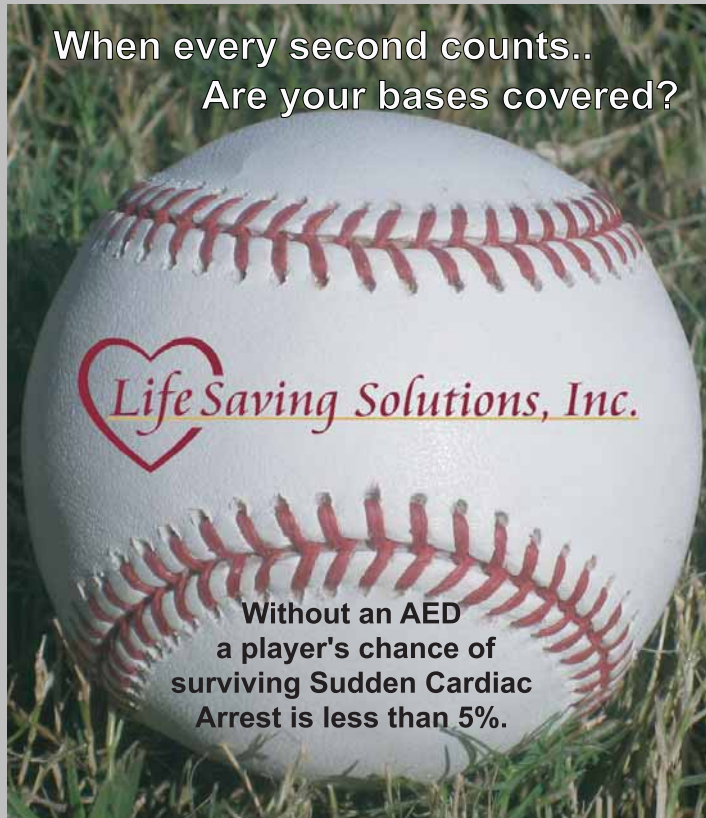
But he has some advice for older players. "Nobody wants to quit," he said. "They create age groups to accommodate these guys, but you've got to be sensible about it. Anybody at our age who is playing ball that hasn't had at least a regular stress test and had that stuff checked out is absolutely crazy." □



"According to the National Conference of State Legislatures, no fewer than 10 states already have laws on the books requiring schools to own at least one defibrillator. New York became the first state to pass such a bill, when then Governor George Pataki signed legislation in 2002 requiring all public elementary and secondary schools to purchase portable AEDs. The bill flew through the Legislature after a freshman lacrosse player...died when a ball struck his chest and sent the 14-year-old into cardiac arrest."—SOURCE: Athletic Business, May 2007

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