This guide answers common questions for launching an AED program in your organization. The guide explores:

- Benefits of an AED
- Laws & Liability in Ontario
- Budgeting for an AED Program
- How to implement an AED Program

Contact the Lifesaving Society to learn more about starting an AED program in your facility.

The Lifesaving Society is a national, registered charity educating Canadians since awarding its first Lifesaving Society Bronze Medallion in 1896. Annually, over 800,000 Canadians participate in the Society’s swimming, lifesaving, lifeguard and first aid training programs – including Canada’s National Lifeguards.
BENEFITS OF AN AED

An Automated External Defibrillator (AED) is a small portable device that analyzes the heart’s rhythm and prompts the user to deliver a shock if needed. AEDs are specially designed for easy use by “first responders”, those who typically arrive first on the scene of a medical emergency.

- Sudden cardiac arrest can happen anywhere, anytime to people of all ages. A lifesaving shock of electricity must be delivered quickly to restore the heart’s normal rhythm and pump blood throughout the body. Defibrillation is the only effective treatment for sudden cardiac arrest caused by ventricular fibrillation.

- In Canada 35,000 to 40,000 people die each year from sudden cardiac arrest. Two of every three of these deaths occur outside the hospital.

- The Heart and Stroke Foundation of Canada says the use of an AED within the first 8 minutes of collapse increases survival rates. AED programs have shown that survival rates can rise to 30% or more when an AED program is in place. Each minute of defibrillation delay reduces survival by 10%.

- The best results for defibrillation occur in the first 3 minutes measured from the moment the victim collapses to when the defibrillation shock is delivered. On average it takes EMS teams an average of 6 to 12 minutes to arrive. That’s why having an AED readily accessible wherever groups of people gather makes good preventative sense. Unfortunately not every emergency vehicle carries a defibrillator, the only device that can treat sudden cardiac arrest. This almost requires that an AED unit be on-site anywhere groups of people gather and that trained responders are available.

- Office towers, golf courses, high-rise buildings, community centers, airports, casinos, manufacturing plants, schools, and shopping malls are all being equipped with AEDs.

- The Canadian Association of Emergency Physicians is calling for widespread public access to AEDs, which has the potential to be the greatest signal advance in the treatment for sudden cardiac arrest since the development of CPR.

AED Affiliate Members

- University of Toronto Faculty of Physical Education
- Sarnia-Lambton YMCA
- Mississauga Recreation Dept.
- Brantford Parks & Recreation
- Kirkland Lake Recreation Dept.
- Town of Whitchurch Stouffville
- London Recreation Dept.
- Markham Recreation Dept.
- Variety Village

And more…
LAWs & LIABILITY

AED units are a relatively new category of lifesaving equipment. Laws are evolving governing the use of AED units and vary from province to province but the general trend is towards making AED units more readily available to the general public.

- **Regulated Health Professions Act (RHPA):** The Lifesaving Society does not implement an AED program for Affiliates per se, but rather certifies candidates in achieving a specific level of skill and knowledge in the application of an AED through certification. Although the RHPA prohibits performance of controlled acts by those not specifically authorized to perform them, it does not apply if the person performing the act is doing so to render first aid or temporary assistance in an emergency. For example, if a passer-by sees someone in cardiac arrest in an airport and uses an automated external defibrillator to assist him or her, there is no breach of the RHPA. Although applying a form of energy prescribed in the regulations is a controlled act under the RHPA, it is not prohibited when done in an emergency. This means candidates certified with the Lifesaving Society are authorized to perform defibrillation in an emergency situation.

- **Good Samaritan Law:** This law protects individuals from liability when volunteering to help others in an emergency medical situation. However those who use an AED should be properly trained to perform electrical defibrillation. The Good Samaritan law does not apply to lifeguards and other employees who are paid to respond to emergencies.

- **Chase McEachern Act (Heart Defibrillator Civil Liability):** This Act protects individuals from liability for damages that may occur in relation to their use of an AED. It also protects owners and occupier of premises on which an AED in installed from liability for any harm that may occur in relation to the use of an AED, provided that the owner or occupier made the AED available for use in good faith without gross negligence and properly maintained the defibrillator. The protection does not apply where the premise is a hospital or other health care facility.

- **Risk Assessment:** Keep in mind that a victim who has suffered a cardiac arrest will die without defibrillation. There is no alternative but rapid and quick defibrillation for someone with no pulse. To date no organization or individual has been the target of legal action as a result of using an AED or having an AED program.
**BUDGETING FOR AN AED PROGRAM**

All AED Programs require an initial start up budget involving purchasing equipment and training responders. Ongoing costs are also required to maintain your equipment and ensure staff is prepared to respond to emergencies when they occur. Use the following checklist to help prepare your budget in launching an AED Program.

- **Equipment**: AED units and software vary among manufacturers (Philips Technologies, Medtronic Physio-Control, Cardiac Science, Zoll, etc). They typically cost $2,000 to $5,000 per unit.

  **AED simulators**: The ACTAR AED Training System (with cables, reusable electrode pads, audio training CD, booklet, and nylon carry bag) provides realistic AED sequencing including electrode pads placement and use of “Power-on”, “Analyze” and “Shock” buttons. Learners practice AED scenarios following a single set of AED voice prompts from your CD player. Scenarios include obstructed airways, puddle of water, transdermal patch, weak connection, and more.

  The system is versatile and allows you to use voice prompts from any AED unit to practice AED sequences. AED Instructors appreciate the benefits of overseeing students as they perform the scenarios together allowing for larger classroom teaching.

  **AED manikins**: The ACTAR D-fib manikin can be used for both child and adult compressions. No pistons, no elastics. ACTAR D-fib features a closeable airway and is designed to facilitate jaw thrust. With ACTAR D-fib you save time and hassle: no bleach soaking required and disinfection between users isn't necessary. ACTAR D-fib's disposable lung doubles as a face shield / barrier.


- **Certification Training**: The Lifesaving Society offers AED certification as well as AED Instructor and Trainer courses for your organization. CPR and Emergency and Standard First Aid courses include how to use and operate an AED unit. Many AED courses are listed in Find a Course at www.lifesavingsociety.com.

- **Miscellaneous**: Pocket masks, gloves, blankets, first aid kits, replacement batteries, scissors, and extra electrodes should also be in your budget.
How to Implement an AED Program

No two facilities or organization will implement an AED program in exactly the same way. Assign an AED co-coordinator to manage and tailor a program that works for your situation. The following checklist can help you launch your program.

- **Identify response team**: Determining who is likely to respond in an emergency will affect how and where AEDs are mounted or stored. The size and layout of your facilities also determine how many people you will want trained to respond.

- **Train response team and plan for refresher training**: All responders who might use the AED should take a course. Classes give responders the skill to use AEDs with confidence. Keep records of who was trained and when they need refresher courses. Some Affiliate Members have adopted the “train the trainer” approach, where staff becomes certified to instruct the training course.

- **Assess how many AEDs you need and where to place them**: The Heart and Stroke Foundation recommends defibrillation within 4 to 5 minutes. Consider highly visible locations, near expected responders, close to where the largest numbers of people spend their time, where people may be subject to strenuous activity.

- **Design policies and procedures**: If you already have an emergency response plan, integrate your AED program into it. This should include: who manages the AED Program; when the AED should be used and required training to use it; types and locations of AEDs and other equipment (gloves, masks, etc.); training and refresher training policy; process and schedule for checking and maintaining equipment; records that must be kept each time an AED is used; how to handle data recorded by the AED during use, and; what to do after an event such as downloading and transferring of data from the AED.

- **Promote your AED program**: An internal communication campaign will help people become familiar with your program and inform them how to alert trained responders if they witness a cardiac emergency.

- **Contact your local EMS**: Notifying your local EMS is good practice when implementing an AED program. This allows for coordinating protocols when responding to emergencies.