

Public access defibrillation programs

Canadian Association of Emergency Physicians Public Access Defibrillation Working Group*

Introduction

Out-of-hospital sudden cardiac arrest, caused by ventricular fibrillation, is a leading cause of death in Canada. The most effective treatment available to out-of-hospital victims of sudden cardiac arrest is early defibrillation. Experience has shown that targeted responders (e.g., police, security personnel, flight attendants) can learn to use an automated external defibrillator (AED) safely and effectively. The Canadian Association of Emergency Physicians (CAEP) believes that Public Access Defibrillation (PAD) programs, through targeted responders using AEDs, have the potential to improve survival from out-of-hospital cardiac arrest.

CAEP also believes that:

1. Scientific research and physician direction are required to determine the safety, success and cost-effectiveness of targeted responder PAD programs, and of PAD programs where lay responders function in less structured settings;
2. Provincial regulations or legislation should ensure immunity from civil liability for:
 - a) a PAD responder who renders emergency care through the use of an AED (for any personal injury as a result of such care, or failure to provide such care),
 - b) an entity that provides training of PAD responders,
 - c) a physician who provides medical direction for a PAD program,
 - d) a person or entity who purchases and deploys an AED for a PAD program, provided that the personal injury does not result from individual or PAD program gross negligence or willful or wanton misconduct;
3. PAD programs should meet or exceed existing guidelines, developed by recognized provincial or national emergency cardiac care organizations, for AED and CPR training and skill maintenance;
4. PAD programs should be coordinated with local, regional or provincial emergency medical services (EMS) authorities to ensure:
 - a) compatible patient transfer-of-care protocols,
 - b) that community AEDs are registered with the EMS authority,
 - c) a written, on-site emergency response protocol to rapidly activate the PAD responder and early 911 notification in the event of a cardiac arrest;
5. Physician direction is required to oversee development and authorization of the following PAD program elements:
 - a) patient treatment protocols,
 - b) PAD responder training and skill maintenance,
 - c) collection, storage and transfer of clinical data to the EMS authority to allow for continuous surveillance of community cardiac arrest management and outcomes,
 - d) a quality assurance program to review each case where an AED is applied to a patient;
6. A plan for continual AED readiness-for-use and maintenance must be in place according to the AED manufacturer's operational guidelines;
7. The principle of continuity of EMS patient care must be maintained to ensure that once 911 is called, every patient treated under a PAD program becomes the responsibility of EMS personnel, the EMS system and the EMS system's medical directors.

Definitions

Targeted responder

A person trained in AED use, under a PAD program, who

*For a complete list of the Working Group members, see Appendix 1.

normally has a duty to respond to and perform CPR on a victim of out-of-hospital cardiac arrest. (e.g., police, security guards, flights attendants, lifeguards, first aid officers)

Lay responder

A person trained in AED use, under a PAD program, who does not normally have a duty to respond to and perform

CPR on a victim of out-of-hospital cardiac arrest (e.g., store clerks, ushers, secretarial staff, janitorial staff, personal care attendants)

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