

Heart and Stroke Foundation

Frequently Asked Questions - Heart & Stroke Foundation of Canada National AED Program

Q: What is an AED?

A: The automated external defibrillator (AED) is a computerized medical device that can check a person's heart rhythm. It can recognize a rhythm that requires a defibrillation shock and advise the rescuer to deliver the shock if needed. The AED uses voice prompts, lights and text messages to tell the rescuer the steps they need to take. AEDs are very accurate and easy to use. With a few hours of education, anyone can learn to operate an AED safely. There are many different brands of AEDs, but the same basic steps apply to all of them. We do not recommend a specific model.

Q: What is public access to defibrillation?

A: Public access to defibrillation (PAD) means making Automated External Defibrillators (AEDs) available in public and/or private places where large numbers of people gather.

Q: Why is PAD Essential to Our Community?

A: Every year in Canada about 35,000-40,000 citizens die from sudden cardiac arrest (SCA) before they reach a hospital. SCA strikes people of all ages and various degrees of fitness. It usually happens without warning. Many of these victims can be saved if citizens are prepared to quickly phone 9-1-1, begin CPR and provide defibrillation within three minutes of collapse. The goal of an organized PAD program is to better prepare the public to deal with SCA prior to the arrival of Emergency Medical Services (EMS). This is essential in improving the Chain of Survival within our community.

Q: What is the Heart and Stroke Foundation of Canada's position on placement of AEDs?

A: HSFC supports placing AEDs in targeted public areas such as sports arenas, recreational centres, shopping malls, municipally owned golf courses and libraries to give a few examples. When AEDs are placed in the community, a business or facility, the HSFC strongly encourages that they be part of a defibrillation program in which:

- Persons that acquire an AED notify the local EMS office.
- A detailed quality assurance and improvement program be established and that the site be linked to an expert in PAD (i.e. local EMS, physician etc.)
- Persons responsible for using the AED are trained in CPR and how to use an AED (i.e. Heart Saver AED program).

Q: What is the criteria for PAD?

A: Any place where a cardiac arrest has occurred in the past 5 years predicts a cardiac arrest in the next 5 years. Any place where 200 people gather per day or has a 1,000 people per week with an average age of 50, predicts a cardiac arrest within 5 years. Any community events that have 5000 citizens with an average age of 50 predicts a cardiac arrest within 5 years. Finally, any barriers that increase the response time for fire/EMS (i.e. high rise complex, physical barriers, gated security, and the rural community increases the need for a PAD program).

Q: Why is notifying the local EMS office important?

A: It is important for the local EMS system to know where AEDs are located in the community. In the event of a sudden cardiac arrest emergency, the 9-1-1 dispatcher will know if an AED is on the premises and will be able to notify the EMS system as well as the responders already on the scene.

Q: Why should people who are responsible for operating an AED receive CPR training?

A: Early CPR is an integral part of providing lifesaving aid to people suffering sudden cardiac arrest. CPR helps to circulate oxygen-rich blood to the brain. After the AED is attached and delivers a shock, the typical AED will prompt the operator to continue CPR while the device continues to analyze the victim.

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Q: What steps should my community/organization take to obtain one of the AEDs made possible through the BPF contribution?

A: The Boston Pizza Foundation is making available 200 AEDs to be placed in communities of greatest need, across the country. The Heart and Stroke Foundation consults with provincial EMS to help determine locations of greatest need based on criteria: including emergency response times, incidence of sudden cardiac arrests and local readiness to support a PAD (public access defibrillator) program.

Q: What is the Heart and Stroke Foundation's Restart a Heart, Restart a Life Program™?

A: The national Heart and Stroke Foundation's Restart a Heart, Restart a Life™ program is the Federation's resuscitation initiative which supports public access to automatic external defibrillators. The program supports Canadian communities in strengthening the "Chain of Survival" giving them the tools to respond to a sudden cardiac arrest and improving survival rates.

Q: What is the Chain of Survival?

A: The HSFC established the Chain of Survival to depict a systems approach to Emergency Cardiac Care. The seven links in the Chain of Survival are:

- 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 oxygen until trained 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 return the survivor to a productive life in the community.
- 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.

Some Key Stats and Facts

- In Canada 35,000 – 45,000 people die from sudden cardiac arrest
- For every one minute delay in defibrillation, the survival rate of a cardiac arrest victim decreases by 7 to 10%. After more than 12 minutes of ventricular fibrillation, the survival rate of adults is less than 5%.
- Once a person goes into cardiac arrest, time is of the essence. They only have three to four minutes before the brain suffers permanent damage. CPR keeps the blood circulating to keep vital organs alive, but it takes defibrillation with an Automatic External Defibrillator (AED) to resuscitate someone out of a cardiac arrest. Defibrillation was once the domain of health care professionals only. Now with the advances in technology, anybody, with a little instruction, and the correct equipment, can perform this action
- Learning CPR is easy and inexpensive and it could mean saving the life of a friend or family member
- If CPR alone is used in the first few minutes of witnessing a sudden cardiac arrest it can increase the odds of survival and recovery by over 30%
- If CPR is used combined with AEDs in the first few minutes of witnessing a sudden cardiac arrest your chances of survival can increase from 5% to over 50%

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- The Heart and Stroke Foundation sets the Canadian Guidelines for CPR, defibrillation and other aspects of emergency cardiovascular care in Canada.

Q: Who can I contact to find out if my community has a Public Access Defibrillation Program?

A: Please contact your local Emergency Management Services or your local Heart and Stroke Foundation office.

In Alberta, contact the Heart-Safe program at 780.944.5353, website: www.heart-safe.ca

Provincial efforts to date through the Heart & Stroke Foundation:

Manitoba, New Brunswick, Ontario and Alberta.



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