



If the patient is unconscious and is not breathing:

1.



Press the Green "ON/OFF" Button to turn system on.

2.



Follow voice and indicator light prompts.

- Apply pads to patient's bare chest as shown in diagram.
- Connect pads to AED.

3.



If prompted press Flashing Red "Shock" Button.

AED

Emed Public Access To Automated External Defibrillators Part 1

**Connecticut. Department of Public
Health**

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the Connecticut Department of Public Health text.

Emed Public Access To Automated External Defibrillators Part 1:

EMED Primedia,1999-03-01 Many casinos in Las Vegas equipped with AED s have boosted the cardiac arrest save rate from 20 to 70 percent in the Las Vegas area The Las Vegas Fire Department shows how easy it is to use these AED s Running Time 21 59 *Public Access to Automated External Defibrillators* Primedia,1999-02-01 Automated external defibrillators AED s have saved lives in situations when EMS personnel were not able to be first on the scene Ken Riddle Deputy Chief of Las Vegas Nevada Fire Department shows how to use AED s effectively Running Time 24 59 Index Medicus ,2004

AED Benjamin Gulli,American Academy of Orthopaedic Surgeons,2004-06-28 This Fourth Edition is designed to facilitate the efficient training testing and retesting in the use of AEDs **Early Access to Automated External Defibrillators**

Craig Hartpence,2010-07-19 Early Access to Automated External Defibrillators is a step by step program on how to construct and maintain a Public Access Defibrillation Program for your Church Business or outdoor event The AED is new technology that can be used by the public to save a life If this device is applied within 4 minutes or less it could increase survival rate to 89% In less than 2 minutes increases possibility to 98% Seconds count in Sudden Cardiac Arrest For each minute you are down in full arrest you loose 10% of your life The only thing that can save your life is an electrical shock from an AED After 4 minutes you slide into physical death chances of survival decrease This manual shows you how to obtain Medical Direction for your program and Calculation formulas to decide your response time and number of AED s to place The author of this manual has actual experienced using these devices in the public setting with great success For more information go to www.aedmeddirect.com **AED National Safety Council,2001** **Increasing Public Access to and Education of the**

Automated External Defibrillator (AED) Jon M. Christensen,2010 Legislative Report to the General Assembly Connecticut. Department of Public Health,John Robert Galvin,2004 *Improving Public-access Automated External Defibrillator Use in a Volunteer First-responder System for Out-of-hospital Cardiac Arrest* Christopher Matthew Smith,2020

Barriers To Automated External Defibrillation In A Volunteer First-Responder System Christopher Smith,2017 Barriers to Automated External Defibrillation in volunteer first respondersChristopher M Smith 1 Frances Griffiths 2 Gavin D Perkins 1 1 Clinical Trials Unit Warwick Medical School University of Warwick CV4 7AL UK 2 Division of Health Sciences Warwick Medical School University of Warwick CV4 7AL UKPurpose There are many barriers to Automated External Defibrillator AED use by bystanders for victims of out of hospital cardiac arrest OHCA Many of these barriers relate to poor awareness of AEDs and an unwillingness or fear around using them 1 GoodSAM is a mobile phone app based first responder system that alerts registered volunteers to a nearby OHCA once a 999 112 call has been made to the local ambulance service 2 This study aimed to explore the factors that might influence AED use among these GoodSAM volunteersMaterials and Methods We will conduct semi structured telephone interviews with volunteer first responders using the GoodSAM mobile phone app within 7 days of them receiving a notification of a nearby OHCA in the London area May u2013 July 2018 This will supplemented with

interviews with key stakeholders April u2013 May 2018 and analysis of existing protocols and documents relating to the use of GoodSAM with London Ambulance Service systems Barriers and facilitators to AED use will be classified using the well validated Theoretical Domains Framework 3 This framework will subsequently be mapped to models of behavioural change 4 Results We will present the findings of 30 GoodSAM volunteer interviews and three stakeholder interviews We will present key barriers and facilitators as mapped to the Theoretical Domains Framework and explain which behaviours need to be targeted to overcome key barriers to AED use Conclusions This work to identify potential targets for behavioural change that can increase bystander AED use This will also future research studies to test targeted interventions and assess their effect References1 tSmith CM Lim Choi Keung SN Khan MO et al Barriers and facilitators to public access defibrillation in out of hospital cardiac arrest a systematic review Eur Heart J Qual Care Clin Outcomes 2017 3 264 2732 tSmith CM Wilson MH Ghorbangholi A et al The use of trained volunteers in the response to out of hospital cardiac arrest the GoodSAM experience Resuscitation 2017 121 123 1263 tCane J O Connor D Michie S Validation of the theoretical domains framework for use in behaviour change and implementation research Implement Sci 2012 7 374 tMichie S van Stralen MM West R The behaviour change wheel a new method for characterising and designing behaviour change interventions Implement Sci 2011 6 42 This research was funded by the National Institute for Health Research NIHR Doctoral Research Fellowship DRF 2017 10 095 The views expressed are those of the author s and not necessarily those of the NHS the NIHR or the Department of Health

Saving sudden cardiac arrest victims in the workplace ,2003 **Legislative Report to the General Assembly**
Connecticut. Department of Public Health,2006 **Automated External Defibrillation** James M. Drake,James W. Drake,2000 For courses in Automated External Defibrillation This new comprehensive stand alone manual emphasizes the basic principles of the AED as well as reinforcing the cognitive affective and psychomotor skills necessary for using the AED in a cardiac arrest situation The Defibrillator Guidelines AED Deployment Registry,2012 **Public Use of Automated External Defibrillators** Sherry L. Caffrey,Paula J. Willoughby,Paul E. Pepe,Lance B. Becker,2002 **What Type Of Automated External Defibrillators (AEDs) Do Primary Care Doctors Want?** Mairead McFadden,2017 Purpose of the studyThe purpose of this study was to ascertain what type of AEDs a group of 33 General Practitioners GPs who had previously been supplied and used AEDs would wish for as replacements for existing defibrillators Previous studies have identified AEDs as the most suitable defibrillators for GPs1 3 This study aims to focus on the type of AEDs GPs preferred in advance of deciding to replace 108 AEDs to GPs in the North West region of Ireland Materials and methodsThe survey was conducted among GPs attending for a teaching update on basic life support BLS The question posed was whether they considered it important to have a screen on an AED to allow monitoring of rhythms or would they be happy to have a model that simply delivered a shock The replies received are as outlined in figure 1 below Additional information obtained was that the majority of GPs stored their AEDs in their surgeries and considered it useful to have an AED located outside their surgery

Conclusion The study identified that 48% of GPs felt the presence of a monitor screen was useful while 26% felt it was not useful or served as a distraction Analysis of cost of adding a monitor screen across three leading brands of AEDs was an extra 46% in cost In the context of resupplying 108 GPs with AEDs as a public health initiative the presence of a monitor screen would add significant additional cost for little quantifiable benefit

References 1 Colquhoun M Resuscitation by primary care doctors Resuscitation 2006 70 229 237 2 Masterson S Wright P Dowling J Swann D Bury G Murphy A Out of hospital cardiac arrest OHCA survival in rural Northwest Ireland 17 years experience Emergency Medical Journal 2011 28 437 438 3 Bury G Headon M Egan M Dowling J Cardiac Arrest management in general practice in Ireland a 5 year cross sectional study BMJ Open 2013 3 e002563 Doi 10 1136 bmjopen 2013 002563 *Automated External Defibrillators (Public Access)* Bill Great Britain. Parliament, 2022

Implementing an Automated External Defibrillator (AED) Program Andrew R. Roszak, 2007

A Community Needs Assessment for Public Access Defibrillation Patrick J. Mullen, 2000

Recent technological advances in computer and electronics design have enabled medical device manufacturers to develop lightweight intrinsically simple automatic external defibrillators AED Simple to operate minimally trained non medical personnel may successfully operate these devices Due to their proven accuracy and reliability in treating sudden cardiac arrest SCA the American Heart Association recognizes them as essential in treating victims of sudden cardiac arrest in certain situations Because of these factors AEDs have gained in popularity among municipal service providers as well as private industry as a means to broaden the availability of defibrillation to the general populace and to reduce the time it takes to bring a defibrillator to the side of a stricken patient Acknowledging that the City of Naperville has yet to develop a program to promote public access defibrillation PAD within the community research was undertaken through descriptive method to conduct an assessment to evaluate the need for implementing a PAD program in Naperville The project attempted to answer the following questions 1 What is the prevalence of sudden cardiac arrest patients treated by the Naperville Fire Department 2 What are the essential components of a public access defibrillation program 3 What community groups should be considered for inclusion in an implementation plan 4 What have other organizations done to successfully implement public access defibrillation programs Research procedures combined the use of two retrospective studies and a survey questionnaire One study consisted of a three year review of patient care reports to determine the location of sudden cardiac arrest events treated by fire department personnel A second look back study sought to quantify cardiac arrest survival data for patients treated in 1999 The third research effort included the distribution of a survey questionnaire to organizations both public and private that had previously implemented PAD programs Results indicated that the Naperville Fire Department demonstrated a hospital discharge rate of 5 8 percent for individuals treated for out of hospital sudden cardiac arrest This contrasted with a successful resuscitation rate of 15 15 percent reported by questionnaire survey participants using AEDs Despite the posting a relatively rapid response time for ALS services to SCA events averaging 3 25 minutes most cardiac

arrest patients treated by Naperville paramedics presented with an initial EKG of asystole. The majority of arrests occurred in the home 62.24% and appeared to result from a cardiac etiology 84.06 percent of the time. Based upon the demonstrated survival rate and the apparent successes of police agencies participating in the survey, recommendations were made to promote the implementation of a PAD program. With the Fire Department serving as the lead agency, target priorities for deployment included police department patrol vehicles, appropriate public access, government buildings, institutional, residential care occupancies, and large corporate campuses. STAR 112804 *Automated External Defibrillation [AED]*
,2003-01-01

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