White Paper
Use of Automatic External Defibrillators by OHCA’s Member Facilities

The Ohio Health Care Association supports and advocates the use of Automatic External Defibrillators (AEDs) in member facilities. AEDs save lives. According to OSHA, survival rates for out-of-hospital cardiac arrests are only 1 to 5 percent. Treatment with immediate defibrillation can result in greater than a 90 percent survival rate in the average population. The purpose of this document is to provide OHCA members with information about AEDs, and to provide guidelines and references to assist our members with information needed to establish policies for their use.

Background
According to the U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) sixty-one million Americans have cardiovascular diseases resulting in 1 million deaths annually. One third of these deaths are due to sudden loss of heart function (cardiac arrest). Cardiac arrest is most often due to an abnormal chaotic heart rhythm called “ventricular fibrillation”, which if treated early with an electric shock (defibrillation), can result in an increased survival rate. With each minute of delay in defibrillation, approximately 10 percent fewer victims survive.

In 1990, the American Heart Association (AHA) called for innovative approaches to reduce the time to initiate cardiopulmonary resuscitation (CPR) and defibrillation, and launched a public health initiative to promote early response by trained laypersons in the community. AHA advocates the use of AEDs for first responders, and also supports the use of AEDs in public places such as airports, shopping malls, casinos, office complexes and sports arenas.

An AED is a computerized medical device that can check a person’s heart rhythm and recognize a rhythm that requires a shock. They are designed to be accurate and user friendly. There are versions that prompt the rescuer to deliver a shock, and versions that deliver the shock automatically when appropriate.

Considerations
OHCA advocates the voluntary adoption of Automatic External Defibrillators by member facilities; however, the decision of whether and how to implement such devices must be made by each individual member organization. To assist members in making those decisions, OHCA offers the following non-exhaustive list of important considerations:

1. Legal Considerations
   a. Ohio Revised Code §3701.85, (http://codes.ohio.gov/orc/3701.85) Duties of a possessor of automated external defibrillators, states that persons who possess an AED must do all of the following:
      i. Require expected users to successfully complete a course in AEDs and CPR that is offered or approved by the AHA or another nationally recognized association;
      ii. Maintain and test the AEDs according to manufacturer’s guidelines;
      iii. Consult with a physician regarding compliance with the requirements of (i) and (ii); and
      iv. Notify an emergency medical service organization of the location of the AED(s).
   b. The U.S. Food and Drug Administration (FDA) has the power to oversee the manufacture and sale of AEDs because they are medical devices. Thus, FDA medical device reporting rules must be followed. For more information, see: http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm
   c. Rules promulgated by the Ohio Board of Nursing suggest that registered nurses and licensed practical nurses must provide appropriate “recognition, referral or consultation, and intervention” when a complication arises, registered nurses have a duty to treat residents with an AED if appropriate. Refer to OAC§ 4723-4-03 (C) and 4723-4-04 (C).
   d. Refer to the Good Samaritan Law in Ohio §2305.23 at http://codes.ohio.gov/orc/2305.23 and http://codes.ohio.gov/orc/2305.235
2. **Purchase Considerations**
   a. The AHA does not recommend any one specific device. It encourages potential buyers to consider all models and make a selection based on the buyer’s particular needs.

   b. Consult with local EMS agency to see if they recommend a specific device.

   c. The cost of AEDs currently varies from approximately $1500 to $4000.

   d. AED recalls are a possibility. Access the FDA website at [http://www.fda.gov/opacom/7alerts.html](http://www.fda.gov/opacom/7alerts.html) that lists all recalls. Manufacturers are also responsible for notifying their clients of all recalls.

   e. Routine maintenance per the manufacturers’ recommendation is required and must be monitored.

   f. Children over 8 years old can be treated with a standard AED; however, AHA recommends that pediatric attenuated pads be purchased separately, for children 1 to 8 years of age.

   g. Providers should contact their insurance providers prior to purchase of an AED to assure they have adequate insurance coverage for the use of an AED.

3. **Policy Considerations**
   a. When AEDS are placed in the community, a business or a facility, the AHA strongly encourages that they be part of a defibrillation program. The AHA encourages the following elements be part of a defibrillation program:
      i. Notification of the local EMS office of the existence and location of AEDs on the premises.
      ii. Assignment of a program coordinator to be responsible for the day-to-day activities of the program.
      iii. The support of key decision makers at the facility-physicians, directors of nursing, administrators.
      v. Physician oversight of the program to ensure appropriate maintenance and use of the AED(s).
      vi. Training for everyone in CPR and the operation of the AED(s) through the AHA Heartsaver AED course (call 1-800- AHA-4CPR)

   b. Determine the appropriate number of AEDs needed and their location within the facility.
      i. Consider who is going to retrieve the AED and develop a response plan.
      ii. All staff must be aware of the location of all AEDs in the facility.
      iii. Determine the appropriate response time. (This will help determine where the AED should be located in any facility. Studies have shown that AEDs should be used within 3 minutes.)
      iv. Have an adequate number of extra pads available at all times.

   c. Adopt a formal written policy to govern the implementation and use of AEDs, which addresses at least the following:
      i. Staff education and training.
      ii. Location of all AEDs.
      iii. Response protocol.
      iv. Routine maintenance checks, troubleshooting and self testing procedures.

**Additional Information**
OHCA encourages its members to seek out additional information regarding AEDs. Some sources that we have identified with helpful information are:
- American Heart Association: [http://www.americanheart.org/presenter.jhtml?identifier=10000015&q=AED&amp;x=0&amp;y=0](http://www.americanheart.org/presenter.jhtml?identifier=10000015&q=AED&amp;x=0&amp;y=0)
  - [http://www.heart.org/HEARTORG/CPRandECC/CorporateTraining/AEDResources/AED-Programs-Q-A_UCM_323111_Article.jsp](http://www.heart.org/HEARTORG/CPRandECC/CorporateTraining/AEDResources/AED-Programs-Q-A_UCM_323111_Article.jsp)
  - [http://www.heart.org/HEARTORG/CPRandECC/CorporateTraining/HeartsaverCourses/Heartsaver-CPR-AED---Classroom_UCM_303776_Article.jsp](http://www.heart.org/HEARTORG/CPRandECC/CorporateTraining/HeartsaverCourses/Heartsaver-CPR-AED---Classroom_UCM_303776_Article.jsp)

*Updated January 2013*