

Access to Defibrillation Conference Report

November 5-7, 1999
Ottawa, Ontario

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Introduction

The purpose of the Conference on Access to Defibrillation was to bring together national organizations in Emergency Cardiac Care to discuss the use of AEDs in Canada and determine a vision for the future. Specific objectives were to:

- update and educate participants about the current status of defibrillation in Canada;
- develop a national vision for public access defibrillation; and
- develop an action plan to achieve the national vision.

Sudden cardiac arrest is a major cause of death in Canada. Arrhythmias (abnormal heart rhythms) such as ventricular fibrillation cause most sudden cardiac arrests. Early defibrillation is the intervention that is most likely to improve survival rates. The time between onset of cardiac arrest and the performance of defibrillation is the major determinant for success of the resuscitation attempt. While cardiopulmonary resuscitation (CPR) can support circulation and ventilation in a victim of cardiac arrest for a short period of time, it is unlikely to convert ventricular fibrillation to a normal heart rhythm. Restoration of the rhythm requires defibrillation to be administered within a few minutes of the arrest.

Participants at the conference included advocates, AED/CPR instructors, ECC coordinators and volunteers, EMS distributors, Emergency medical technicians, fire departments, first responders, medical licensing authorities, nurse and nurse practitioners, paramedics, physicians, police, public health policy representatives, volunteer ambulance personnel and Workers Compensation Board representatives. A list of organizations represented is included in Appendix 1.

Presentations

The following presentations were given to participants, together with handouts, to fulfil the first objective:

Topic	Presenter
The Current Situation – It's a Question of Access	Dr. Michael Shuster
ECC and Access to Defibrillation – HSFC Perspective	Mr. Marc Gay
Columbia Ice Fields Save – A Case Study	Mr. Peter Symons
Community Defibrillation – the Windsor Casino Story	Drs. Curtis Fedoruk and David Patterson
Medico-legal Considerations for AED	Dr. Curtis Fedoruk

¹ HSFC Statement on Public Access to Defibrillation, October 6, 1997 (revised February 17, 1999).

National Vision

By 2003, defibrillation is widely available in the right place at the right time.

Guiding Principles

We believe that...

1. early defibrillation with AEDs is a safe, simple, essential and effective way to decrease morbidity and mortality from cardiac arrest;
2. the best AED policy development, planning and implementation is evidence based;
3. standardized training programs and systems developed through collaborative, community-based approaches prevent unnecessary duplication;
4. where there is legislation/regulation of AED use, it should enable rather than restrict access;

5. an authoritative, national voice is required for effective leadership and collaboration across the country;
6. AEDs can be used effectively by both targeted responders and bystanders; AED use should not be defined as a medical act.

Key Challenges

1. Accessibility and Availability of Machines
2. Legal and Regulatory Considerations
3. National Database
4. Public Awareness
5. Training of Targeted Responders and Bystanders.

1. Accessibility and Availability of Machines

Goal: to make AEDs accessible and available to as many Canadians as possible.

Item	Action	Accountability	Timeline
1.1	Working with partners, create a national action plan to increase accessibility and availability of AEDs.	HSFC ECC sub-cttee	February 2000
1.2	Implement the action plan.	HSFC ECC sub-cttee – implement at national and provincial levels.	February 2000 + ongoing
1.3	Evaluate the rates of accessibility of AEDs.	HSFC ECC sub-cttee	3 years + ongoing
1.4	Meet with AED manufacturers to discuss: <ul style="list-style-type: none"> • cost, • cable compatibility, • integrated national sales/service database • standardized and consistent audio and visual prompts in 	Manager, ECC, HSFC	Nov. 22, 99 at the Coalition meeting

	<ul style="list-style-type: none"> appropriate languages, simplified, easy-to-maintain designs. 		
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2. Legal and Regulatory Considerations

Goal: to remove legal and legislative barriers to the use of AEDs.

Item	Action	Accountability	Timeline
2.1	Develop a report describing current provincial/territorial positions on medico-legal status in relation to AED use.	Manager, ECC, HSFC	February 2000 (report to HSFC Board meeting)
2.2	Establish and maintain a section on HSFC website and post reference numbers on existing HSFC Infoline on legal issues/legislation/ regulations concerning AEDs in each province/territory.	HSFC ECC sub-cttee – approval Manager, ECC, HSFC – implementation	March 2000 where information is available; June 2000 – further information
2.3	Develop HSFC policy to work with provincial/territorial/ federal legislators and regulators to facilitate and improve access to AEDs by creating enabling legislation and regulations or removing restrictive legislation and regulations.	Director, External Relations, HSFC	March 2000
2.4	Identify champion(s) to lead advocacy for legal/regulatory change in each jurisdiction.	HSFC Health Promotion committee	June 2000

		ECC Coalition ECC	
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3. National Database

Goal: to generate a standardized, comprehensive, national database (using an open database structure) that captures established variables (examples: CQI, training, cardiac arrest outcomes) that can be linked easily with other existing and evolving evidence-based databases.

Item	Action	Accountability	Timeline
3.1	Develop an HSFC-driven work group to address actions 3.2 to 3.5.	Past-Chair, ECC Coalition	January 2000
3.2	Review the existing data and literature (e.g., on cardiac arrests) using standardized methodology (i.e., Cochrane Collaboration Review).	HSFC workgroup and Health Canada	TBD - ongoing
3.3	Examine cross-sectionally what data collection exists and what they are collecting across Canada (what is each province collecting).	HSFC workgroup	TBD - ongoing
3.4	Define exactly the predictor and outcome variables that should be collected to evaluate the utility of AED implementation, and establish this system nationally.	HSFC workgroup	TBD - ongoing
3.5	Implement a data collection system for evidence based research on outcomes of	HSFC workgroup	TBD - ongoing

	targeted responders and bystanders who perform AED.		
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4. Public Awareness

Goal: to create a National Public Awareness campaign about the value of AEDs, including specific approaches for various levels of responders.

Item	Action	Accountability	Timeline
4.1	Develop a plan for a national public awareness campaign.	ECC Coalition with HSFC Senior Staff	November 1999 – Press Release February 2000 – presentation to HSF Board
4.2	Secure funding for implementation and evaluation of the plan.	Manager, ECC, HSFC in conjunction with national corporate accounts	February 2000 Implementation - ongoing.
4.3	Recognize the special challenges faced in providing defibrillation to persons of varied cultural and linguistic backgrounds, to those living in rural and remote communities and to those with special needs.	All	Ongoing

Possible Communication Plan Components
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- AED information kit for national distribution
- an interactive page on HSFC web site targeted at the Canadian consumer; parallel web site for professionals.

- celebrity spokesperson,
- informational CD-ROMs and videos
- national newsletter targeting professionals and stakeholders or for sharing information, existing models, etc.;
- PSAs for events, success stories
- public awareness campaign focused on cost reduction and increased ease of use to facilitate access to defibrillation.;

5. Training for Targeted Responders and Bystanders

Goal: to prepare targeted responders and bystanders to recognize cardiac arrest and to use an AED.

Item	Action	Accountability	Timeline
5.1	Educate allied health care professionals and the public about the advantage of early defibrillation targeted responders and bystanders.	ECC Coalition	June 2000 – develop plan Implementation to be coordinated with release of guidelines
5.2	Develop standardized training guidelines for targeted responders.	HSFC ECC sub-cttee	January 2000
5.3	Ask national stakeholder groups to take the issue of access to defibrillation by targeted responders and bystanders back to their organization for consideration as a priority.	ECC Coalition	June 2000
5.4	Develop standardized guidelines for bystanders.	HSFC ECC sub-cttee	January 2000

CLARIFY MEANING OF TRAINING, I.E., TRAINING INCLUDES RETRAINING, IS SIMPLE AND CONSISTENT (ESPECIALLY MATERIALS NEAR AEDS) AND TAKE INTO ACCOUNT ALL LANGUAGES AND LEVELS OF LITERACY.

DEFINITIONS:

Automated external defibrillation (AED) is a safe and easy to use intervention that may be effectively administered by trained medical and non-medical personnel. AED is an efficient and effective means of achieving rapid defibrillation (q.v).

Bystander

Defibrillation

ECC

Targeted responders are defined as trained individuals with a responsibility to respond to cardiac emergencies, who act within a medically controlled system. Targeted responders may include nurses, paramedics, emergency medical technicians (emt), police, firefighters, flight attendants, security personnel, lifeguards, and others who provide first aid or "first response" in the workplace or community.

Atlantic

re. #1 -who has the AEDs and who actually uses them? What's the standard of training and retraining? Identify barriers to acquisition and training/retraining; get all groups with vested interest involved; cost: compatibility of equipment

RE 2 build on PR campaign and info kits; add regional perspective endorsed by national group; topics: breach of duty etc. Encourage them to get involved in removing restrictions

Accountability at the ECC level; give it to Bill Tholl

QC

Quebec ok on accessibility and availability/legal.

Lobby to have a one use, cheap defibrillator; 10 shocks and out; the disposable/recyclable defibrillator.

ON

designate PR coordinator and ? committee on how to address action steps in Ontario in conjunction with HSF

MB

disseminate information from conference and talk more with other provinces (Alberta and QC); good guide booklet on AED liability etc to take to authorities to break down barriers

SK

work with CPS and CMA to cut down the barriers; work EMS groups; lobby SH

Alberta/NWT/Nunavut

how to accommodate growth: web pages use, central registry at EMS

BC/Yukon

mechanism to carry out the plan; barriers: remote areas, workplace; review reg. act

AED TF will review current status for communities: accessibility, use.

NB?

BoD consultation re implementation; awareness campaign, esp. with professional associations; questions re national associations; influence govt; link with other cardiac issues and international scene; identify key people and natural leaders; training agency/other national initiative linkage; Stats Canada, LCDS; national database

Awards

May not be a direction to pursue; too narrow a focus; may demotivate people. Put dissenting comments on evaluation sheets.