



GREY COUNTY PUBLIC ACCESS DEFIBRILLATION PROGRAM

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Community Cooperation for Prevention





PART 1

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AN INTRODUCTION

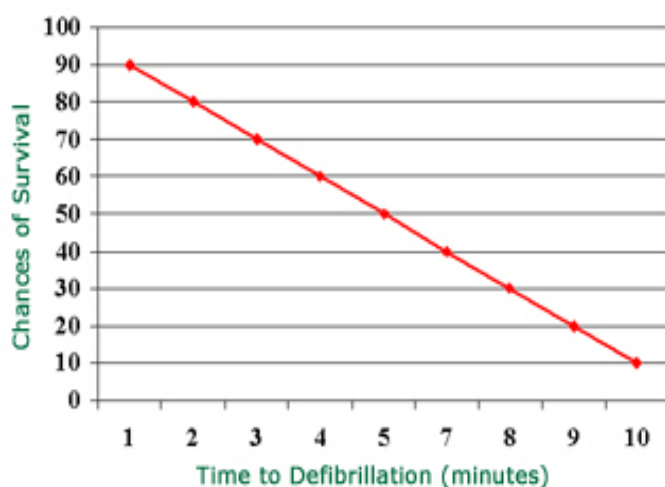
“A combination of early access, early CPR, early defibrillation and early advanced care can save as many as one-third to one-half of sudden cardiac arrest victims in treatable heart rhythms.”

- Medtronic ERS



What is Public Access Defibrillation?

In the past, only select first responders such as EMS and Fire carried Automated External Defibrillators (AEDs) to defibrillate a victim of sudden cardiac arrest. Because most EMS response times do not meet the 3 - 4 minute window of opportunity, Public Access Defibrillation has become extremely important in the effort to save lives of the residents, employees and visitors of any given community. A Public Access Defibrillation program places AEDs strategically at high-risk sites so that a trained Targeted AED Site Responder can reach the victim with the AED in less than 3 - 4 minutes. AEDs quickly, safely and accurately evaluate the sudden cardiac arrest victim's heart rhythm and determine whether or not an electrical shock from the defibrillator is required to restore proper heart function. AEDs guide users through the rescue attempt with easy-to-follow voice prompts.



Resuscitation Education

Resuscitation programs have been developed to promote early recognition, intervention and treatment of cardiovascular emergencies. Providing students with the foundation, knowledge and skills to react quickly to cardiovascular events and provide early interventions will help to reduce morbidity and mortality for victims of cardiac arrest, stroke and other cardiovascular emergencies. Every year over 6,500 people in Ontario alone die of sudden cardiac arrest (SCA).

Brief History of the development of resuscitation guidelines, treatment and programs



Internationally

Artificial respiration was studied as early as the 16th century. By the 18th – 19th century mouth-to-mouth techniques were used as well as some methods of positive pressure ventilation.

The first glint of defibrillation occurred in 1947 (internal) and in 1956 (externally). The first CPR guidelines were recommended in 1966 and were developed by the National Academy of Science/ National Research Council. These guidelines recommended that health care providers should be trained in CPR. This included doctors, nurses and allied health providers. By 1973, CPR was established enough that recommendations were made to train the general public in the skill.

Over the years experts and cardiovascular specialists continued to develop improved methods of educational delivery to ensure that students would retain the skills learned in a CPR class. The Chain of Survival became an easy method to recall the steps required in a cardiovascular emergency. In 1992 the American Heart Association recognized 4 links in the Chain of Survival. Those links were identified as Early Access, Early CPR, Early Defibrillation and Early Advanced Care.

In 1998, Heart and Stroke Foundation of Canada revised the AHA Chain of Survival to include 3 more links. Healthy choices, Early Recognition and Early Rehabilitation were added to the chain. HSFC is heavily involved in resuscitation research in Canada and is a valuable contributing delegate on the International Liaison Committee on Resuscitation. (ILCOR)

In February of 2000 the First International Guidelines Conference on CPR and ECC presented evidence-based resuscitation guidelines that were adopted for each region.

Experts from across the world participated once again with ILCOR, following the 2000 guidelines to prepare for the 2005 guidelines. These guidelines were presented in Canada at the May Conference in Toronto.

Canada

In 1973, the Canadian Heart Foundation was asked to form a committee to develop a CPR policy for Canada. This committee agreed to adopt the 1973 AHA standards and revise the standards to meet Canadian health system needs. The committee also agreed to provide BLS programs to the public and BLS and ALS to hospital staff and health care providers. A network of Canadian CPR instructor trainers was trained to provide education and training to CPR instructors.



In 1977, the first Canadian instructor trainer workshops were held, with the assistance of the AHA.

In 1989, the Canadian Heart Foundation underwent a name change and is now called the Heart and Stroke Foundation of Canada.

The goal of the foundation is to provide research, health promotion, resuscitation programs and advocacy in order to reduce rates of premature death and disability from heart disease and stroke.

Public Access Defibrillation

- **Sudden Cardiac Arrest**

Sudden Cardiac Arrest (SCA) is one of the leading causes of death in North America. In Canada, the statistics show that approximately 35,000 - 40,000 people suffer SCA every year. Victims of sudden cardiac arrest are typically in a cardiac dysrhythmia called ventricular fibrillation. In response to this chaotic electrical activity within the heart, the mechanical functioning of the heart becomes ineffective. The heart quivers like a bowl of jelly and there is no pulse or cardiac output associated with this rhythm. The definitive treatment for someone in ventricular fibrillation is defibrillation. A victim in a shockable rhythm requires defibrillation and cardio respiratory resuscitation (CPR).

- **Automated External Defibrillator**

An automated external defibrillator (AED) is an electronic device that, when attached to the victim's chest by electrode pads, can analyze the cardiac rhythm and recognize when a victim is in a shockable rhythm. The AED is typically about the size of a small carrying case and it has electrodes or pads that are connected by cables to the unit. The pads have an adhesive backing and are placed strategically on the patient's chest to allow the AED to analyze the cardiac rhythm and determine whether or not a shock is advised. If a shock is advised, the AED will either automatically shock the patient, or the targeted AED site responder will be prompted to push the shock button. This shock briefly stops the heart and allows for the heart's normal pacemaker to take over.

- Without defibrillation, a victim in ventricular fibrillation (VF) will not survive. Every minute that there is a delay getting the AED to the victim, the victim's chance of survival decreases by 7–10%. There is a narrow window of opportunity (approximately 0-4 minutes) that will give the victim the best chance of survival. This can be extended



with good quality CPR until an AED is available for use but as the 6 – 10 minute timeframe approaches the chance for survival, with the victim remaining neurologically intact diminishes exponentially. The victim's chance of survival can dramatically increase by greater than 50% with the efficient and timely use of an Automated External Defibrillator and good quality CPR.

- **EMS 4 Steps to Survival**

The EMS 4 Steps to Survival include Early Access, Early CPR, Early Defibrillation and Early Advanced Care. Each step leads to the next and is as important as the next.



- **What factors determine whether or not a site would benefit from a PAD program?**

PAD programs are most beneficial in public sites where large groups of people may gather, or fitness activities occur, or where there are identified high-risk individuals commonly at the site. Willingness of staff to become trained Targeted AED Site Responders is also key to the success of a PAD program.

PAD programs are commonly initiated in places such as:

- Airports
- Casinos
- Hockey Arenas
- Doctors' offices
- Public transportation terminals
- Golf courses
- Recreation centres
- Work-sites or places of business
- Shopping malls
- Industrial sites
- Hospitals



High Risk Individuals include:

- People with pre-existing medical problems such as high blood pressure, high cholesterol, or a history of cardiac problems.
- Age > 50 years old.

Isn't it enough that I have put an AED on site? It's there for anyone to use!

It is important to understand that just placing an AED at a site will not mean that it will be used. If you are counting on a passerby to use it, you are gambling. If you have a targeted site responder group, you will ensure that the AED you have placed, in all good conscience at your site, will be used. You will have an emergency response plan in place with trained providers who are practiced and fully aware of their roles and responsibilities. You will have done your due diligence. Grey County PAD Program can help you with this.

AED Providers

An AED provider is any person who has successfully completed the CPR and AED training program.

ILCOR has recognized 3 levels of AED providers:

General Public – members of the public who do not have a professional duty to respond to medical emergencies but do have a moral obligation to provide care. Examples include but are not limited to:

- family and associates of people at high risk for a cardio respiratory emergency, and
- students and educators (other than those in health care or first responder professions)

First Responders – those who, as part of their job description as a professional or volunteer first responder, have a duty to respond to medical emergencies in the pre-hospital environment. Examples include but are not limited to:

- First responders whose occupation or volunteer activities demand



proficiency in the knowledge and skills of BLS (such as police, firefighters, flight attendants, security personnel, lifeguards, ski patrollers, and search and rescue technicians),

- Childcare workers and caregivers
- Designated and trained first aid personnel in the workplace, and
- Students and educators in the first responder profession

Health Care Providers (HCP) – those who, as part of their job description as a health care provider, have a duty to respond to medical emergencies. Examples include but are not limited to:

- health care providers (such as doctors, nurses and paramedics),
- respiratory & pulmonary technologists,
- occupational and physiotherapist,
- dentists and dental hygienists, and
- students and educators in health profession education programs.

The Targeted AED Site Responder Training Manual focuses on the *First Responder* group.

Why a Targeted AED Site Responder Program?

The *General Public* AED Provider course teaches the basics of CPR and AED use, but does not integrate it into a Targeted AED Site Responder Program. As the site maintaining and running the PAD program, it is important to understand that there is more involved than just placing an AED on the wall and hoping someone will use it. A Targeted AED Site Responder will have roles and responsibilities as they have a duty to respond, whether it be part of their job specifically or as part of a volunteer worksite health and safety team.

Keeping it Public Access Defibrillation

Ensure you are familiar with Ontario's provincial legislation regarding Public Access Defibrillation and/or AED use. As a Public Access site, it is important to have significant signage informing the public and employees that it is a PAD site, as well as placing the AED in a conspicuous place, in an unlocked, alarmed cabinet so that if someone is trained, it can be retrieved and used in the event of a Sudden Cardiac Arrest.



- **Appropriate AED placement**

AEDs should be placed in a conspicuous manner, in an unlocked, alarmed cabinet for easy access by any trained provider. The goal for AED placement is to integrate the information provided in the site assessment with the physically timed AED- to- patient window. This means that with the Emergency Response Plan in place, from time of SCA event recognition to notifying responders, to arrival at the victim with AED to first shock, should be less than 4 minutes. All of the components must be in place for this to work. The site assessment will determine the best place for the AEDs to ensure a 4 minute response, if all of the other pieces of the response plan are in place. AEDs should be in close proximity to a phone in order to call 911.

- **The Importance of Communication**

The communication piece cannot be over-emphasized. Company newsletters, posters, email and company intranet or internet sites are all excellent ways to communicate that the site is considering implementing a PAD program. Volunteers may be solicited in this way to be trained as Targeted AED Site Responders. Once your PAD program is near implementation, it is important to communicate the Emergency Response Plan and procedures to be used in the event of a sudden cardiac arrest.

If the site has user groups leasing the premises after hours, it is extremely important to communicate with those groups regarding the new PAD program. A brief newsletter indicating where the AED is located and how to use the AED should be included. Be aware of your local legislation when determining who can use the AED.

- **Medical Emergency Response Plan**

The Occupational Health and Safety representatives or group responsible for your current Emergency Response Plan must meet and discuss integrating AED response into the existing plan. This is best achieved in conjunction with the PAD Program Coordinator.

When developing an emergency response plan identify the location of the AEDs and ensure these are marked clearly on your facility site maps, much like having the fire suppression systems marked. The AED Emergency Response Plan is easily integrated into an existing Medical Emergency Response Plan (ERP). The ERP should be concise and specifically outline actions to be taken in the case of



a medical emergency or sudden cardiac arrest. The Standard Operating Procedures or Site Coordinator's Manual can be much more detailed and include all of the roles and responsibilities of each of the parties involved.

Include in your plan who will be responsible for calling 9-1-1 and how your internal response team be notified. For instance if you are working in an office tower and find someone collapsed in the washroom, what will your next steps be? Do you know who to contact and how to do that? Who should call 9-1-1? Who will bring the AED? Every second lost in not knowing exactly what to do will decrease the likelihood of survival for the victim.

Some sites have a central call station or switchboard that is notified in the event of a medical emergency. The person answering the call will gather all information required and will be responsible for notifying 9-1-1 and activating the internal response system.

9-1-1 Notification

Early Access is the first link in the chain of survival. When discussing your ERP it is important to ensure that a simultaneous notification of 9-1-1 and your internal response team occur. Each situation will be different so it is important to have a well-practiced plan in place. Having a phone within close proximity to the AED makes good sense.

Determine who will be delegated to call 9-1-1. Make sure this person is well aware of what questions the dispatcher will want answered. This person should also delegate someone to meet EMS and direct them to the victim. Remember to include in your plan whether or not a number must be dialed first to reach an outside line. The person notifying 9-1-1 should remain on the line with the dispatcher until the dispatcher ends the call.

Internal Responder Notification

Determine what the procedure will be when a victim of sudden cardiac arrest is found. How will the responders be notified? Some sites have emergency panic buttons that go to a central call station which when pressed, activating the emergency response team. Others have responder contact numbers posted at the AED cabinet, while some use pagers, radios and PA systems.

Having a PA system would allow all people on site to be notified of the emergency and where it is. This type of notification works well, as it should mean a greater number of people will hopefully respond to the emergency. The drawback is that there is no confirmation that someone is attending, although this could be implemented into the



plan. (i.e. when the Targeted AED Site Responder hears the emergency announcement, they would notify the announcer that they are en-route to the call)

Large institutions, worksites and universities often have security or on-site police. AED Emergency Response Plans work well at these sites, using the security or police as the main point of contact. Once notified, they will call 9-1-1 with the information they have received and deploy the Targeted AED Site Responders.

Ensuring you have a quick and efficient way to call 911 and notify the Targeted AED Site Responders of a collapse will reduce time to shock interval and improve chance of survival. The wall cabinets typically come with audio alarms and some have visual alarms as well, such as a flashing light. The cabinets can be wired so that when the door is opened an alarm is set off in the security office, or sometimes can be directly wired to contact 9-1-1 that the AED has been pulled for use.

A list of the Targeted AED Site Responders should be posted at the AED and many sites make it a requirement that every phone has either a sticker plate or posted phone list of responders. A phone tree works well that will ring down until responded to. Responder notification is the link that can make or break the goal of the emergency response procedures in achieving a response of less than 4 minutes.

Responder's Responsibilities

The AED Emergency Response Plan should detail what is expected of the Targeted AED Site Responders once they have been notified. It is important to ensure that the AED is brought to the victim. Who will do this?

A site audit was performed recently at a PAD site and it involved a mock scenario. The response times of all of the responders was remarkable, however not one of the responders brought the AED. The site audit demonstrated a need to clearly identify who would be responsible for bringing the AED to the victim. Remember seconds count!

Site Responders should consider taking the AED to any emergency medical call just in case it is required. All aspects of the Emergency Response Plan need to be fine tuned to ensure that now that the site has an AED, it will be used when required in a timely fashion. The Emergency Response Plan procedures should be documented and forwarded to all staff.



Action	Determine	Time	Responsibility
Recognize emergency	Is this a medical emergency?	0	Call 9-11 or central call station or delegate someone to do this
Notify 9-1-1	Who will call 9-1-1? Do you need to dial 9 or another number to get an outside line Is there a central call station?		While this is being done, if there is someone with the victim they should initiate CPR
Notify internal Targeted AED Site Responders	How will the responders be notified?		Responders arrive and initiate or continue CPR while AED is being brought to victim
Designate someone to meet EMS and lead them to the victim	This person should be familiar with the facility and best access/egress		
Targeted AED Site Responders arrive at victim's side	Responders may come from different areas of the building. Who brings the AED?		Remove clothes from victim's chest while trying not to interrupt compressions
AED turned on and pads attached to victim			Ensure all people clear of victim and AED
AED analyzes and potentially shocks victim		Less than 4 minutes	Victim shocked

Selecting Targeted AED Site Responders

To determine the number of responders who should be trained and who they should be requires looking at optimal coverage. To get the best coverage, ensure that there are enough responders trained to cover for shift patterns, vacations and sick days. It may help to have responders situated in different areas of the building or site.



At best, 2 trained responders should be available at any one time per AED. Typically training 10 responders (a large site) per AED should work, but variable shifts and part-time or transient staff may mean training more to obtain the best coverage.

Look for staff that is usually on-site for the most part. The responders should be willing to do the training.

Some sites train the facilities or maintenance staff as they are always in the building. Others train existing First Aid responders to the Targeted AED Site Responder level. Always consider location of the AED(s) and location of the responders when determining who to train. Do not force someone to take the training that may be resistant to it. Some people are very uncomfortable responding to this type of situation and hesitation will be the downfall to the program.

Local EMS for advice on Program Oversight

Always contact your local EMS for advice on implementing a PAD program. These agencies have the expertise in this area and should be more than willing to help. Your local EMS should be able to help you integrate the Site's AED program with the local EMS response protocols and transfer of care.

Contact Wendy Bieman 519-376-2228 ext 5040 or cell 519-379-0258.

Wendy.bieman@grey.ca



Legalities Surrounding AEDs

There is very little legal or liability risk for a person that uses an Automatic External Defibrillator. As recently as August 2000, the concept of having an AED on site has been widely promoted by over 50 heart health organizations in Canada. Having an AED on site is rapidly becoming a basic standard of emergency care, equivalent to the value of having a smoke alarm. In fact, facilities that install AEDs are now reducing their liability by providing this potentially life-saving service. Facilities are now protected by Bill 171.

How is the average citizen protected?

The Federal Criminal Code exempts all acts done in good faith in emergency or life-threatening situations (the Good Samaritans Act). In addition to Bill 171, the Chase McEacheran Act and the Civil Liability and Protection Act, also protect the citizen. It is important to note that liability in AED use is only theoretical. There has never been a civil or criminal case in Canada brought against a member of the public who used an AED to try to save a life.

The person you are trying to help, and may possibly save, is for all



intents and purposes already dead; you can do no further harm. While the use of these devices doesn't guarantee survival, it does give a chance where close to none previously existed. To withhold the use of an AED because of an unfounded fear of liability is to issue death warrants to thousands of Canadians each year.

How is the organization that has purchased an AED protected?

As above, there has never been a civil case in Canada brought against an organization that has installed an AED. Owners of AED machines are only required to ensure the **appropriate** machine is used and maintained and that there is trained staff available to respond through an internal "Emergency Response Plan". AEDs cost about \$2,500.00

Medical Supervision of the AED Program:

In most provinces, use of an AED is a "medically delegated act", which means that a doctor must oversee an organization's AED installation and training. The Province of Ontario, however, has clarified its legislation so that it is no longer a medically delegated act; however, it is still recommended that there is Medical Oversight of the program (usually provided by an accredited training organization). Now that Ontario has led the way, other provinces may follow suit.

Training:

There are several local training organizations that are approved by Health Canada and are available to train the appropriate individuals in your organization on AED use. As well, the Grey County PAD program coordinator can help you identify the individuals on your staff or volunteer corps who should be trained. Following the initial training on AED use, your site will be certified as a properly trained and responsible AED provider. The PAD Program can work with you to help develop an internal response plan and arrange recertification on a regular schedule.

The PAD Coordinator (Wendy Bieman) can be reached by calling: (519) 376-2228 ext 5040, fax: (519) 376-3543 or by e-mail at wendy.bieman@grey.ca



Components of a Quality PAD Program

ILCOR's (International Liaison Committee Resuscitation) 2005 guidelines give the following elements of successful community lay rescuer AED programs:

- A planned and practiced response, typically requiring oversight by a healthcare provider
- Training and equipping of rescuers in CPR and use of AED
- A link with the local EMS system
- A program of device maintenance and ongoing quality improvement

A link with the local EMS system

It is important to have a link with your local EMS. EMS has the expertise and knowledge to help you set up your program. Know what their expectations will be during transfer of care.

Medical Direction or Oversight by a Health Care Provider.

A good quality PAD program has a Medical Physician to oversee program development, authorize victim treatment protocols, monitor AED site responder training and skills maintenance reviews, review sudden cardiac arrest events, provide a hospital link and ensure continuous quality improvement and ongoing data collection. The Medical Physician is the hospital and EMS link and will perform continuous surveillance of community cardiac arrests and make recommendations related to public access defibrillation program improvement.

Following an event, the Medical Physician or healthcare provider should review the downloaded AED data, response timelines and variances to continuously improve the PAD program's performance. The Medical Physician may wish to meet with the responders to debrief the call and offer positive feedback to the responders.

The Medical Physician should be interested in promoting PAD programs. He/she may be an emergency physician, cardiologist or general practitioner. It is important that the Medical Physician you select has experience with emergent cardiac care and is familiar with your local EMS policies. **Dr. Hazel Lynn is the Medical Oversight for Grey County's PAD Program through the Grey Bruce Health Unit.**



Assignment of a Site Coordinator

The Site Coordinator plays an important role at the site of a PAD program. The Site Coordinator should be a responsible person who is physically at the site on a daily basis and has an interest in promoting the PAD program. This person will be the liaison with the PAD training agency, the manufacturer of the AED selected and the trained AED Targeted Site Responders and will have certain roles and responsibilities.

Training AED Targeted Site Responders in CPR and AED use

PAD program training requires a minimum of CPR/AED training, but should also include training that integrates these protocols into the site's Emergency Response Plan. It is best for the AED Targeted Site Responder group to train together, as they will be working together as a team at the site.

Training will begin with the initial course and should be followed with in-house quarterly refresher activities. This may involve reviewing the protocols, reading articles specific to AED use, AED/CPR and Emergency Response Plan quizzes, and most optimally mock scenario practice sessions. Ask your training agency for quizzes to use in-house.

Where staffing is transitional, it is important to ensure that new staff who will be involved with the Emergency Response Plan, take the initial training course.

Planned and practiced response

Annual site audits typically include a surprise mock scenario to evaluate effectiveness of the Emergency Response Plan, response times and that the protocols are being followed correctly. This service is offered by many PAD program training agencies, or can be performed in-house with a little guidance from your local PAD program contact. The old saying that practice makes perfect is never more applicable than in this situation. The more often the team practices their response, the more proficient they will become at it. Proficiency in a PAD program means increased survival rates. Having an AED on site does not necessarily mean an increase in survival rates. It is the implementation of your protocols with your existing Emergency Response Plan that is going to decrease the time to shock interval, which is the key to success.



A program of device maintenance

All AEDs need to be monitored on a daily and monthly basis. The daily check is very simple and consists of checking the unit for the 'Okay' or readiness symbol and documenting that this has been done. If there is a warning symbol or a low battery, contact your AED manufacturer's service department immediately. The monthly check involves a more thorough check, ensuring the AED is ready, that there are no warning symbols, that all pieces of the Responder Kit are present, that the case is intact and that the batteries and pads are still in date. Document that this check has been done. This ensures that you have done your part towards due diligence. Check with the manufacturer and document when the routine maintenance should be done.

Continuous Quality Improvement

Quarterly refreshers, post-event review, annual audits and renewals all work towards continually improving the quality of your PAD program. Having medical oversight should include cardiac arrest and data tracking to improve PAD training. The Medical oversight and/or PAD Program Coordinator will review SCA event data and provide positive feedback as well as areas for improvement to the Site Coordinator and responders.

Post event review and debriefing

Following an incident where the AED was used, a good program will review the event, the information downloaded from the AED, and create a timeline of the event.

The PAD Program Coordinator should review all details of the event and offer recommendations for improvement if required.

The PAD program oversight should meet with the Targeted AED Site Responders involved with the incident to debrief. This is especially important at an AED site, as most responders will not have experienced a real sudden cardiac arrest before.

Access to CISD

Emotional response to a sudden cardiac arrest event is different for everyone. Some may take it in stride while others may find it an overwhelming experience. Some may internalize it or relate it to something going on in their own life. Most responders will want to talk about the event. It is important to talk with the responders following the event to try to gauge their reactions



and feelings towards the event. Not all victims of sudden cardiac arrest will survive, despite the best response time and adherence to protocols. It is very important that the responders know this. They need to know that they gave the victim the best possible chance at survival.

Offer Critical Incident Stress Debriefing (CISD) to all staff involved. Watch closely for responders who don't show up to work following the event. Contact the responders and offer CISD. Grey County PAD Program can offer CISD if needed.

Roles and Responsibilities

Site Coordinator Roles and Responsibilities

- Ensure daily AED check has been completed
- Ensure monthly AED check has been completed
- Track Targeted AED Site Responders' training and renewal training
- Ensure local EMS has AED site information
- Provide and track quarterly refresher activities
- Train a backup site coordinator
- Will be contacted if there is an 'event'
- Completes incident report with responders
- Liaison between facility and PAD program oversight
- Ensure AED batteries and pads replaced as required or following an 'event'
- Replace items used in Responder Kit following an event
- Link to training agency and manufacturer

Targeted AED Site Responders' Responsibilities

- Take the AED/CPR or Targeted AED Site Responder training
- Maintain 'certification' and take renewal training as recommended (annually)
- Respond immediately to sudden cardiac arrest with AED, using all components of the site's Emergency Response Plan and protocols
- Provide verbal report to paramedics during transfer of care
- Notify Site Coordinator immediately following AED use
- Complete appropriate documentation/ incident report
- Attend debriefing with medical director or PAD Program staff
- Ensure AED is prepared and all items restocked following an event

Disease Transmission and Personal Protective Equipment

While the risk of acquiring an infectious disease from a victim while providing first aid or CPR is very low, it is still very important for every responder to



practice body substance isolation (BSI) procedures. Communicable diseases are diseases that can be transmitted directly or indirectly from one individual to another.

Bloodborne pathogens are transmitted through a victim's blood. Examples of bloodborne pathogens are Hepatitis B or C and Human Immunodeficiency Virus (HIV). Responders may have hand contact with blood, mucous membranes or open sores so gloves must always be worn. Disposable (single use) gloves will be supplied in the responder kit. It is wise to have an extra set available at all times because if the first pair is torn, they should be immediately replaced. Always dispose of used gloves appropriately. If there is blood present dispose of gloves in a biohazard waste bag.

Airborne pathogens are transmitted through the air by coughing and sneezing. Some examples of airborne diseases are tuberculosis (TB) and febrile respiratory illnesses such as Severe Acute Respiratory Syndrome (SARS). Mouth-to-mouth on a victim in a PAD program should include use of a barrier device with a one-way valve.

Responders can protect themselves from bloodborne or airborne pathogens by using the personal protection equipment (PPE) required. Because you will not necessarily know the victim's past medical history you should always assume you are dealing with an infectious victim. This way you will always protect yourself. Make sure PPE is part of your practice.

Personal protective equipment (PPE) must be available for all responders to utilize during an emergency response. It acts as a barrier between infectious substances and the skin, mouth and nose and helps protect the responders from infection. PPE in the setting of a PAD program should include 2 pair of disposable latex-free gloves per provider and a barrier device.

Barrier devices are used as a barrier between the victim's mouth and the responder's. There are 3 types of barrier devices that will be discussed. The face shield, pocket face mask and bag-valve mask.

The *face shield* is a flexible plastic sheet that creates a shield between the victim and the responder. There are two types of face shields available. The basic face shield has the plastic sheet with an opening which is placed over the victim's mouth. It has a fiber filter that is meant to trap airborne bacteria and viruses.

The second type of *face shield* also has a one-way valve intended to divert the victim's exhaled air underneath the shield and away from the responder.

The pocket face mask is a see-through flexible mask that is placed over the victim's mouth, nose and chin and provides a seal, when properly



used, for ventilation purposes. A one-way valve is placed in the opening of the mask which closes after ventilation and exhaled air is diverted through the mask and away from the responder. The pocket mask offers more protection to the rescuer.

The *bag-valve-mask* is intended for use by the Health Care Provider. This requires specific training. It has a mask, one-way valve and a bag that is squeezed to force the air or oxygen into the victim's lungs. Both the pocket mask and bag-valve-mask can be hooked up to oxygen if supplied with the appropriate ports. All worksites and all responders have a responsibility to use personal protective equipment.

Recognizing and Acting on an Emergency

All Targeted AED Site Responders need to be proficient in both CPR and AED use. The introduction to both of these topics involves recognizing when an emergency exists and acting on it.

- **Ability to recognize an emergency**

Part of the responsibility of being a Targeted AED Site Responder involves understanding how to recognize an emergency and the necessary steps to take to respond to that emergency. Recognizing an emergency involves noticing that something is happening out of the ordinary. Something draws the bystander or responder's attention to the victim. It may be that the victim appears unresponsive, weak, pale, injured or ill, or they may be acting out of the ordinary. The responder may notice something in their environment that indicates something out of the ordinary has happened. (I.e. a car accident, toppled ladder or person lying on the floor in a hallway)
The responder should take this as their cue to make a decision to help the victim.

- **Evaluating the Scene**

When approaching the scene, assess the scene for safety. Responders need to survey the scene for any hazards that could endanger themselves, the victim or other people around the victim. Each situation will be different and will present with different hazards. At the scene of a car accident the hazards could involve traffic, downed electrical wires, glass or gas. At the scene of an electrocution, where an AED can truly benefit, the responder must ensure that all electrical sources have been shut down and that it is safe to approach the victim. Remember that if you are injured, you



will be unable to help the victim. Use all of your senses to evaluate a scene.

Look around the scene to find out how many victims there are. Ask bystanders what happened. As you approach the victim try to determine what happened as you visually assess the scene. Prior to arriving at the victim's side, you will be able to visually assess a number of things. The following is a list of some of the things you may be able to notice:

Are there any safety hazards?

Is there only one victim?

Does the victim appear severely ill or injured?

Does the victim appear to be breathing from a distance?

Does the victim appear to be having trouble breathing?

Are the victim's eyes open?

On first look, does the victim appear to be moving or does the victim appear unresponsive?

Are there bodily fluids around the victim? (blood, vomit, urine)

Does the victim appear pale or have bluish-tinged lips?

When approaching a scene and a victim, the responder will act like a detective trying to piece together the puzzle of what has happened and what is wrong with the victim. Always keep an open mind and try not to focus in on one thing, as this may preclude you from other possibilities. Remember to put on your gloves and have your barrier device handy as you approach the victim.

- **Determine Unresponsiveness**

Speak to the victim as you approach him/her. Identify yourself as a Site Responder and ask if you can help. If there is no response, gently tap the victim on the shoulders and loudly ask if the victim is okay. (Try both ears) If there is no response, shout for help. Ask someone to call 9-1-1. If there is no one available to call 9-1-1, and the victim is an adult, you should call 9-1-1 and then grab the AED and go back to the victim.

Calling 9-1-1

Early access is always emphasized when dealing with a victim of Sudden Cardiac Arrest.

Calling 9-1-1 once you have recognized that there is an emergency is paramount to providing the best possible care for the victim. Many people are unsure as to what



makes a victim of an injury or illness severe enough to call 9-1-1. If there is any doubt, call 9-1-1! Always play on the side of caution when responding to medical emergencies. Do not attempt to transport a moderately to severely ill or injured victim yourself.

A victim of SCA needs prompt EMS response. Simultaneous EMS and internal site responder notification will make your program work. Delegate someone to call 911 and someone to notify the Targeted AED Site Responders. This way, both systems will be activated giving the victim the best chance of survival.

The person responsible for calling 9-1-1 should have the following information available to give to the Emergency Medical Dispatcher (EMD). The EMD will ask a series of questions, including but not limited to:

- What is the exact location of the emergency (address, cross-streets, floor, room #)
- What phone number are you calling from?
- What is the nature of the problem?
- Is the victim conscious?
- Is the victim breathing?
- Is the victim bleeding?
- Is any first aid care being provided?

Once the person has called 9-1-1, they should return and confirm that 9-1-1 has been called. Quite often the EMD will want to speak to someone who is near the victim. This is easily done if the caller and responder both have radios.

The EMD may offer instructions or request further information. Be sure to tell the dispatcher in the event of a sudden cardiac arrest, that there is an AED on site and the responders are on scene. Delegate someone to meet and direct EMS to the victim.

Understanding how the heart functions

The heart is an organ that is the most active muscle in our body. The normal adult heart is about the size of a fist and contains four chambers.

Freshly oxygenated blood is pumped to the body from the left side of the heart. The blood then travels through the body via the arteries, nourishing and providing oxygen to the tissues and organs.

The blood uses up its oxygen and picks up waste and carbon dioxide and returns this blood to the right side of the heart, where it is pumped to the lungs to exchange carbon dioxide for oxygen and start its cycle again.



The pumping action of the heart is the mechanical part of the equation. In order for the heart to pump, it requires an impulse from the electrical system. The heart's electrical system controls the rate and rhythm of the heart's mechanical system. A normal adult heart beats 60 to 100 times a minute in response to the normal electrical impulses emitted. The normal pacemaker of the heart is in the upper right chamber and is called the sinoatrial node or the SA node.

Blood is supplied to the heart through the coronary arteries which can become partially or fully blocked due to a disease called atherosclerosis. When the coronary arteries become partially or fully blocked, there is a decrease in oxygen supply to the coronary tissues and cells. This can cause heart attack, dysrhythmias or abnormal electrical activity in the heart.

What happens when there is chaotic electrical activity in the heart?

One of the most common abnormal rhythms is called ventricular fibrillation (VF). When a victim is in VF, there is chaotic electrical activity in the heart causing ineffective pumping of the heart. The heart quivers like a bowl of jelly and no blood is pumped to the body, heart or brain.

Another ineffective rhythm is called ventricular tachycardia. In this rhythm the heart beats so fast that there is no time for the heart to refill and pump blood out to the body.

- **Shockable Rhythms**

Both ventricular fibrillation (VF or V-Fib) and ventricular tachycardia (VTach or VT) in the unresponsive victim who is not breathing are shockable rhythms. Shocking or defibrillating these rhythms, stops the heart momentarily to allow the normal pacemaker to take over again. Imagine a school room full of noisy, out of control children. The teacher walks in and suddenly claps her hands very loudly. Everything stops momentarily, order is restored and the children begin to function normally again. This is similar to what happens with the heart when it is defibrillated.

An unresponsive victim who is not breathing must be hooked up to an AED to determine whether or not they are in a shockable rhythm. Time is of the essence as every minute that there is a delay getting the AED to the victim, the chance of survival decreases by 7 – 10%. The only way to increase their chance is by doing CPR until an AED made available. It is important to get the AED to the victim within 4 minutes for best chance of survival. (Time vs survival graph)



How does the AED work?

The AED is an electronic device that is attached by cables to adhesive pads which are placed on the victim's chest. The AED is able to analyze the heart rhythm through the pads and will determine if a shock is required. The AED will shock the victim or prompt the Targeted AED Site Responder to push the shock button if the victim is in a shockable rhythm. If the victim is not in a shockable rhythm, defibrillation will not help and a shock will not be advised. The AED will prompt the responders to continue CPR.

AEDs are able to store the recorded data of the event sequences and cardiac rhythms. This data is maintained within the unit until downloaded using software provided by the manufacturer, by the manufacturer's service department or by your PAD Program Coordinator. The data downloadable includes the date, the time of each event, the initial cardiac rhythm the victim was in, whether or not shocks were delivered and any changes in cardiac rhythm. This information will be required by your medical director and or PAD Program Coordinator for review and statistical purposes.

Training:

Although in an emergency anyone can safely and legally operate an AED, facilities implementing a public access defibrillation program must have the proper training. There are several local training organizations that are approved by Health Canada and are available to train the appropriate individuals in your organization on AED use. As well, the Grey County PAD program coordinator can help you identify the individuals on your staff or volunteer corps who should be trained. Following the initial training on AED use, your site will be certified as a properly trained and responsible AED provider. The Grey County PAD Program can work with you to help develop an internal response plan and arrange recertification on a regular schedule.

The PAD Coordinator (Wendy Bieman) can be reached by calling: (519) 376-2228 x 5040, fax: (519) 376-3543 or by e-mail at wendy.bieman@grey.ca





PART 2

POLICIES, PROCEDURES, PROTOCOLS, AND OPERATING GUIDELINES FOR THE GREY COUNTY PUBLIC ACCESS DEFIBRILLATOR PROGRAM

**PREPARED BY: GREY COUNTY EMERGENCY MEDICAL SERVICES
PUBLIC ACCESS DEFIBRILLATION (PAD)**

APPROVED BY: GREY COUNTY EMERGENCY MEDICAL SERVICES

DATE: SEPTEMBER, 2010



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AUTOMATED EXTERNAL DEFIBRILLATION (AED) TREATMENT FOR THE FIRST RESPONDER

1. Open the airway using the head-tilt/chin-lift and check for normal breathing for 5-10 seconds: LOOK, LISTEN, and FEEL
2. If you do not hear normal breathing, give two rescue breaths:
 - Pinch the nose
 - Take a normal breath
 - Cover the person's mouth with your mouth
 - Give two breaths. Each breath should last one second, with enough volume to make the chest rise
3. If both breaths go in, start CPR
4. Continue CPR until:
 - An AED arrives
 - More advanced care takes over
 - The scene becomes unsafe
 - You become physically unable to continue

WHEN THE AED ARRIVES:

1. Open and turn on the AED
2. Remove any clothing or objects (including jewellery or medical patches) from the person that may come in contact with the pads.
3. Ensure that the chest is dry and free of hair so the pads can stick.
4. Follow the diagrams on the pads to place them on the person. Use the appropriate pads based on the person-adult or child.
5. Follow the automated prompts of the AED.
6. When the AED prompts you to give a shock, stand clear and say, "I'm clear, you're clear, everybody's clear."
7. Deliver shock if automated prompt advises.
8. CPR for 2 minutes.
9. Stop CPR (AED will prompt this).



10. Follow Prompts on AED.

11. CPR for 2 minutes.

12. Continue to follow AED automated prompts until a Firefighters or Paramedics arrive on scene, or patient regains consciousness, moans, and moves or has spontaneous respirations.



VSA TRAUMA PATIENT OPERATING GUIDELINES

GUIDELINES:

The AED may be applied to victims of trauma, including hanging, drowning, smoke inhalation, electrical shock, burns, etc., who are VSA. The following guidelines should be adhered to:

1. Secure scene (hazards, etc.);
2. Ensure that all BLS procedures have been initiated (cervical support, ABC's, bleeding control, etc.);
3. Only then do you apply your AED to the patient and press the analyze button
4. If the patient has a non-shockable rhythm, continue CPR until the Paramedics arrives. However, if the AED prompts you to "analyze patient" / "check patient", you may re-analyze your patient until you get a non-shockable rhythm, at which time you will continue CPR until the Paramedic arrives;
5. If the patient has a shockable rhythm, follow your standard protocol.
6. Ensure that standard documentation of events at the scene is recorded on the Health Call Report (HCR). Also, ensure appropriate distribution of the completed chart as soon as possible to ensure the Program Coordinator receives the patient's chart within 48 hours of the call.

PREGNANT VSA PATIENT OPERATING GUIDELINES

GUIDELINES:

No change in protocol necessary. A pregnant woman should receive the same care as that of any other victim of sudden cardiac arrest. CPR and AED should be provided. Remember that you are attempting to save 2 lives. If available, place a pillow or rolled up towel under the right hip of the pregnant victim to improve blood return to the heart. The weight of the fetus (greater than 20 weeks gestation) can compress the major vein returning blood to the heart.



PACEMAKER OR INTERNAL DEFIBRILLATOR OPERATING GUIDELINES

GUIDELINES:

There is no change in protocol for these patients. However, if possible, do not apply defibrillator pads directly over the top of the pacemaker (incision site).

NOTE: If you see a small scar and a lump about the size of a matchbox on the person's chest, place the electrode pad at least 1" away.

MEDICATION PATCHES OPERATING GUIDELINES

GUIDELINES:

Some victims may have prescribed or over-the-counter medication adhesive patches. The patches release medication that is absorbed through the skin. People trying to quit smoking will wear nicotine patches and people who have angina will wear nitroglycerin patches. If a victim is wearing a medication patch that interferes with placement of the pads, remove the patch (wearing gloves) and wipe the skin dry before applying the pads. Avoid placing defibrillation pads over these devices.

ELECTROCUTION OPERATING GUIDELINES

GUIDELINES:

Victims of accidental electrical shock quite frequently go into ventricular fibrillation. These victims typically have nice healthy hearts that were shocked into a chaotic rhythm and do very well following defibrillation back into a normal rhythm.



OXYGEN ENRICHED ENVIRONMENT OPERATING GUIDELINES

GUIDELINES:

Using oxygen on a VSA patient that is being defibrillated may constitute a fire hazard.

The following procedure should be adhered to:

1. Just prior to shocking a VSA patient, remove the oxygen delivery device to a distance of at least 1 meter.

AGE/WEIGHT LIMIT OPERATING GUIDELINES

GUIDELINES: When a victim is less than 8 years of age or weighs less than 55lbs (25kg), the Zoll AED Plus should be used with Zoll AED Plus Paediatric Electrodes. Therapy should not be delayed to determine the patient's exact weight and age. Use only electrodes labeled infant/child on victims less than 8 years of age and less than 55lbs (25kg).

WATER AND METAL CONDITIONS: OPERATING GUIDELINES

GUIDELINES:

Using an AED in a wet environment can constitute an electrocution hazard.

The following procedure should be adhered to:

1. If the patient is in a wet environment (pool, tub, outdoors in the rain, etc.), remove the patient to a dry area;
2. If the patient is lying on a metal surface, remember safety and do not allow anyone to touch the metal surface while the victim is being defibrillated.
3. Thoroughly dry the patient's chest area prior to applying the defibrillation pads and shocking the patient.

Approved by: GREY COUNTY EMS, September 2010



POLICY AND PROCEDURE FOR PHYSICIAN ON SCENE

SUBJECT: Policy and Procedure for a Physician at the Scene of a VSA Call

REFERENCE: Grey County EMS

APPLICATION: All First Responder Personnel

PREAMBLE: To clarify the action which is to be taken by the first responder at the scene, in the event a physician is present; **ATTEMPTING TO ISSUE ORDERS** (deviate from standard protocols).

POLICY:

If the physician qualifies to assume responsibility, assist the Physician wherever possible. This will help to ensure control of the scene, equipment, and the patient.

PROCEDURE:

1. The first responder will, in the event of a physician at the scene issuing orders, give a brief explanation of how you function under the AED Medical Directive process, while continuing care of the patient.
2. The first responder will institute only approved clinical protocols, and/or orders based on standard practices.
3. If a request for a **“CHANGE IN PROTOCOL”** develops with the physician on scene, the first responder will require that the physician provide identification proving that he/she is:
 - **A MEDICAL DOCTOR**
 - **LICENSED TO PRACTICE MEDICINE IN ONTARIO.**
4. The physician must acknowledge that he/she is taking responsibility for the patient.
5. Document all details of the incident on your chart and ensure appropriate distribution of all copies.



NOTE: If the physician asks you to perform a task that is beyond your skill set, inform the physician that you are not trained to perform the task and clarify to the physician your abilities and role as an AED Site Responder.

POLICY AND PROCEDURE FOR A HYPOTHERMIC PATIENT

NOTE: If the person is hypothermic or there are signs that a person has been in a cold environment for a long period of time and reasons to expect that the person's core body temperature has dropped, don't give more than three shocks.

Approved by: Grey County EMS

Date: September 2010



POLICY AND PROCEDURE FOR DEALING WITH A DO NOT RESUSCITATE (DNR) ORDER PATIENT

SUBJECT: Policy and Procedure for the first responder to deal with a Do Not Resuscitate order patient.

REFERENCE: Grey County EMS

APPLICATION: All First Responder Personnel

PREAMBLE: To clarify the action, which is to be taken by the first responder at the scene, in the event that you are presented with a DNR Order for a patient that is VSA.

POLICY: Derived from and in accordance with the Ministry of Health's Policy & Procedure # 4.6, the following procedures must be followed:

PROCEDURE:

1. If at the scene of a VSA patient, a family member, friend, or nurse of the patient informs you of or presents to you, a DNR Order for the VSA patient, you must do the following:
 - Explain that you must practice to the level of your training and attempt to resuscitate the patient (it must be presumed that the family has changed their minds about the DNR order since they called 911);
 - If accepted, complete a thorough physical assessment and follow standard protocol;
 - If refused, do not force the issue... you must honour the requesters wishes;
 - The first responder must remain on scene until the Paramedics arrive.
2. Document all details of the incident on your chart and ensure appropriate distribution of all copies.

NOTE: Only a Paramedic or medical doctor on scene has the authorization to allow you to honour a DNR order as per the "Physician on Scene" policy and procedure.

Approved by: Grey County EMS

Date: September 2010



PROCEDURE FOR TRANSFER OF RESPONSIBILITY BETWEEN FIRST RESPONDERS, FIREFIGHTERS AND PARAMEDICS

SUBJECT: Procedure for Transfer of Responsibility from the First Responders Public Access Defibrillator (PAD) to the local Fire Department automatic defibrillator or the local Paramedics semi-automatic defibrillator.

REFERENCE: Grey County EMS

APPLICATION: All First Responder Personnel, Firefighters, and Paramedics

PREAMBLE: It is essential that transfer of information, equipment, and patient care occurs smoothly and quickly.

PROCEDURE:

When the First Responder arrives with their automatic PAD, the First Responder should:

1. Start the PAD protocol if the patient is in cardiac arrest
2. Continue their standard scene protocol until the Firefighters or Paramedics arrive
3. Retain your AED and call the Coordinator to ensure download of data and restocking of equipment
4. Document all details of the incident on your chart and ensure appropriate distribution of all copies

When the Firefighter arrives with their automatic defibrillator, the Firefighter should:

1. If no PAD has been applied, initiate standard scene protocol until the Paramedics arrive
2. If PAD has been applied, CPR is continued by current providers until advised to stop by Firefighter/EMS
3. The first responder provides a verbal report to the arriving Firefighter
4. The Firefighter will verify that the patient is VSA
5. The Firefighter/EMS will advise the first responder to remove the PAD and FIRE/EMS will apply their defib pads.

Approved by: Grey County EMS

Date: September 2010



PROCEDURE FOR THE CHECK-OFF OF THE PUBLIC ACCESS AUTOMATED EXTERNAL DEFIBRILLATOR

SUBJECT: Procedure for Checking Off the AED

REFERENCE: Grey County EMS

APPLICATION: All First Responder Personnel

PROCEDURE:

1. At the beginning of every shift or at least once per week, please complete the following procedures:
 - a) Observe the readiness display on or near the handle of the AED and ensure that the "OK" or "check mark" indicator is visible;
 - b) Examine the AED, case, accessory kit, connector cable, pad case, etc. for any foreign substances, damage, and/or cracks;
 - c) Ensure that the AED is equipped with 2 sets of defibrillation pads (1 set pre-attached to the AED) and 1 accessory kit (includes 1 razor, 2 gloves, 1 face shield, 1 small dry wipe, and 1 small pair of paramedic sheers);
 - d) Ensure that both electrode pads and the battery have not past the expiry date;
2. If no problems are noticed, return the AED to service.
3. If you suspect a problem with the AED, call the PAD Program Coordinator at 519-376-2228 ext 5040

NOTE: The AED does a self-test automatically every 24 hours. All AED's will be put through a preventative maintenance schedule on a yearly basis.

SEE APPENDIX 5 FOR MONTHLY CHECKOFF SHEET

Approved by: Grey County EMS

Date: September 2010



PROCEDURE FOR SUSPECTED PROBLEMS WITH THE AED, BATTERY, OR DEFIBRILLATION PADS

- SUBJECT:** Procedure for Suspected Problems with the AED, Battery, or Defibrillation Pads
- REFERENCE:** Grey County EMS
- APPLICATION:** All First Responder Personnel
- PREAMBLE:** To enhance the quality assurance program, and to ensure replacement of defective equipment, the following procedure must be followed when the first responder encounters suspected problems.

PROCEDURE:

1. A "LOW BATTERY" Prompt: Replace all batteries at the same time, press the Battery Reset Button when prompted and re-test the unit.
2. Defibrillation Pad Problems: Check expiry date and connection. Replace Pads and re-test unit.
3. Red "X" in status indicator window: Initiate manual self test by pressing and holding the ON/OFF button for more than 5 seconds. Check to see if cable is attached properly to unit or replace the electrodes. Cycle power on the ZOLL AED Plus unit by turning the unit off, then on again. Replace all batteries at the same time with new batteries. Press the Battery Reset Button when prompted. If unit still does not operate correctly, remove unit from service and fill out an action report (fax to W. Bieman).

SEE APPENDIX 7 FOR THE ACTION REPORT

Approved by: Grey County EMS

Date: September 2010



PROCEDURE FOR AED POST EVENT INFORMATION TRANSFER

SUBJECT: Procedure for AED post event information transfer.

REFERENCE: Grey County EMS

APPLICATION: All First Responder Personnel

PREAMBLE: This procedure is outlined to ensure the completion of patient care information provided by the first responder and AED data is distributed to the Program Coordinator.

PROCEDURE:

1. Upon completion of all VSA calls, ensure that a medical chart, with all pertinent call details on the particular call, using standard charting procedures, is completed. Distribution of the medical chart must be completed within 48 hours of the call as described below:
 - A copy of the chart is to be sent or faxed to the Program Coordinator:
Grey County EMS Address: 595 9th Avenue East Owen Sound, ON. N4K 3E3
Coordinator: Wendy Bieman: Fax: 1-519-376-3543
 - A copy of the chart is to be retained by the provider's Management/Organization.
2. Ensure that the chart has the attending first responder's name and signature for any call where the AED was used.
3. Re-stock all missing equipment (including pads and paper) and replace used battery with fully charged battery
4. The PAD coordinator will scan the AED to download all event files from the AED for the database.

SEE APPENDIX 6 FOR PAD CALL REPORT

Approved by: Grey County EMS

Date: September 2010



POLICY AND PROCEDURE FOR OBTAINING AND MAINTAINING CERTIFICATION BY A FIRST RESPONDER

SUBJECT: Policy and Procedure for Obtaining and Maintaining Certification by first responders

REFERENCE: Grey County EMS

APPLICATION: All First Responder Personnel

PREAMBLE: To define the policy and procedure for first responders to obtain and maintain their certification under the medical directive's set by the Grey County PAD Program.

POLICY:

A first responder will endeavour to meet the conditions set out below to obtain and maintain certification by the Grey County PAD Program in all policies, procedures, and protocols.

PROCEDURE:

Obtaining certification in the AED requires that the first responder comply with the following:

- Attend and successfully complete a CPR-C level certification
- Obtain an AED certification through Grey County PAD

Maintenance of certification in the AED requires that the first responder comply with all of the following:

1. Attend and/or comply with all scheduled Continuing Medical Education (CME) initiatives as identified below:
 - Review AED training video, CD ROM training program, or on-line training program every 6 months;
 - Attend re-certification session annually.
2. Demonstrate competency, as decided by the Program Coordinator, in the performance of the AED protocol.

Approved by: Grey County EMS

Date: September 2010





PART 3

THE APPENDIX

**PREPARED BY: GREY COUNTY EMERGENCY MEDICAL SERVICES
PUBLIC ACCESS DEFIBRILLATION (PAD)**

APPROVED BY: GREY COUNTY EMERGENCY MEDICAL SERVICES

DATE: October 2010

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APPENDIX 1



SITE COORDINATOR

CURRENT AED SITE COORDINATOR

SITE NAME: _____

NAME: _____

EMAIL: _____

PHONE: _____

ALTERNATE:

NAME: _____

EMAIL: _____

PHONE: _____

**IMPORTANT: IF CURRENT SITE COORDINATOR LEAVES SITE,
NEW SITE COORDINATOR INFORMATION MUST BE
FORWARDED TO GREY COUNTY PAD PROGRAM
COORDINATOR Fax 519-376-3543**

APPENDIX 2



CHANGE OF SITE COORDINATOR
INFORMATION FORM

SITE: _____

OLD SITE COORDINATOR'S

NAME: _____

NEW SITE COORDINATOR'S

NAME: _____

PHONE: _____

EMAIL: _____

**FAX TO GREY COUNTY EMS PAD PROGRAM
COORDINATOR: 519-376-3543**

APPENDIX 3



PAD SITE COORDINATOR MANUAL

Employee Certification Information:

Name	Employee Number	Cert. Date	Recert Date	Initials
SAMPLE	123456	April 06	April 07	DM

APPENDIX 4



AED INFORMATION

AED Location

Serial #

• _____

• _____

• _____

APPENDIX 5



AED MONTHLY CHECKLIST

MONTH: _____

MONTH	AED in READY Status	Responder kit in READY status	Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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21			

22			
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26			
27			
28			
29			
30			
31			

Please call 519-379-0258 if AED is not in working order

*****if unable to reach contact with above number, please phone:
519-379-4616*****

APPENDIX 6



PAD CALL REPORT

Date: _____ **PAD Site Team:** _____

Site Coordinator _____

Contact Number _____

AED Make _____ **Serial #** _____

Date of AED Incident (mm/dd/yyyy) _____

Time of AED Incident _____

Location of Victim _____

Name of Victim _____

Gender Male / Female **Age of Victim** _____ **Weight** _____

Responder 1 Name _____

Responder 2 Name _____

(Any other Responders on Scene) _____

Call Type Victim with Pulse _____ / Victim with no Pulse _____

AED Responder First at Victim ? YES / NO

AED Applied ? YES / NO

Of Shocks Administered by AED Responder _____

Change in Victim Status Following Shock(s) and OR CPR

Time of EMS Arrival _____

Status of Victim at Transfer of Care _____

Hospital Destination if Known _____

Comments _____

APPENDIX 7



ACTION REPORT

LOCATION _____

DESCRIPTION OF PROBLEM:

PERSON REPORTING PROBLEM _____

AED SERIAL NUMBER _____

DATE FAXED TO W. BIEMAN (519-376-3543) _____

FOLLOW-UP REQUIRED

AED REMOVED FROM SERVICE: YES NO

