



Field Services/Risk Control

AEDs

While the numbers vary depending on the source material, data shows that in the United States alone, approximately 250,000 people die each year from sudden cardiac arrest. According to the Occupational Safety and Health Administration (OSHA), sudden cardiac arrests at work account for as many as 10,000. Of that number, OSHA reports that waiting for the arrival of emergency medical personnel results in only 5 to 7 % survival. Immediate defibrillation reflects up to a 60% survival rate one year after sudden cardiac arrest. It cannot be much clearer. AEDs or Automated External Defibrillators save lives.

Sudden cardiac arrest can occur from external causes like electrocution, or from asphyxiation due to loss of consciousness and death resulting from inadequate oxygen, as might happen in a confined space. It can also strike when ventricular fibrillation occurs or when the heart stops beating and can happen without warning even to people with no prior history of heart disease.

There are a number of reasons we should think about making AEDs available in various workplaces, schools, camps or other facilities, and possibly even some churches. In some cases we may even have a legal obligation under “duty of care” to provide AEDs. Lawsuits have been filed against airlines, health and sport facilities and theme parks for failing to have AEDs. Among other things, consider the following:

- The potential for workers to suffer sudden cardiac arrest on the job: type of work performed, environmental conditions, and age, fitness and stress levels of employees.
- The potential for a visitor to suffer sudden cardiac arrest while on our premises for business purposes, including conferences or other meetings or attending services and special programs, or shopping at the ABC.
- The potential for cardiac arrest to students, campers or others during sports or other strenuous activities.
- The installation of an AED in a facility can save valuable treatment time and increase survival odds by allowing prompt treatment before the arrival of emergency medical services.
- Heart rhythm in ventricular fibrillation may only be restored to normal by electric shock.
- The AED is compact, lightweight, portable, and battery operated, and is safe and easy to use.

The addition of AED equipment at a facility basically becomes an extension of an organization’s first aid program and requires some minimal financial outlay along with additional training. Authorization for purchase and operation of an AED must also come from a prescribing physician; and, AEDs must be inspected, maintained and operated per manufacturer’s specifications and state or local laws, which can be more restrictive.

Overall, training will ensure that first aid responders:

- Recognize sudden cardiac arrest and notify EMS personnel;
- Perform cardiopulmonary resuscitation (CPR);
- Provide early defibrillation with an AED; and
- Care for the victim until EMS personnel arrive.

Consider the following when making AED equipment part of your program. Install AEDs:

- In locations that ensure response within three to five minutes;
- In areas where many people work closely together (assembly lines, office buildings);
- In close proximity to a confined space;
- In areas where electric-powered devices are used;
- In outdoor worksites and activity areas where lightning may occur;
- At health units where employees, students or visitors may seek treatment for heart attack symptoms;
- In sport and outdoor activity areas, fitness centers and cafeterias; and
- At remote construction sites and other similar operations.

Document maintenance and use of the AED equipment as required by the manufacturer and other applicable standards, and contact local EMS when acquiring an AED to ensure all local and state regulations are followed.