

PUBLIC ACCESS DEFIBRILLATION PROGRAM (PAD)



Sudden cardiac arrest (SCA) claims about 350,000 American lives each year. In most cases this event occurs due to ventricular fibrillation (VF), an abnormal heart rhythm that causes the heart muscle to fibrillate or quiver in a chaotic motion. If left untreated, this condition leaves the heart muscle unable to pump blood and death occurs within minutes. Because sudden cardiac arrest is one of the leading causes of death in our nation, it is a major public health problem.

National statistics show that less than 5% of those who experience cardiac arrest outside of a hospital will survive. Defibrillators, however, have been shown to boost a person's chances of survival when used immediately. Data from studies of lay rescuer defibrillation programs in public locations that show the highest survival from sudden cardiac arrest occurs when the arrest is witnessed and when bystanders provide immediate CPR and defibrillation within three to five minutes of the arrest.



Defibrillation, providing an electrical shock to restore a heart to its normal rhythm, is the only known therapy for VF. Every minute that passes without chest compressions and needed defibrillation, a victim's chance of survival decreases by 10%.

Click on the above picture to view video.

Who is at Risk? - Sudden Cardiac Arrest (SCA) is unpredictable. Although the average victim is about 60 years old, SCA can affect anyone, regardless of their age, race, or gender.

Facilities (such as hotels, airports, and country clubs) are purchasing Automatic External Defibrillator (AED) devices under what is called a Public Access Defibrillation (PAD) program. However, since AEDs are prescription devices and must be labeled with the prescription statement required by law (CFR 801.109), a physician who oversees the PAD program at a facility must write a prescription for the AED in order for the facility to purchase it. TCAD Paramedics will assist with this prescription.

Cardiac Chain Of Survival

If someone suddenly collapses, they may be having a cardiac arrest.
Get emergency help immediately.
Every minute delayed decreases the chance of survival by 10%.
EMS can take 6-12 minutes to arrive so you must begin assisting.

Their life depends on your quick action!

- Be Ready!** **Recognize It's Sudden Cardiac Arrest (SCA)**
 - Victim is collapsed, unresponsive and not breathing
 - Don't be fooled by gasping, gurgling or seizure-like activity
 - SCA may also be caused by a hard blow to the chest
- Call 9-1-1**
 - Follow emergency dispatcher's instructions
 - Call on-site emergency responders
 - Ask anyone to retrieve an AED
- Hands-Only CPR**
 - Begin CPR immediately
 - Push hard and fast in the center of the chest
 - 2-inch compressions—about 100 per minute
- AED Defibrillation**
 - Know where to find your onsite AED
 - Follow step-by-step audio instructions
 - AED will not hurt the person, only help

The logo for the Eric Paredes Save A Life Foundation, featuring a red heart and a white cross.



Public Access Defibrillation (PAD)

Public access refers to accessibility for trained users to use AEDs in public places. Public access does not mean that any member of the public witnessing a sudden cardiac

arrest should be able to use the device. AEDs are to be used only by individuals with the proper training and certification in accordance with state and local laws. This is where special training for your employees comes in. Contact TCAD Paramedics for AED training classes and we will assist you with this part of your program.

Good Samaritan Protection

Good Samaritan Laws give critical protection to the AED trainer, the prescribing physician, the AED owner, and individuals who use an AED in rendering emergency care. The goal is to participate actively in strengthening the links in the chain of survival.

What Is A "Good Samaritan Law?"

Good Samaritan laws:

- Help protect rescuers voluntarily helping a victim in distress from being successfully sued in tort (i.e. for wrongdoing).
- Are designed to encourage people to help a stranger who needs assistance by reducing or eliminating the fear that, if they do so, they will suffer possible legal repercussions in the event that they inadvertently make a mistake in treating the victim.
- Were primarily developed for first aid situations.

"Any person who, in good faith, renders emergency medical care or assistance to an injured person at the scene of an accident or other emergency without the expectation of receiving or intending to receive compensation from such injured person for such service, shall not be liable in civil damages for any act or omission, not constituting gross negligence, in the course of such care or assistance."

Can I have an AED?

In 2010, Missouri passed Missouri Revised Statute 190.092 that gives organizations and people the ability to get and maintain an AED. (see below)

How Do I Purchase an AED?

If you are interested in purchasing an AED contact TCAD Paramedics at 334-6586 ext. 135 and the PAD program manager will assist you.

Why should I participate in the TCAD Paramedics PAD program?

After the purchase of the AED you must complete and return the attached AED Site Information Form. The information will be placed into our computer-aided dispatch (CAD). If the AED is needed for an emergency, dispatch will be able to direct someone to get it. The site location information is required by Missouri Revised Statute 190.092. (see below)

What about training?

TCAD Paramedics will provide all necessary training for CPR and AED usage. Call the Clinical Education Department at 417-339-2898 to schedule your training.

Authorization for use

TCAD Paramedics provides those that participate in the PAD program with a physician authorized protocol to use the AED.

Missouri Revised Statute 190.092

Effective 28 Aug 2010

Title XII PUBLIC HEALTH AND WELFARE

Chapter 190. Defibrillators, use authorized when, conditions, notice — good faith immunity from civil liability, when. — 1. This section shall be known and may be cited as the "Public Access to Automated External Defibrillator Act".

2. A person or entity who acquires an automated external defibrillator shall ensure that:

(1) Expected defibrillator users receive training by the American Red Cross or American Heart Association in cardiopulmonary resuscitation and the use of automated external defibrillators, or an equivalent nationally recognized course in defibrillator use and cardiopulmonary resuscitation;

(2) The defibrillator is maintained and tested according to the manufacturer's operational guidelines;

(3) Any person who renders emergency care or treatment on a person in cardiac arrest by using an automated external defibrillator activates the emergency medical services system as soon as possible; and

(4) Any person or entity that owns an automated external defibrillator that is for use outside of a health care facility shall have a physician review and approve the clinical protocol for the use of the defibrillator, review and advise regarding the training and skill maintenance of the intended users of the defibrillator and assure proper review of all situations when the defibrillator is used to render emergency care.

3. Any person or entity who acquires an automated external defibrillator shall notify the emergency communications district or the ambulance dispatch center of the primary provider of emergency medical services where the automated external defibrillator is to be located.

4. Any person who gratuitously and in good faith renders emergency care by use of or provision of an automated external defibrillator shall not be held liable for any civil damages as a result of such care or treatment, unless the person acts in a willful and wanton or reckless manner in providing the care, advice, or assistance. The person or entity who provides appropriate training to the person using an automated external defibrillator, the person or entity responsible for the site where the automated external defibrillator is located, the person or entity that owns the automated external defibrillator, the person or entity that provided clinical protocol for automated external defibrillator sites or programs, and the licensed physician who reviews and approves the clinical protocol shall likewise not be held liable for civil damages resulting from the use of an automated external defibrillator. Nothing in this section shall affect any claims brought pursuant to chapter 537 or 538.

5. All basic life support ambulances and stretcher vans operated in the state of Missouri shall be equipped with an automated external defibrillator and be staffed by at least one individual trained in the use of an automated external defibrillator.

6. The provisions of this section shall apply in all counties within the state and any city not within a county.

AED Site Information Form

Company Name: _____

Address: _____ **City:** _____ **State** _____

Business Phone Number: _____ **Fax #:** _____

Type of Business: _____

AED Location: _____ **In a Cabinet:** Yes No

AED Contact Person/Program Coordinator: _____

Contact Person Phone Number: _____ **Ext:** _____

Brand of AED: _____ **Model #:** _____

Date AED Installed: _____

Number of Trained Employees: _____

Circle Type(s) of Electrodes Located with AED: Adult Child Ped

Please return this Form to: Taney County Ambulance District
106 Industrial Park Rd
Hollister, MO. 65672
417-334-6586 ext 135
Fax 417-339-2841

Patient Care Protocol

Automated External Defibrillator (AED)

CPR – General

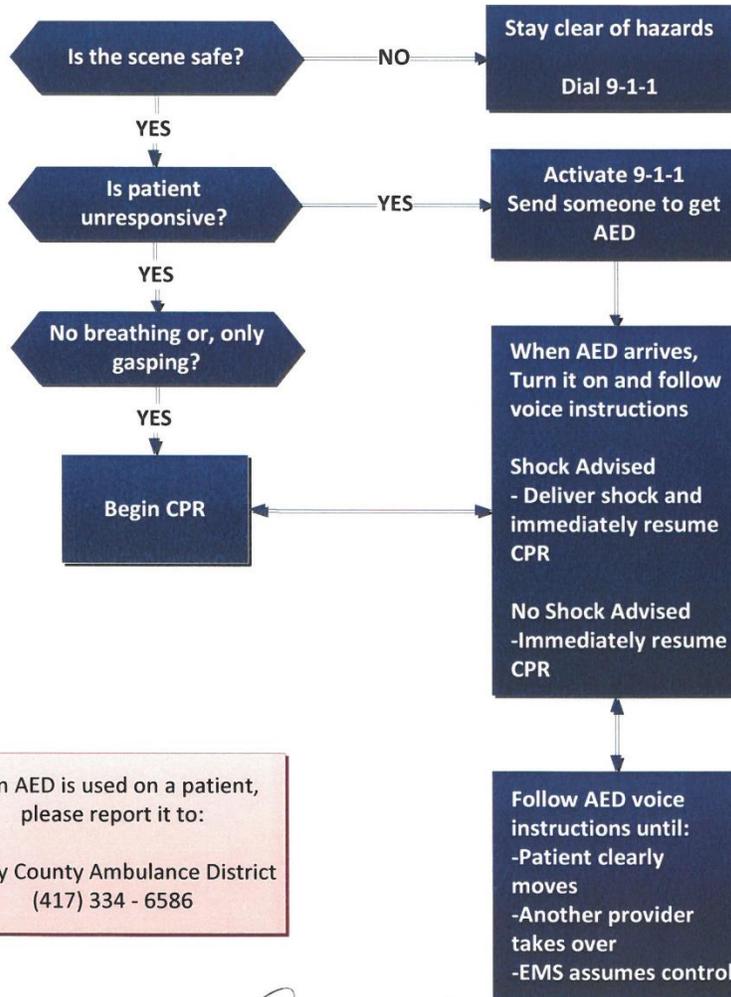
- Push hard (at least 2" deep)
- Push fast (100-120 / minute)
- Do not lean / allow full chest recoil
- Minimize interruptions (<10 seconds)
- Avoid excessive breaths

CPR – Adult (30:2)

- 30 Chest Compressions
- Tilt Head, Lift Chin
- 2 Rescue Breaths
- Repeat for 2 minutes
- Switch providers every 2 minutes

CPR – Child/Infant (15:2)

- 15 Chest Compressions
- Tilt Head, Lift Chin
- 2 Rescue Breaths
- Repeat for 2 minutes
- Switch providers every 2 minutes



If an AED is used on a patient, please report it to:
Taney County Ambulance District
(417) 334 - 6586

Medical Director Signature: *Annemary Costello, MD* Date: 8-14-19