

Automated External Defibrillation

Whose life will YOU need to save?



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AED Sequence

Automated External Defibrillation (AED) Sequence

- 1 Check for responsiveness (tap and shout).
- 2 If unresponsive, call 911 or your local emergency number and get AED.
- 3 Check Airway, Breathing, Circulation (ABC). Perform CPR until AED arrives.
- 4 Attach AED if no signs of circulation (signs of circulation include normal breathing, coughing, movement and/or presence of a pulse).
- 5 Stand clear of victim, press analyze.

No Shock Advised

Check for signs of circulation.
If no signs, do CPR for 2 minutes.

Stand clear, analyze**, no shock advised.
Check for signs of circulation.
If no signs, do CPR for 2 minutes.

Stand clear, analyze**, no shock advised.
Check for signs of circulation.
If no signs, do CPR for 2 minutes.

Continue CPR until trained
medical personnel arrive.

** Note: If shock advised at any time,
go to Shock Advised sequence.

Shock Advised

Stand clear. Shock.

Check for signs of circulation.
If no signs, do CPR for 2 minutes.

Stand clear, analyze, shock advised.
Stand clear. Shock.

Check for signs of circulation.
If no signs, do CPR for 2 minutes.

Stand clear, analyze, shock advised.
Stand clear. Shock.

Continue sequence until trained
medical personnel arrive.

* Note: If no shock advised at any time,
go to No Shock Advised sequence.



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The information contained in this publication has been reviewed by health professionals to ensure its suitability for this publication.

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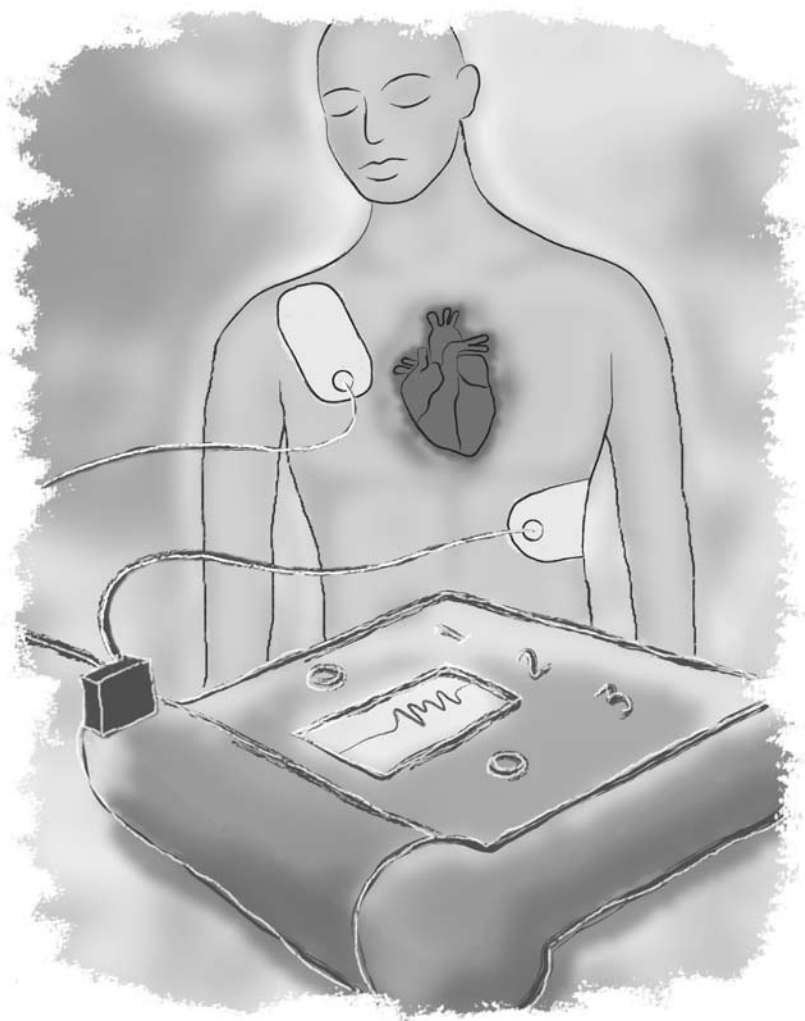
HSFM is dedicated to serving you. If you have any questions about heart disease, stroke or Emergency Cardiac Care, please contact the Heart and Stroke Foundation toll-free at 1-888-HSF-INFO, or visit our website at: www.heartandstroke.mb.ca.

Also refer to *Challenging Sudden Death: A Community Guide to Help Save Lives*. Catalyst Research and Communications Inc., Carmel, Indiana, USA, 1999.

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Executive Summary

Sudden cardiac arrest (SCA) can strike anywhere and at any time. It can happen to anyone: an employee in the workplace; a shopper in a mall; an athlete on the playing field; a spectator at an event; a traveler at an airport or in a plane, ferry or train; or a pedestrian on a busy street.

How prepared is your organization to deal with sudden cardiac arrest? Most communities and companies rely on a first aid attendant, staff member, or bystander to perform cardiopulmonary resuscitation (CPR) until Emergency Medical Services (EMS) arrive at the scene. **Combined with CPR, the use of an Automated External Defibrillator (AED) may increase the likelihood of saving a person's life by 75% or more over CPR alone.**

An AED is a small, portable, and easy-to-use device that assesses the heart of a person in cardiac arrest for a shockable rhythm. If such a rhythm is detected, the provider is instructed to press a button to deliver a shock or series of shocks to the victim's heart, stopping the heart to allow it to return to a normal rhythm. If no shockable rhythm is detected, then no shock is advised. No shock can be given even if the shock button is pressed. The provider must perform CPR until professional help arrives.

Until recently, only medical and paramedical staff used AEDs. However, the advent of safe and easy-to-use AEDs now makes it possible to extend the use of AEDs to people with little or no medical background. The training required is relatively brief and is usually delivered in conjunction with a CPR or Basic Life Support (BLS) course.

An AED program could be right for your organization or community if:

- It is a place where people gather for work or leisure.
- It is in a location that EMS cannot access quickly (within five minutes) because of long distances, heavy traffic, or building layout (for example, a high-rise or a large venue).
- It is a place where there are people at high risk for cardiac arrest, such as a seniors' centre.
- The health of workers, clients, or community members is an organizational priority.

To establish an AED program, your organization or community will need to consider the following:

1. a) Why you need a public access defibrillator (PAD) program and the involvement of HSFM?
b) Who will be the on-site program coordinator? Who will train staff? Who will maintain the unit?
c) What type of AED(s) will be purchased?
d) Where will the AED(s) be located and how will it be accessed?
e) When will training occur? When will maintenance and servicing be performed?
2. Who will be trained to use the AED? How will the training program be set up?
3. Who will oversee the AED program?
4. How will EMS be contacted in an emergency?
5. How can the AED program be integrated with other heart health programs such as education about healthy lifestyle choices and CPR training?
6. How will the program be funded?

AEDs combined with CPR or BLS offer the best chance at saving a life in the event of a cardiac arrest. If your organization is interested in an AED program, you can contact the Heart and Stroke Foundation of Manitoba office for more information.

Introduction

Sudden cardiac arrest (SCA) occurs when the heart unexpectedly stops beating effectively. SCA is a major cause of death in Manitoba. It can happen at any age, although most victims are over the age of 40. It can happen anywhere and anytime, but it usually happens in the home, workplace, or community, away from the advanced life support available in the hospital environment.

In sudden cardiac arrest, the heart no longer pumps blood to the brain. Without the oxygen and nutrients supplied by the blood, brain cells begin to die within minutes, and death soon follows. Cardiopulmonary resuscitation (CPR) can help maintain oxygenation and blood circulation, but unless defibrillation is performed quickly, survival is unlikely.

SCA is the most prevalent medical emergency today however it does not have to be fatal. For a few minutes before the heart stops completely, it usually goes into a rhythm called ventricular fibrillation (VF), a fluttering of the heart muscle. During VF, it is often possible to shock the heart back into a normal rhythm with a device called an Automated External Defibrillator (AED). The AED analyzes the heart's electrical activity through pads applied to the chest and determines if a shock might be effective. The window of opportunity for using an AED is small—defibrillation is more successful if performed within 5 minutes of the cardiac arrest. Studies show that the chances of survival decrease 7-10 percent with every minute that passes after the arrest.

An AED is a small, portable, and easy-to-use device. Adhesive pads connected by wires to the AED are applied to the person's chest. The AED detects the electrical activity of the person's heart and assesses the heart's rhythm. If the heart is in VF, the AED instructs the provider to press a button that delivers a controlled shock to the victim's heart. The shock stops the heart and allows it to resume a normal rhythm. **If the person is not in VF, then shock is not advised and cannot be given.** CPR should be continued until EMS or advanced life support arrives.

When an AED is immediately available and used effectively, the chance of survival from sudden cardiac arrest can increase by 75% or more over CPR on its own.

Although physicians have used defibrillators for years, recent advances in their design have made them safe and easy to use by people with

little or no medical background. This means that AEDs can be used by members of the public such as first aid attendants, security guards, teachers, coaches, recreational facility staff, and family members or caregivers of people at high risk for cardiac arrest. Firefighters, police, paramedics and other health care providers, as well as the general public can also use an AED.

In a few provinces, defibrillation is still seen as a medical procedure and programs must be overseen by a physician. Physician oversight is not necessary in Manitoba however, most provinces and territories have legislation that permits public access programs and legally protects anyone using an AED in an emergency situation. The Legislative Assembly of Manitoba passed Bill 201¹, The Good Samaritan Act, on December 6, 2006. This Bill protects a person who voluntarily provides emergency services, aid or advice to a victim of an accident or medical emergency unless gross negligence is a factor. Where legislation is not yet in place, initiatives are under way to change laws so that public access AED programs can be established wherever groups of people congregate, and where there are people at high risk of sudden cardiac arrest. The onus is now on organizations, communities, and companies to initiate AED programs.



¹ Please refer to Bill 201 for the complete Act.

The Chain of Survival™



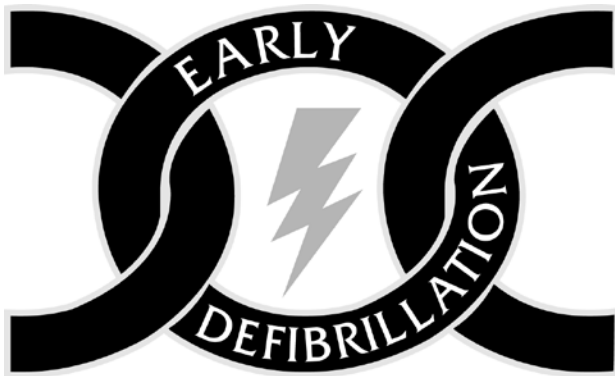
The Heart and Stroke Foundation of Canada (HSFC) established the Chain of Survival² to depict a systems approach to Emergency Cardiac Care. The seven links in the Chain of Survival are:

- **Healthy choices** in lifestyle can help reduce the risk of heart disease, stroke, and injury. Eight out of ten Canadians have at least one risk factor for heart disease or stroke, and one in ten have three or more.
- **Early recognition** of the warning signs for heart disease and stroke, and of illness and injury in infants and children, can reduce delays to treatment.
- **Early access** to emergency medical services (EMS) by calling 911 or the local emergency phone number brings trained medical help to the scene.
- **Early CPR** is started as soon as possible on a person who does not have visible signs of circulation (normal breathing, coughing, or movement) and has no pulse, to ensure that the vital organs receive blood flow and oxygen until professionals arrive.
- **Early defibrillation** shocks a heart that has stopped beating effectively and allows the heart to re-set to a normal rhythm.
- **Early advanced care** by trained health care professionals may be provided at the scene, on the way to the hospital, or at the hospital.
- **Early rehabilitation** following a critical event such as a heart attack or stroke may help the survivor, caregivers, and family face new challenges and returns the survivor to a productive life in the community.

² The Chain of Survival is a registered trademark of the Heart and Stroke Foundation of Canada

The Chain of Survival provides Canadian citizens with the best chance at preventing diseases that affect the blood supply to the heart and brain, and of surviving a heart attack or stroke should one occur. Early defibrillation is the most effective link in the Chain of Survival, but it is only one link in the Chain. An AED program should be part of a larger program to promote healthy lifestyle choices and support community initiatives to strengthen the other links in the Chain.

Early defibrillation is a safe, simple, and effective way to save lives. The likelihood that a person will survive a cardiac arrest involving VF decreases 7 to 10% with every minute that defibrillation is delayed.³ With increased access to AEDs, survival from sudden cardiac arrest can be increased by 75% or more over the use of CPR alone. Locations with a high incidence of cardiac arrest and an established AED program have reported “save” rates of up to 75%. The survival rate is even higher if an AED is used in the first few minutes after the arrest.



³ Guidelines 2005 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation 2005; 112(supplement): IV-1- IV 5.

What is HSFC doing to promote AED programs?

As the recognized Canadian authority on basic life support including CPR and AED, Heart and Stroke Foundation of Canada (HSFC) has taken on a leadership role in promoting and expanding access to defibrillation.

Cardiac arrest survival rates are increased if emergency response personnel are able to provide early access defibrillation. Unfortunately, quick EMS response isn't always possible, and even the best systems are subject to delays due to traffic, reduced access, vehicle availability, and the size of high rises and other venues. Early, effective defibrillation can also be achieved if an AED is available at or near the site of where the cardiac arrest occurs. To achieve early access to defibrillation, there must be widespread awareness of the need for and value of AED programs, increased access to AEDs in the community and in workplaces, and widespread AED training programs to ensure that there are appropriately trained people available to operate the equipment when necessary. AEDs are now available in many workplaces and communities, and are available to the public.

In October 1997, the Emergency Cardiac Care Subcommittee of HSFC approved a statement on Public Access to Defibrillation that supported AEDs as a safe and easy to use intervention that may be effectively administered by trained medical and non-medical personnel. HSFC also recommended that early defibrillation initiatives be implemented within the community Chain of Survival, and that family members or companions of individuals at high risk for a cardiac event be given the option to be trained to use AEDs.

In 1998, HSFC introduced a new training program entitled AED for Targeted Responders (individuals with a duty to respond in an emergency), and followed up with an instructor manual for the 4-hour course. The course included a nationally approved sequence for the use of an AED. This was subsequently adopted by other major training agencies in Canada.

In 1999, HSFC organized a conference, *Access to Defibrillation—A Vision for 2000—Strategies for Canada*, to bring together the stakeholders in the drive to increase access to defibrillation. Attendees at the conference included physicians, nurses, paramedics, ski patrol

members, firefighters, police, government representatives, Heart and Stroke Foundation affiliates across Canada, as well as all major training agencies, including St. John Ambulance, Canadian Red Cross, Canadian Ski Patrol and Lifesaving Society. The consensus of the conference was strong support for increased access to defibrillation and for education of lay rescuers regarding the importance of early defibrillation and AEDs.

Between 2000 and 2005, HSFC developed essential educational resources, both for those who take AED courses, as well as for all Canadians. Resources included printed and web-based information, public service announcements, public displays, and other educational material designed to increase public knowledge and access.

In 2006, HSFC launched new resuscitation training programs which integrated AED information and/or training into all CPR training programs. HSFC also produced workplace- and community-based standardized training programs and systems in conjunction with key stakeholders. An extensive range of courses are available to the public and professional healthcare providers. Other major training agencies are implementing similar programs. *In so doing, more than 1.5 million Canadians who take CPR courses annually will be exposed to, or trained in, how to use an AED.*

HSFC AED training programs will lead to increased familiarity with AEDs in communities and workplaces, and awareness by health professionals and the public of the importance of risk factors for heart attack and stroke, early recognition of the signals, early CPR, and early access to defibrillation. As each provincial College of Physicians and Surgeons and other regulators eliminate the barriers to rapid defibrillation, there is a need and an opportunity for corporations and communities to increase AED availability and access, thereby strengthening the Chain of Survival and improving AED access in Canada.

We expect that many others will join the list of locations where AEDs are already available. Canadian examples include airports, arenas, casinos, golf courses, government buildings, industrial sites, major airlines, the House of Commons, the Senate, Offices of the Solicitor General, many city halls and local government buildings, regional, provincial and national corporate offices. It is expected that this will quickly expand to include such venues as convention halls, large malls, all government buildings, all airports, and correctional institutions.

The Heart and Stroke Foundation of Manitoba supports legislation to facilitate AED programs. This includes The Good Samaritan Act legislation (Bill 201) which was adopted in Manitoba in December 2006. Good Samaritans are protected for attempting to save a life. This Act encourages Manitobans to provide assistance in an emergency situation when needed—free from fear of litigation when acting in good faith. Programs can be set up and AEDs and defibrillation in general should be available within five minutes of every workplace and community. HSFC’s strong support for wide access to AEDs and AED training is also reflected in HSFC’s national position statement on Public Access to Defibrillation, which is accessible on the HSFC website at www.heartandstroke.ca.



Why should your organization invest in an AED?

Whether your organization consists of a multi-site workplace, a whole building, or one floor of a building or a small office, you should consider the advantages of having an AED program.

The closer the AED and a trained provider are to the victim, the greater the chance of survival. *The implementation of an AED program may be the most cost-effective health investment and employee insurance program available to your organization.*

To find out whether your organization could benefit from an AED program, answer the following questions:

1. Are there barriers that would lead to a prolonged response time (more than five minutes)? For example:

- Multiple buildings
- High-rise office towers or large venue
- Heavy traffic
- Long distance between EMS station and site
- Restricted areas that would make access difficult
- Extreme weather conditions

2. Is there a high risk of someone having a cardiac arrest? For example:

- Large number of people: The more people in a workplace, the more likely the occurrence of a sudden cardiac arrest. Estimate about one cardiac arrest for every 100,000 life-years. To calculate the number of life-years, multiply the number of people at the location by their average age. For example, a workplace with 2,000 people and an average age of 40 years (80,000 life-years) can expect at least one incident of sudden cardiac arrest in the workplace each year.
- Various people are at high risk for sudden cardiac arrest: some people are at higher risk for heart disease—for example, the elderly, people who have high levels of stress, and those who have several risk factors for heart disease such as smoking, lack of physical exercise, poor eating habits, and hereditary factors.

Remember that **any** organization with a commitment to employee and client health, motivation, and support from administration can implement an AED program. However, some communities are not set up to support an AED program. The earlier links in the Chain of Survival, particularly an efficient EMS system, should be in place before adding the early defibrillation link through an AED program. Check with your local EMS representative to find out whether your EMS system will be able to support your program. If not, your organization may want to consider initiatives to lobby for improvements to your local EMS system.

Getting started

Your first step should be to designate an individual to contact HFSM for advice, guidance and information on AEDs. Next, organize an AED committee or task group for your organization. The committee can be any size, but should include motivated individuals who will work together to implement the AED program. Representatives from various levels of your organization should be involved.

Before making any major decisions about the program, the committee should consider the following:

- What are the health **priorities** of the organization?
- What **decision-making process** will be used to decide whether to purchase the AED(s)?
- What are the **expectations** of how the program will work within the organization?
- What **barriers** currently exist to implementation of an AED program?
- Is there internal **support** from the administration and/or key groups for an AED program?
- How will the success of an AED program be **evaluated**?

Once these issues have been addressed, the AED committee should formulate a plan for the AED program. When planning an AED program, there are many things to consider. The more complete the program, the more effectively it should work. Although the purchase of an AED is essential to the program, all elements of an AED program must be in place if it is to be successful. The six essential elements of an effective AED program are:

1. **The AED**
2. **The Rescuers**
3. **The on-site AED Program Coordinator or Medical Director**
4. **The EMS System**
5. **The Chain of Survival**
6. **Funding**



The AED

Decisions will be needed regarding the type and number of AED(s) to be purchased, where they will be located, how they will be accessed and who will provide training, maintenance, and servicing.

What type of AED(s) will be purchased? How many? Which location(s)?

The selection of the best type of AED for your organization will depend on a variety of factors, such as budget, storage, and training. A variety of models are available on the market, and can be purchased for under \$5,000. The list of AED manufacturers currently approved by Health Canada can be found on the Heart and Stroke Foundation of Manitoba (HSFM) website (www.heartandstroke.mb.ca).

The number of AEDs to be purchased and where the AED(s) should be located depend on a number of factors such as the population you are serving (number of workers, clients, and others, and level of risk); how quickly EMS can get to all parts of your worksite(s) or community venue(s); and any barriers to accessing an AED, such as size, location and physical plan of the site.

How will the rescuers access the AED? Is the location secured?

Rescuers will need quick, easy access to the machine. In some locations, security may not be a problem, but for many locations, some form of security may be required. This security should not prevent rescuers, including non-staff members, from accessing it. For example, at an outdoor sports venue, an amateur coach or bystander may be the closest person at hand in the event of an emergency. The availability of an AED should be clearly marked, and plans should be in place for accessing the equipment.

How much will the program cost?

The costs associated with an AED program are discussed in “Funding”, page 20.

How will the unit(s) be maintained?

Decisions should be made as to who will maintain the AED, and how often maintenance should be done. AEDs must be checked routinely to ensure they are always working properly. Malfunctions can happen because of poor maintenance, expired pads or dead or low batteries. The manufacturer's instructions will indicate how often maintenance is required. Some AED units also perform routine self checks and sound if a problem is detected.

Depending on the size of the organization and the level of risk of the people involved, the AED may be needed once a month, once in five years or not at all. However, when defibrillation is needed, it may be the person's only chance of survival and without it, a person whose heart has stopped beating effectively is likely to die.



Rescuers

There are key decisions that will need to be made, such as who will be trained to use an AED, and how the training program will be set up. An AED by itself cannot help anyone—there must be rescuers trained to use it properly. Although traditionally the rescuers have been medical personnel, AEDs are so user-friendly that almost anyone can learn to use them effectively.

Who and how many persons will be trained to use the AED(s)?

To decide who will benefit from training, consider who is most likely to be nearby and available to respond in an emergency. With enough resources, the entire community or staff could potentially be trained, and in many organizations, they are. However, for programs with limited resources, this may not be an option. If you cannot train everyone, you will need to decide how many trained individuals the program needs, and how these individuals are going to be selected. There needs to be at least one person designated as the on-site AED Program Coordinator who will be the contact person for the AED program and responsible for maintenance of the device as well as coordinating staff training. If you currently have people trained in first aid and CPR, they may be the most appropriate candidates. Keep in mind that the

AED-trained rescuer(s) needs to be easily and quickly contacted in an emergency, and must be able to arrive at the scene with the AED in five minutes, but preferably sooner.

How will the AED-trained rescuer be contacted?

Information must be widely available as to how to quickly contact an AED-trained rescuer in an emergency.

Who is responsible for contacting EMS in an emergency?

Information should also be widely available about contacting EMS in an emergency. Who is assigned this responsibility depends on how the organization works. It could be the person who observes the incident, the AED Program Coordinator or first aid attendant, a manager, a support staff member, or a bystander.

How will people be trained to use the AED(s)?

Training helps to ensure that the AED is used properly to give the person the greatest chance of survival. Rescuer training should include CPR and AED training. A demonstration or orientation to a specific AED is helpful, but it does not replace complete training for the proposed AED users.

CPR and AED courses provide the training required for rescuers. A range of courses are available to meet the needs of rescuers dependant upon their role in an emergency. For further information, your provincial HSF Resuscitation or AED Program Coordinator/Manager can provide you with information regarding CPR and/or AED courses that would suit your needs. Call your provincial Heart and Stroke Foundation office for more information at 1-888-HSF-INFO (1-888-473-4636). In Manitoba, call direct at (204) 949-2000.

After an AED is used, who will collect information about what happened and the outcome?

To improve your own program, it is important to collect information about every rescue attempt. Your AED Program Coordinator may be the most appropriate person to fulfill this role.

- 1) Contact the HSFM AED Program/Resuscitation Manager to report the use of the AED device and to complete any required paperwork (i.e., Rescue Attempt Form).
- 2) Contact your AED training agency to ensure that your AED device is properly serviced and maintained. Servicing, maintenance and downloading of event information is required, which is forwarded to the medical director of EMS and/or the designate assigned to the site itself.
- 3) Ensure that maintenance of the AED device is done as promptly as possible, ensuring that the batteries are in good working order, and that you have two sets of pads.
- 4) Contact the company from which it was purchased to report the use of the AED device (as applicable).
- 5) If you are required to order your own replacement batteries, pads or other supplies, contact the manufacturer directly.
- 6) Notify your building supervisor and/or management team as applicable.
- 7) Facilitate in-house debriefing for all AED trained rescuers, bystanders, staff members or volunteers who had been involved in the rescue attempt.
- 8) Assess the effectiveness of the AED training and evaluate the need for training of additional staff or re-training of current AED trained rescuers.

If you are not sure of the process to follow, please contact the HSFM's AED Program/Resuscitation Manager at (204) 949-2000 or toll free at 1-888-HSF-INFO (1-888-473-4636).



Program Coordinator or Medical Director

A Medical Director is **not** mandatory in some provinces. The Heart and Stroke Foundation recommends that **all** community and corporate AED programs have physician oversight or a designated on-site AED

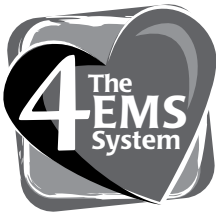
Program Coordinator. Check with your provincial AED or Resuscitation Program Manager with HSFM or Director of EMS for the requirements in your province. **In Manitoba, the use of an AED is NOT considered a medical act, and does NOT require a Medical Director.**

Who will ensure that people trained to use the AED maintain their skills?

The on-site AED Program Coordinator is a person who works for or is involved in the facility or community where the AED Program is being set up. This person is the key contact person who has a vested interest in the program.

The on-site **AED Program Coordinator** has several key responsibilities:

- Ensuring that the Heart and Stroke Foundation is notified of the AED on-site and is included on the HSFM AED Main Registry;
- Ensuring that rescuers are properly trained in CPR and AED use and that a training program is in place to ensure their skills are maintained and current;
- Ensuring that the AED program is coordinated with the local EMS system;
- Ensuring that the AED is properly maintained by designating people to regularly check and maintain the AED unit;
- Following up after the AED has been used;
- Serving as an advocate and spokesperson for early defibrillation and the AED program.



Emergency Medical System (EMS)

The EMS system (ambulance, fire, police, etc.) is responsible for delivering emergency care in your community and is a key element of your AED program. As a link in the Chain of Survival™, early access to EMS plays a critical role in any medical emergency.

Who will contact HSFM to have your AED placed on the AED Main Registry?

An on-site AED Program Coordinator should be assigned the responsibility of serving as liaison with HSFM and local EMS. HSFM strongly recommends that all AEDs are registered on the AED Main Registry. HSFM's AED and Resuscitation Program Manager maintains this registry. Your information is confidential and will only be shared with local and rural EMS. In an emergency, EMS dispatchers need to be able to confirm with the emergency personnel that there is an AED on-site or in close proximity. The EMS system will also be able to tell you of any local requirements for AED programs.



Chain of Survival™

To maximize its effectiveness, the AED program should be integrated with other heart health programs such as CPR training and education about healthy lifestyle choices.

Additional components of the Chain of Survival which can be incorporated into a program include:

Healthy choices

A health program that promotes healthy lifestyle choices such as being smoke-free, knowing and controlling your blood pressure, eating a healthy low-fat diet, being physically active, and taking the time to relax.

Early recognition

An information program about the signals of heart attack, sudden cardiac arrest, and stroke, and knowing when and how to get help.

Early access

Ensure that everyone knows when and how to access the EMS system by calling 911 or their local EMS number.

Early CPR

CPR training for everyone.

Prior to implementing an AED program, consider the following:

- Where is the location? What is the age of population that is frequenting your location?
- Will an educational program aimed at teaching the warning signs of heart attack, sudden cardiac arrest, and stroke be offered? Who will organize it, and how will people be encouraged to attend?
- Will an educational program aimed at teaching awareness of the AED program and the local emergency number be provided?
- Will a CPR program be offered? Can it be offered to the entire organization? Who will do the training? When and how often will this be done?
- What is the cost? Where will the funding come from?
- What type of maintenance and servicing does an AED require? Who provides this service? What is the cost for this?
- Who will maintain the list of persons trained in CPR/AED and ensure their skills are current and up-to-date as per HSFC guidelines?



Funding

Community and workplace AED programs have the potential to save lives. Before such programs can be implemented, the issue of funding has to be addressed. For some communities or corporations, funding may not be an issue. To help those in need of funding, this section provides basic information about how to secure funds for your community or workplace AED program.

How much funding will your program require?

List all costs in your budget, including:

- Initial cost of AED device(s).
- Number of locations to be serviced.
- Other equipment costs (replacement adhesive pads, batteries, and accessory kits).
- Annual AED maintenance, servicing, and any applicable insurance costs.
- Annual AED training costs for staff.
- Annual salary costs of program personnel (if any).
- Event documentation costs.
- Quality assurance costs.
- Cost of any other community/workplace initiatives such as CPR/AED training, first aid training, and heart health programs.

- **What are the potential funding sources?**

Some community/workplace AED programs receive funding from local emergency services. Municipal governments and local health care agencies are two other common funding sources. Additional funding is often needed to meet program costs. Sources might include:

- Government funding and/or grants.
- Local corporations and industries.
- Local civic organizations (e.g., Lions Club, Kiwanis Club, or the Legion).
- Private foundations.
- Public charities.
- Local fund-raising events.

What's next?

With all six elements in place and funding secured, the final step is to implement the AED program. Congratulations on making a commitment to the health and well-being of your community or workplace, workers, and their families!

If you would like some assistance with your program, contact the Resuscitation and AED Program Manager at your provincial Heart and Stroke Foundation office at 1-888-HSF-INFO or within Manitoba at (204) 949-2000. We may have suggestions or resources that will assist you in developing your program and supporting your commitment to saving lives.

We wish you great success in setting up your AED program.

Automated External Defibrillator (AED) Manufacturers/Suppliers

Approved by Health Canada

The following companies have Health Canada approval for an AED (or multiple AEDs). The Heart and Stroke Foundation of Canada (HSFC) does not recommend or endorse specific products of any single manufacturer or distributor. HSFC encourages you to contact each company to describe your needs, obtain product information and find out how they can help you establish your AED program. Licensing information about specific AEDs may be checked through the Health Canada Medical Device Active Licensing List. Visit their website at www.mdall.ca.

Please contact the Heart and Stroke Foundation of Manitoba's head office at (204) 949-2000 to confirm current Manitoba AED distributors.

Cardiac Science Corporation

Manufacturers of Powerheart®

Distributor: Fastec Medical Inc.

820 Long Drive, Burlington, Ontario L7T 3J9

Phone: (905) 634-1218, Website: www.powerheart.com

Defibtech Manufacturers of Lifeline™/ReviveR®™

Distributor: SOS Emergency Technology

160 Tycos Drive, Toronto, Ontario M6B 1W6

Phone: (416) 789-7689, Website: www.defibtech.com

HeartSine Technologies

Manufacturers of Samaritan® (SAM PAD)

Distributor: Rescue 7 Inc.

245 Riviera Drive, Markham, Ontario L3R 5J9

Phone: (905) 474-0770, Website: www.rescue7.net

Laerdal Medical

Suppliers of HeartStart®

151 Nashdene Road, Unit #45, Toronto, Ontario M1V 4C3

Toll-free: 1-888-LAERDAL

E-mail: savelives@laerdal.ca, Website: www.laerdal.ca

Philips

Manufacturers of HeartStart®

281 Hillmount Road, Markham, Ontario L6C 2S3

Toll-free: 1-800-291-6743, Website: www.medical.philips.com/heartstart

Physio-Control / Medtronic of Canada Ltd.

Manufacturers of Lifepak

6733 Kitimat Road, Mississauga, Ontario L5N 1W3

Toll-free: 1-800-895-5896, Website: www.physio-control.com

Welch Allyn

Manufacturers of AED-10TM & AED-20TM

160 Matheson Boulevard East – Unit #2, Mississauga, Ontario L4Z 1V4

Toll-free: 1-800-561-8797, Website: www.welchallyn.com/medical

ZOLL Canada

Manufacturers of AED Plus® & AED PRO®

1750 Sismet Road – Unit #1, Mississauga, Ontario L4W 1R6

Toll-free: 1-866-442-1011, Website: www.zoll.com

Notes





**HEART &
STROKE
FOUNDATION
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Finding answers. For life.

Heart and Stroke Foundation of Manitoba

6 Donald Street, Winnipeg, MB R3L 0K6

Winnipeg: (204) 949.2000

Brandon: (204) 571.4080

Toll-Free: 1.888.473.4636

heartandstroke.mb.ca



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