

# JRC NEWSLETTER

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Japan Resuscitation Council

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## The Launch of the JRC Online Journal in English

**Hiroshi Nonogi MD, PhD., FAHA, FJCC, FJCA, FJRC**  
**President of the Japan Resuscitation Council (JRC),**  
**Shizuoka General Hospital**



As is well known, the history of resuscitation in Japan is long and rich, especially in the fields of basic and clinical science.

To serve as a window onto the International Liaison Committee on Resuscitation (ILCOR), the first Japan Resuscitation Council (JRC) meeting was held at the Gakushikaikan on January 18, 2002. It was attended by twelve interdisciplinary organizations working in the fields of resuscitation and three organizations working in related subspecialties. This day was chosen to mark the establishment of the JRC. In 2015, the JRC took a significant step forward and became a general incorporated association. This year, the JRC is marking the 15<sup>th</sup> anniversary of its founding. To commemorate this occasion, the JRC has enhanced its website by featuring the JRC Online Journal, the organization's public relations magazine. The first issue was published on the JRC website and as a booklet to accompany the 10<sup>th</sup> J-ReSS (Japan-Resuscitation Science Symposium: President Takeo Itabashi, Japan Society of Perinatal and Neonatal Medicine) on July 17<sup>th</sup>, 2017.

ILCOR continues to develop its strategy for creating CoSTR (the consensus on CPR and the science of emergency cardiovascular care, with treatment recommendations). Every five years, the strategy is revised, based on the annual disclosure of important topics. We hope that this online journal will be valued for quickly delivering resuscitation updates and guidelines to healthcare providers and citizens in Japan.

Last year, the first general guidelines, "The RCA's Adult BLS Algorithm for Lay Rescuers" were published by the Resuscitation Council of Asia (RCA). The RCA is scheduled to create guidelines on acute coronary syndrome this year. To promote international partnerships and better global understanding of the JRC, we will publish an English version of this journal. In the near future, we are planning to expand this online journal to include peer-reviewed original articles and reviews related to every area of resuscitation. We hope it will become an important hub and driving force in our resuscitation activities, disseminating information on domestic and global resuscitation science. On behalf of the JRC, we would like to ask for the support of many readers.



## Foreword

**Tetsuya Sakamoto, MD, PhD.**

**Vice-President of the Japan Resuscitation Council (JRC),**

**Director, Teikyo University Hospital**



As a Vice-President of the Japan Resuscitation Council (JRC), I would like to express my gratitude for the publication of the JRC Online Journal. I hope that this journal will be a valuable information source for our member societies and associations.

On October 2, 2014, the JRC was established as a general incorporated association by the Japanese Resuscitation Council, which had previously been an unincorporated association. Its purpose is to promote progress and the development of emergency resuscitation science by conducting research, exchanging knowledge, and collaborating with related groups inside and outside Japan on the science and practical applications of emergency resuscitation science. We hope that this body will continue to deliver resuscitation education, while helping to create a safe and secure life for all citizens.

The regular members of the JRC are academic and medical organizations at the center of research, education and practical resuscitation science in Japan. The Japanese Society of Intensive Care Medicine, Japanese Society of Anesthesiologists, Japanese Association for Acute Medicine, Japanese Circulation Society, and Japan Society of Perinatal and Neonatal Medicine are among the 122 organizations working in the area of emergency resuscitation. Members of the Japanese Association of Medical Sciences recommend Directors for the JRC. In addition, the Japanese Society for Emergency Medicine, Japanese Society of Emergency Pediatrics, Japan Society on Neurological Emergencies and Critical Care, Japan Pediatric Society, and Japanese Society of Reanimatology have set up working groups to discuss the publication of the JRC Guidelines 2015, making very important contributions.

The JRC, a general public corporation of great public interest, must operate with great transparency in its relationship with each organization and company. I share the duties of Vice-President, and am happy to accept this management responsibility. We hope that you will continue to support the JRC in the future. Thank you for your consideration.



## History of the Japan Resuscitation Council (JRC) from its Inception to its Fifteenth-year Anniversary

**Kazuo Okada MD, PhD.**

**Emeritus President of the Japan Resuscitation Council (JRC)**



I am deeply impressed that the Japan Resuscitation Council (JRC) has reached its 15<sup>th</sup> anniversary. Let me explain the steps that led to this commemorative year. First, we should remember Professor Peter Safar, the pioneering anesthesiologist whose “ABC method” allowed citizens and healthcare providers to give cardiopulmonary resuscitation (CPR) to cardiac-arrested people. In 1960, Safar, Jude and Knickerbocker developed CPR, which combined mouth-to-mouth breathing, chest compression, and defibrillation. In Japan, the Japanese Red Cross was the only organization devoted to CPR training for the general public after World War II. At that point, the ABC Method had not been applied since the Second World War. The American Heart Association (AHA) was eager to establish CPR training, not only for medical professionals, but also for ordinary citizens. In 1974 the AHA published new ‘CPR Standards’, revising them every 6 years. After 1992, the AHA changed the title of this document to ‘CPR Guidelines’. These had been decided beforehand to publishing in 1998. However, the International Liaison Committee on Resuscitation (ILCOR) joined to help revise the new version, this publication was prolonged from 1998 to 2000 and since then launched many versions of International and Regional Guidelines worldwide.

Japan’s scientific academic societies had no resuscitation textbooks, as they lacked the international communications needed to develop and edit these. The Japanese Ministry of Health, Labor, and Welfare (MHLW) was anxious to end Japan’s isolation from the world and to share information on CPR. Prior to 1997, several Japanese scientific societies were still preparing their own manuscripts independently, without collaboration. In 1998, we were invited to attend the AHA Meeting, where the concept of publishing CPR Guidelines was the main subject. Delegates from many countries were invited to Dallas, and we were not sure who should represent Japan at this meeting. The Japan Foundation for Emergency Medicine was the only organization overseen by MHLW. Its President, Toshifumi Otsuka, did not want the Association to simply adopt foreign guidelines—given its government affiliation, he felt that the Association should not be influenced by the policies of foreign countries. President Otsuka asked me, Professor Kazuo Okada, to select the delegate from Japan. He also asked the JRC to represent the views of Japan’s various scientific societies. He emphasized that the new organization, “the JRC,” could become a true representative of Japan.

Guidelines; we were very happy to meet other doctors from Asia there. After the meeting, we continued to discuss and negotiate the founding of Resuscitation Council of Asia (RCA). On January 18, 2002, the JRC announced the establishment of this new organization, which were consisted of twelve medical associations, including the Japanese Circulation Society, the Japanese Association for Acute Medicine, and the Japanese Society of Anesthesiologists. Three affiliated members, including the Japanese Red Cross, assembled for the Japan Resuscitation Council (from 1998 to 2000). Thus, I became a founding member of the JRC.

In 2000, I was invited to attend the ILCOR General Assembly (GA) and the European Resuscitation Council (ERC) Symposium in Belgium, as an observer. Interesting topics were presented and the discussions were exciting for a first-time participant. My good friends Professor Becker and Professor Idris were also invited to this meeting. In 2001, the GA and ILCOR Symposium were held in the medieval Utstein Abbey. In the Assembly, where Japan was an observer, the topic of Japan's membership of ILCOR was raised. It was agreed that new official members would be chosen at the 2002 ILCOR meeting in Melbourne.

In 2002, the ILCOR GA was held in Melbourne, where Japan's request to become an official member of ILCOR was discussed. As ILCOR had no experience of accepting new member countries, its constitution was changed to stipulate that, "regional organizations, rather than individual countries, can be members of ILCOR." The Co-Chairs, Professor Montgomery and Professor Nolan, supported Japan's bid to become an official member. We made a campaign speech, having received the requisite documents beforehand. The discussion continued for an hour and thirty minutes, after which both Co-Chairs invited me to the room and explained that Japan's membership had unfortunately not been accepted because the constitution had been changed. They encouraged me to organize Asian Resuscitation Council (later, the RCA as Australian Resuscitation Council already existed) and to apply to ILCOR again.

In 2003, the ILCOR Meeting was held in Budapest. In 2004, ILCOR meetings were held in Johannesburg and Florence to speed up preparations for CoSTR 2005. Fortunately, in 2005, Professor Hiroshi Noguchi made an enthusiastic effort to establish the RCA, inviting delegates from Korea, Singapore, Taiwan, and Japan. He arranged an Asian Resuscitation Symposium and called the RCA's first General Assembly. A ceremony was held to proudly establish the RCA, which quickly wrote a Constitution and appointed Committee members.

At the AHA meeting, we reported that the RCA had been established. Its headquarters were in the office of the Japan Research Promotion Society for Cardiovascular Diseases, through the generosity of the Japanese Circulation Society. In 2006, the ILCOR Meeting was held in Stavanger, Norway; the question of accepting new members was discussed again. It was clear from the enthusiastic applause that the RCA would be welcomed and invited to become an official member of ILCOR.

Since 2006, the JRC has sent delegates to the ILCOR and Guideline-preparation meetings every year. In 2009, the JRC (in collaboration with the RCA) successfully organized the ILCOR Symposium and CoSTR Meeting in Osaka, Japan. We also helped to prepare for the 2010 CoSTR meeting, and to edit the JRC Guidelines in collaboration with a wide range of scientific societies in Japan. In recent years, the JRC has become a stronger, more official body. It has expanded activities and published its 2015 JRC Guidelines. Then JRC has already started to prepare the 2020 guidelines, using the GRADE method. This is a summary of JRC activities between 2000 and 2015.



## Welcome Message

**Tzong-Luen Wang, MD, PhD., FESC, FACC**  
**President. Resuscitation Council of Asia (RCA)**



Dear members and colleagues,

On behalf of the Resuscitation Council of Asia (RCA), it is my greatest honor to invite you to join us to celebrate the 10<sup>th</sup> anniversary of RCA.

RCA has been founded by Japan, Singapore, Korea and Taiwan in 2006. In the past decade, we have many new partners including Thailand, Philippine, Malaysia and Hong Kong to attend RCA to promote Asian collaboration in resuscitation science. There are more and more experts from RCA to attend International Liaison Committee on Resuscitation (ILCOR) task forces to complete the revision and updating of resuscitation guidelines in 2010 and in 2015. We have also recently established the first RCA version of adult basic life support algorithm. All of these are honorable achievements contributing from distinguished leadership of the presidents, Professor Okada and Professor Lim, as well as great efforts of all RCA members. It's my pleasure and privilege to appreciate the success created by our honorable friends of RCA.

In the next ten years, we will be more engaged in international collaboration such as data registry, RCA advanced life support guideline built-up, promotion of resuscitation training and education, and requirements of international training centers. As ILCOR is changing its policy and strategies in the process of evidence review in task forces, we'll be more actively in the whole process of strategy establishment, evidence review, guidelines build-up, and other important tasks to maintain RCA the leading role in the world. We do right thing, and also do thing right. Best wishes to RCA.



## Welcome to the 10<sup>th</sup> Japan Resuscitation Science Symposium

**Shigeharu Hosono MD, PhD**

**Executive Chairperson of the 10<sup>th</sup> Japan Resuscitation Science Symposium**

**Department of Pediatrics and Child Health,**

**Nihon University School of Medicine**



Japan Society of Perinatal and Neonatal Medicine will hold the 10<sup>th</sup> Japan Resuscitation Science Symposium in Yokohama city on July 17 2017. This year of 2017 is memorial year because The Japan Resuscitation Council was established 15 years ago. Japan Society of Perinatal and Neonatal Medicine works to improve the level of both medical care and medical science related to mothers, fetuses, and babies.

In July 2007, the Japan Society of Perinatal and Neonatal Medicine launched the Neonatal Cardiopulmonary Resuscitation (NCPR) program to ensure that all staff involved in perinatal and neonatal medicine will be proficient in the practice of neonatal cardiopulmonary resuscitation (CPR) in accordance with the guidelines of the Consensus on Science with Treatment Recommendations (CoSTR) published by the International Liaison Committee on Resuscitation and personnel capable of initiating resuscitation should attend every delivery. At least one such person should be responsible solely for care of the neonate. We joined the Japan Resuscitation Council in 2007 and have taken as one of the executive board members from 2015. Neonatal cardio-pulmonary resuscitation committee established the Neonatal cardio-pulmonary resuscitation guideline as a part of 2015 Resuscitation Guidelines of the Japan Resuscitation Council based on the CoSTR of the International Resuscitation Council and manage the workshops based on the guidelines.

Main theme in this symposium is "The developing resuscitation science through collaboration". We organize two symposiums and a special lecture. The title of first one of the symposium is "Critical care of mothers". We expect to discuss the management of maternal life support based on the special situation of pregnant women. The second topic is "Tasks of Guidelines 2020". We hope to announce the challenges in each area toward the revision of 2020 and discuss them to solve it.

Special lecture entitled "How has Neonatal Cardio-Pulmonary Resuscitation :NCPR developed in Japan ?" by professor Masanori Tamura. Professor Tamura was one of the neonatal task force members of International Liaison Committee on Resuscitation (ILCOR) and developed CoSTOR. Moreover, he created the system of Newborn Resuscitation Act (NCPR) and contributed a lot to spread business that began in July 2007.

We look forward to the participation of many of you and active discussion.



# Program of the 10<sup>th</sup> Japan Resuscitation Science Symposium

9:00~9:05	Opening remarks <b>Kazuo Itabashi</b> (President of the 10 <sup>th</sup> Japan Resuscitation Science Symposium, Showa University School of Medicine)
9:05~9:15	Foreword from the President of the JRC <b>Hiroshi Nonogi</b> (President of JRC, Shizuoka General Hospital)
9:15~11:45	<p><b>Symposium 1 “Critical care of mothers”</b>  <b>Co-Chairs: Tomoaki IKEDA</b> (Mie Univ.), <b>Gen ISHIKAWA</b> (Nippon Medical School Chiba Hokusoh Hosp.)</p> <p><b>Maternal death in Japan</b>    <b>Junichi Hasegawa</b> (St. Marianna University School of Medicine)</p> <p><b>Response to cardiac arrest of pregnant women</b>    <b>Katsuo Terui</b> (Saitama Medical Center)</p> <p><b>Cardiac arrest in pregnancy from the view point of emergency medicine</b>  <b>Atsushi Sakurai</b> (Nihon University School of Medicine)</p> <p><b>The difference between Japanese consensus and the world consensus about maternal cardiac arrest</b>  <b>Tomoyuki Yamashita</b> (Japanese Red Cross Medical Center)</p> <p><b>The current situation of perimortem cesarean delivery in Japan</b>  <b>Jun Murotsuki</b> (Tohoku University Graduate School of Medicine, Miyagi Children's Hospital)</p> <p><b>J-CIMELS : Background of establishment and current activity status</b>  <b>Akihiko Sekizawa</b> (Showa University School of Medicine)</p> <p>&lt; Questions and Answers (11 : 15 ~ 11 : 45) &gt;</p>
11:45~12:00	Tea break
12:00~13:00	<p><b>Luncheon Seminar</b>    <b>Chair: Satoshi Ibara</b> (Kagoshima City Hosp.)    <b>Co-hosted by Masimo Japan Co., Ltd.</b></p> <p><b>Importance of respiratory rate in perinatal analgesia ~ Noninvasive Acoustic Respiration Rate Monitoring : RRa®</b>    <b>Takayasu Kakinuma</b> (Tokyo Medical University)</p> <p><b>Noninvasive monitoring in the neonatal intensive care unit: needs and possibilities</b>  <b>Naoki Ito</b> (Teikyo University)</p>
13:00~13:15	Tea break
13:15~14:00	<p><b>Special lecture</b>    <b>How has Neonatal Cardio-Pulmonary Resuscitation :NCPRdeveloped in Japan ?</b>  <b>Chair: Satoshi Ibara</b> (Kagoshima City Hosp.)    <b>Presenter: Masanori Tamura</b> (Saitama Medical Center, Saitama Medical University)</p>
14:15~17:15	<p><b>Symposium 2 “Tasks of Guidelines 2020”</b>  <b>Program Directors: Hiroshi Nonogi</b> (Shizuoka General Hospital) / <b>Shigeharu Hosono</b> (Nihon University School of Medicine)</p> <p><b>BLS (Basic life support)</b>    <b>Chair : Tetsuya Sakamoto</b> (Teikyo University)  <b>Presenter : Tetsuo Hatanaka</b> (Emergency Life-Saving Technique Academy of Kyushu)</p> <p><b>ALS (Advanced life support)</b>    <b>Chair: Naoto Morimura</b> (Tokyo University)  <b>Presenter: Shunji Kasaoka</b> (Kumamoto University)</p> <p><b>NCPR (Neonatal Cardiopulmonary Resuscitation)</b>    <b>Chair: Shigeharu Hosono</b> (Nihon University School of Medicine)  <b>Presenter: Takahiro Sugiura</b> (Toyohashi Municipal Hospital)</p> <p><b>PLS (Pediatric life support)</b>    <b>Chair: Hiroyuki Matsuura</b> (Toho University)  <b>Presenter: Hiroshi Kurosawa</b> (Hyogo Prefectural Kobe Children's Hospital)</p> <p>&lt; Poster session (15 : 20 ~ 15 : 50) &gt;</p> <p><b>ACS (Acute coronary syndrome)</b>    <b>Chair: Yoshio Tahara</b> (National Cerebral and Cardiovascular Center)  <b>Presenter: Migaku Kikuchi</b> (Dokkyo Medical University Hospital)</p> <p><b>NR (Neuroresuscitation)</b>    <b>Chair: Masao Nagayama</b> (International University of Health and Welfare School of Medicine)  <b>Presenter: Shoji Yokobori</b> (Nippon Medical School Hospital)</p> <p><b>FA (First aid)</b>    <b>Chair: Keiichi Kato</b> (Japanese Red Cross Medical Center)  <b>Presenter: Seizan Tanabe</b> (Emergency Life-Saving Technique Academy of Tokyo)</p> <p><b>EIT (Education, implementation, and teams)</b>    <b>Chair: Taku Iwami</b> (Kyoto University)  <b>Presenter: Satoshi Takeda</b> (Jikei University School of Medicine)</p> <p>&lt; Questions and Answers (16 : 55 ~ 17 : 15) &gt;</p>
17:15~17:25	<b>JRC Okada Award Ceremony</b> <b>Kazuo Okada</b> (Emeritus President of JRC)
17:25~17:30	<b>Closing remarks</b> <b>Shigeharu Hosono</b> (Executive Chairperson of 10 <sup>th</sup> Japan Resuscitation Science Symposium, Nihon University School of Medicine)

# History of the Japan Resuscitation Council and Resuscitation Guidelines

**Hiroshi Nonogi MD, PhD, FAHA, FJCC, FJCA, FJRC**  
**President of the Japan Resuscitation Council (JRC),**  
**Shizuoka General Hospital**



## 1. ILCOR and Establishment of JRC

Participation from Japan to the International Liaison Committee on Resuscitation (ILCOR) founded in 1992, was established in 2006 by the Japan Resuscitation Council (JRC) founded in 2002, and the Resuscitation Council of Asia (RCA) founded in 2005 (upper row in

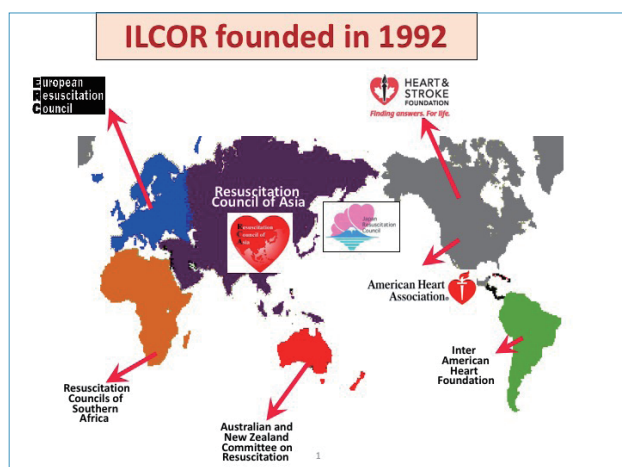


Figure 1-1

Figure 1-1). 2017 is the year of commemoration of the 15<sup>th</sup> anniversary since establishment of JRC.

In 2015, JRC became a general incorporated association, composed of 23 organizations. RCA composed of 7 countries including Japan (Figure 1-2). The background of international guidelines and JRC guidelines is shown in the bottom row. Since 1974, the American Heart Association (AHA) periodically published resuscitation guidelines every six years and was utilized in many countries. Thereafter, ILCOR was established, and international guidelines were prepared in 2000 and Consensus on CPR and emergency cardiovascular care science with treatment recommendations (CoSTR) was announced in 2005 by ILCOR. ILCOR member countries decided to prepare each guideline based on CoSTR. Since 2010, JRC has joined as a member of the RCA, participated as an official member in making CoSTR, and created JRC Resuscitation Guidelines 2010 and 2015.

Since 2017, it was transformed into a strategy

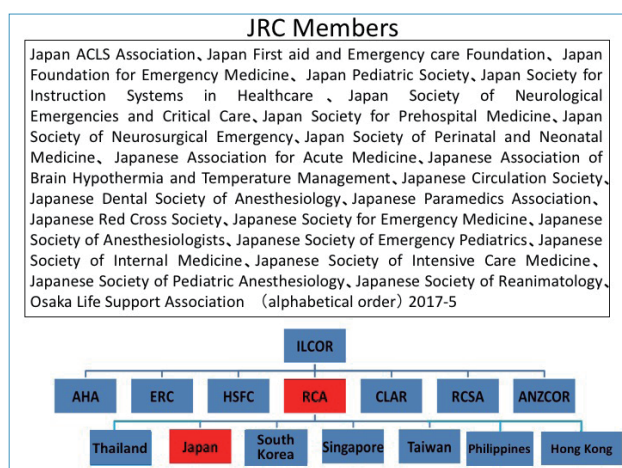


Figure1-2

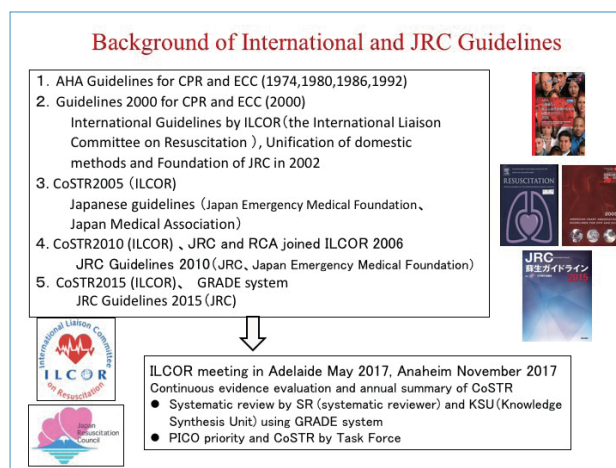


Figure1-3

that evidence evaluation and CoSTR creation are carried out for each selected topic from every five-year renewal. ILCOR adopted the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system, an international guideline creation method, from CoSTR2015.

## 2. History of cardiopulmonary resuscitation (CPR)

Current CPR was established in 1960 by Professor Peter Safar at the Johns Hopkins University that the mouth-to-mouth ventilation was more effective than the various breathing methods that have been carried

out so far (Figure 2-1, 2-2). Also, Professor James Jude with the cardiovascular group of the Johns Hopkins University established closed chest compression and defibrillation (Figure 2-3).

Four years later in 1964, the introduction of CPR by Professor Kazuo Okada, former chairman of the Japan Resuscitation Council (JRC), was implemented in preparation for the Tokyo Olympics (Figure 2-4).

After that, the progress of CPR in Japan has been slow, but after ILCOR 2000 international guidelines, the resuscitation science activities became more productive and CPR became popular as a result of the establishment of JRC.

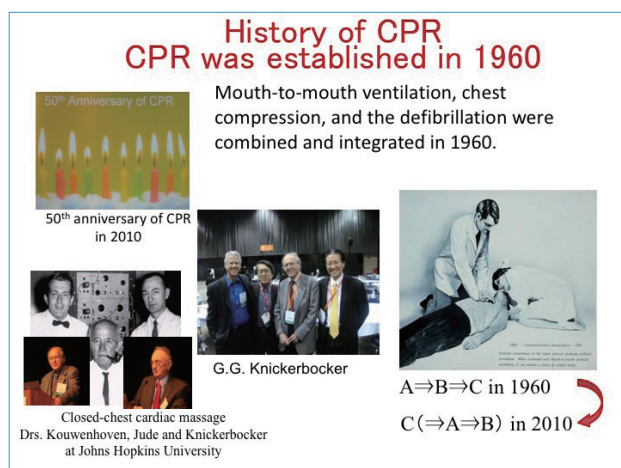


Figure2-1

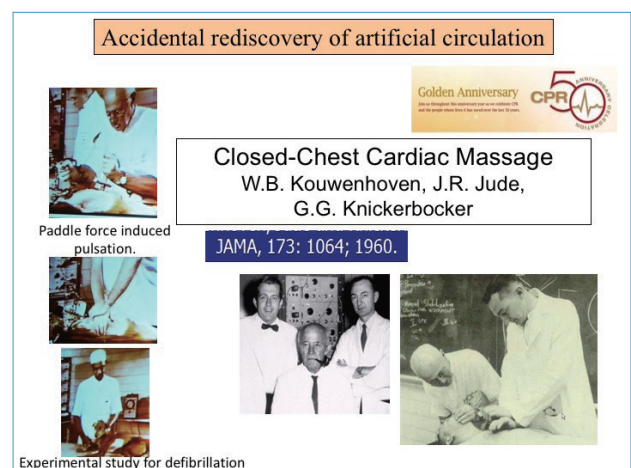


Figure2-3

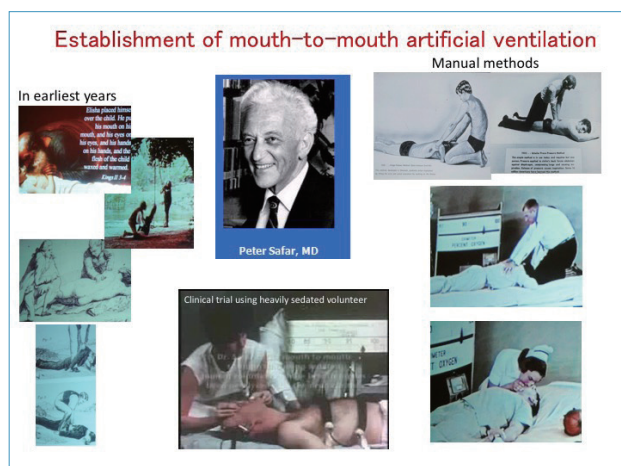


Figure2-2

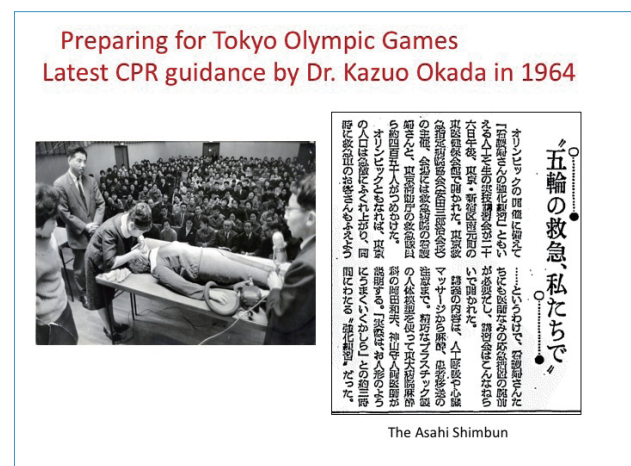


Figure2-4



### 3. Creating Resuscitation Guidelines

CoSTR 2015 by ILCOR was created over three years using the GRADE system. Five Task Force members from JRC contributed.

In 2017, seven Task Force members were elected from each council to create a new CoSTR, and five Systematic Reviewers and their candidates were elected (Fig. 3-1).

ILCOR has prepared CoSTR every five years and each council prepared their own guidelines based on CoSTR.

However, there was a disadvantage such as burden of Task Force and the delayed reflection of evidence during enormous tasks.

In order to solve this problem, the work was divided into systematic review and evaluation of the evidence. In addition, continuous evidence evaluation and an annual CoSTR announcement will be held (Fig. 3-2). It was decided to prepare guidelines of each Council accordingly (Fig. 3-3).

The JRC is planning to establish a guidelines panel to consider guideline recommendations in 2017-2020 (Figure 3-4).

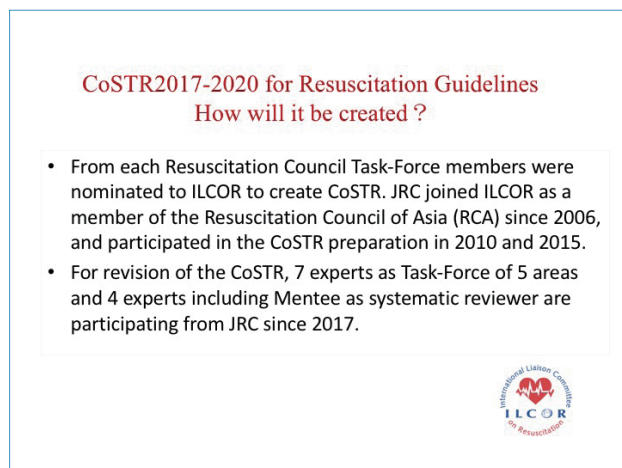


Figure3-1

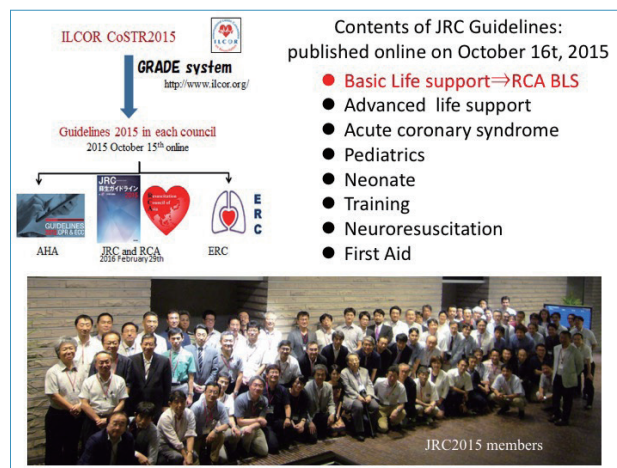


Figure3-3

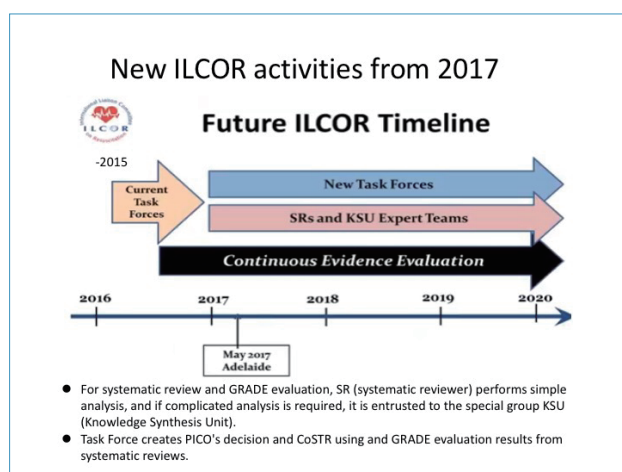


Figure3-2

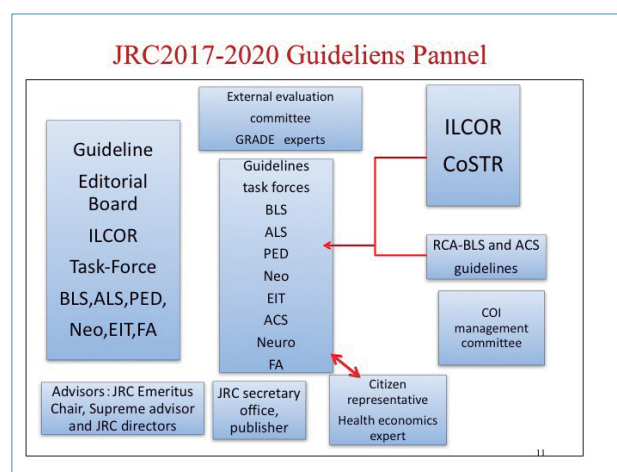


Figure3-4

## 4. Standardization and training of intensive care after return of spontaneous circulation (ROSC)

Intensive care after ROSC in cardiac arrest requires interdisciplinary team approach and collaboration of cardiologist, emergency physicians, and intensive care physicians and so on. Team training and implementation manual are necessary for quick and safe team medical care. Therefore, in order to disseminate the team medical care, a training manual was published from Cardiovascular Emergency Committee of the Japanese Circulation Society and the Japan Resuscitation Council, and practical off-the-job training courses after ROSC were carried out (Figure

4-1 ~ 4-4).

It is a course that allows trainees to learn procedures necessary for intensive care after ROSC. Session 1: various airway securing methods, Session 2: EEG monitoring necessary for neurocritical care, Session 3: neurological examinations, Session 4: percutaneous cardiopulmonary support (PCPS) using simulation circuit to learn puncturing the vessels, cannulation and priming, Session 5: various equipment of target temperature management, Session 6: Team resuscitation for VF and post-ROSC care, Session 7: Simulation of ECPR and treatment after ROSC in persistent cases of VF.

We hold regular one-day training course.

([http://www.j-circ.or.jp/topics/20170320\\_pcas.htm](http://www.j-circ.or.jp/topics/20170320_pcas.htm)).

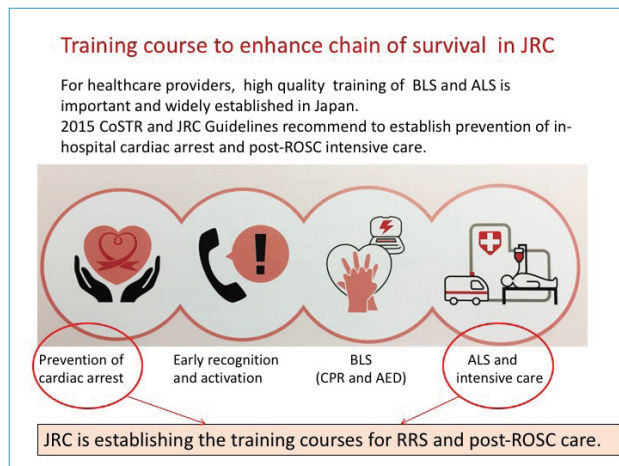


Figure4-1

Table

9:00	9:15	0:15	Reception	
9:15	9:20	0:05	Introduction	
9:20	9:30	0:10	Lecture	Orientation
9:30	9:35	0:05		
9:35	10:05	0:30	Session 1	Airway management
10:05	10:35	0:30	Session 2	neuroresuscitation: EEG
10:35	11:05	0:30	Session 3	neuroresuscitation: neurological findings
11:05	11:45	0:40	Lecture	Neurocritical Care
11:45	11:55	0:10		
11:55	12:45	0:50	Session 4	PCPS, IABP
12:45	12:55	0:10		
12:55	13:45	0:50	Session 5	TTM
13:45	13:55	0:10		
13:55	14:45	0:50	Session 6	PCAS case: VF→ROSC
14:45	14:55	0:10		
14:55	15:10	0:15	Debriefing	
15:10	15:15	0:05		
15:15	16:10	0:55	Session 7	PCAS case: VF (ECPR)
16:10	16:20	0:10	Ending	summary

Figure4-3

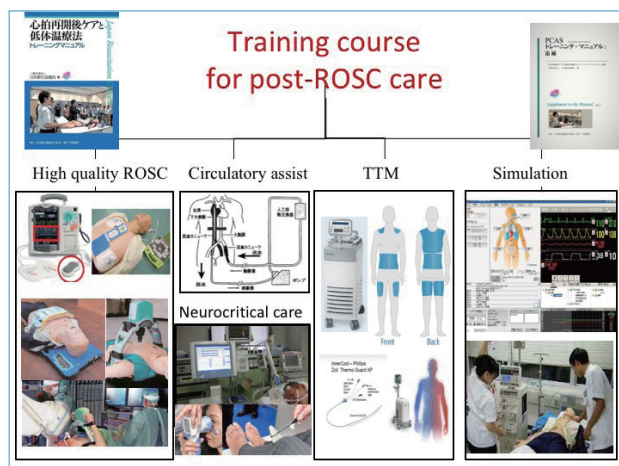


Figure4-2

**Training course for RRS (Rapid Response System)**

physical assessment in general ward

**contents**

In order to prevent cardiac arrest in the hospital, you need to notice early. It is a seminar to master that know-how through simulation training. We hold courses jointly developed by JRC and the Jikei University School of Medicine. We are planning to make the training manual.

- ◆ Lecture 「Importance in RRS training」
- ◆ Training Course
  - respiratory case
  - neurological case
  - cardiac arrest
  - cardiovascular case
  - team simulation

Figure4-4

## Editorial Note

It is a great pleasure for us at the Japan Resuscitation Council (JRC) to launch the JRC Newsletter English Edition on our 15<sup>th</sup> anniversary. Here, our vision for this newsletter will be briefly introduced.

The JRC is an interdisciplinary academic society of high public interest for the improvement of clinical and scientific affairs on cardiopulmonary and cerebral resuscitation. The enthusiastic activity, leadership, and passion of Dr. Kazuo Okada, the founding president and now the emeritus president of the JRC, since the council's foundation in 2002 was taken over by the current board of directors of the JRC lead by President Dr. Hiroshi Nonogi and Vice-President Dr. Tetsuya Sakamoto. We planned the JRC Newsletter English Edition as a public relations magazine to share our ideas and activities with the world.

For now, we will publish the JRC Newsletter English Edition as a quarterly online journal on the JRC's website; we will also publish it in a booklet on the occasion of the Annual Meeting of the Japan Resuscitation Science Symposium (J-ReSS). The JRC Newsletter English Edition will cover explanatory notes and updates on the JRC Resuscitation Guidelines as well as an introduction to the critical bibliographies on resuscitation and resuscitation science. In the near future, the JRC Newsletter English Edition will cover peer-reviewed original articles and reviews in the field of resuscitation as an academic medical journal. We would like your feedback on the JRC Newsletter English Edition, so it can be a valuable resource for global and domestic progress of resuscitation and resuscitation science.

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