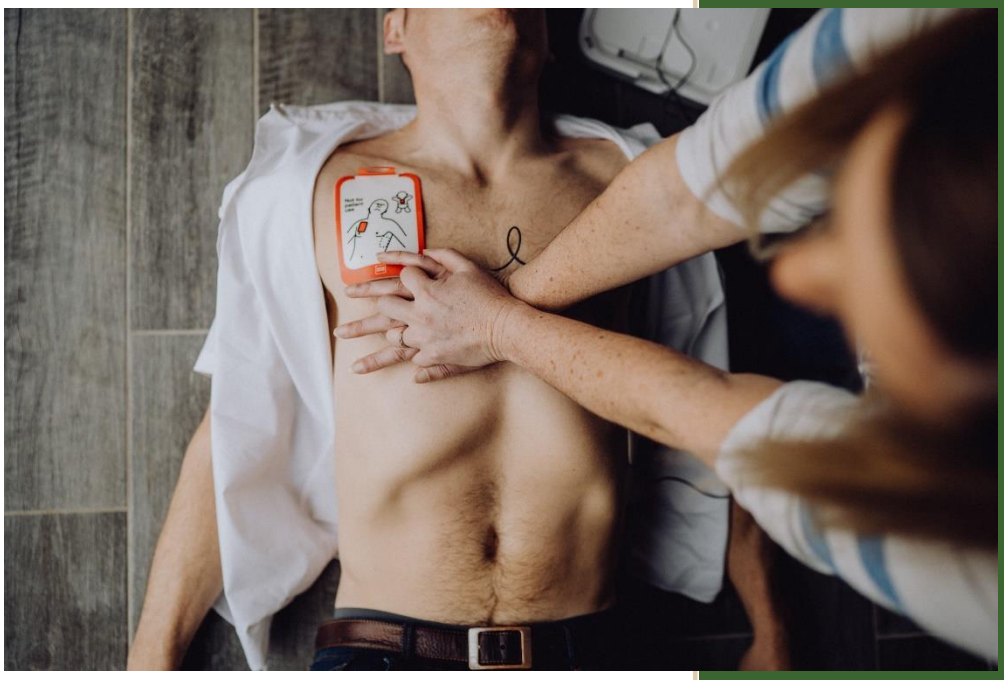
2020

AED Frequently Asked Questions



Community Resuscitation Team

Northern Ireland Ambulance Service

Northern Ireland Ambulance Service
Health and Social Care Trust

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General Questions about AED

What does AED Stand for?

AED stands for Automated External Defibrillator.

What is an AED?

An AED is a compact, portable device, which can be used on an individual where it has been recognised that they have had a Sudden Cardiac Arrest (SCA).

How does an AED work?

The AED has two adhesive pads (electrodes) which should be applied to the casualty's bare chest. Through the pads the AED can monitor the heart activity and deliver a shock. The AED will analyse the heart's electrical activity and if it detects a pattern consistent with a cardiac arrest, will charge itself ready to deliver a shock. This enables effective treatment to be provided within the first few critical minutes following an out of hospital cardiac arrest (OHCA).

What is the paediatric capability?

AEDs are safe to use on children. Different AEDs have different ways of switching this feature on; some have a key or a button which when pressed states 'child mode', while others have specific paediatric electrode pads.

Why are AEDs important?

AEDs are important because they strengthen the Chain of Survival. They can restore a normal heart rhythm in someone who has had a sudden cardiac arrest. AEDs enable more people to respond to a medical emergency for which a defibrillator is required. When a person suffers a sudden cardiac arrest, their chance of survival decreases by 10% for each minute that passes without CPR and defibrillation. AEDs used along with CPR quite simply save lives.

Who can use an AED?

Most AEDs are designed for use by non-medical personnel such as police, flight attendants, security guards, and other lay rescuers. Having more people in the community who can respond to a medical emergency by providing CPR and defibrillation will greatly increase sudden cardiac arrest survival rates.

Why does someone experiencing a cardiac arrest need an AED?

In a cardiac arrest, the heart may have uncoordinated electrical activity called ventricular fibrillation (VF). This means the heart is not pumping effectively. The AED delivers an electric current to the heart muscle, momentarily stunning the heart, stopping all activity. This gives the heart an opportunity to resume beating in a normal rhythm and pumps effectively.

Will the use of an AED always result in a positive outcome for someone in cardiac arrest?

The AED treats only a heart in an uncoordinated heart rhythm, known as VF. For defibrillation to be successful, it needs to be carried out within a few minutes of the onset of VF. CPR can help to extend the period of time a casualty stays in VF. AEDs are less successful when the casualty has been in cardiac arrest for more than a few minutes, especially if no CPR has been provided.

Will I hurt the casualty by using an AED?

No. An AED will only give a shock to someone who has collapsed and not breathing normally and whose heart is in an uncoordinated, chaotic rhythm. An AED is a very intelligent device which has been pre-programmed to assess the rhythm and provide a shock if required.

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What if I forget the steps for using an AED?

The steps for shocking a SCA casualty are simple and straightforward. The AED usually provides visual and/or audio prompts required for the entire resuscitation. The most difficult part is recognizing the need for defibrillation.

Should I perform CPR first or apply electrode pads from the AED?

CPR should always be started when it is clear that the casualty is unconscious and not breathing normally. When an AED is brought to the casualty, continue CPR while the AED is opened, clothes on the chest area should be cut away or removed and the electrode pads applied directly onto the bare chest. Once the electrodes are on the chest, follow the directions given by the AED.

If defibrillation is so important, why should I do CPR?

CPR provides some circulation of oxygen-rich blood to the casualty's heart and brain. CPR squeezes the heart to enable the blood to circulate to the heart and brain delaying brain death and the death of heart muscle. CPR also makes the heart more likely to respond to defibrillation.

Medical Questions

What is a cardiac arrest?

A cardiac arrest is when the heart stops pumping blood around the body. Often this is unexpected or abrupt and without a constant blood supply, the brain stops working almost immediately and the person goes unconscious. This is usually caused by an uncoordinated, chaotic heart rhythm called ventricular fibrillation (VF).

Is cardiac arrest the same as a heart attack?

No. A heart attack is caused by a sudden blockage of a small artery that supplies blood to the heart muscle. When the blood supply is seriously restricted or completely blocked, that portion of the heart muscle dies and this is what causes the chest/jaw/arm pain. Some people who have heart attacks may experience a cardiac arrest. However, cardiac arrest may occur independently from a heart attack and without warning signs. Cardiac arrest results in death if not treated immediately. Click on the link to see the signs and symptoms of a heart attack.

Does a cardiac arrest only happen after a heart attack?

No. Anyone can have a cardiac arrest at any time and there are many causes, one of which is a heart attack.

Who is at risk of sudden cardiac arrest (SCA)?

While the average age of someone having SCA is about 65, SCA is unpredictable and can happen to anyone, anywhere, anytime.

What is VF?

VF is an abnormal uncoordinated heart rhythm often seen in SCA. This rhythm is caused by an abnormal and very fast electrical activity in the heart. VF is chaotic and unorganized; the heart quivers and cannot effectively pump blood. VF will be short-lived and deteriorate to asystole (a flat line) if not treated promptly. CPR can prolong the duration of VF to enable defibrillation and potentially a better outcome.

How is VF treated?

The only effective treatment for VF is an electrical shock called defibrillation. Defibrillation is an electrical current applied to the chest. The electrical current passes through the heart with the goal of stopping the VF and giving an opportunity for the

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heart's normal electrical system to take control. This shock helps the heart reorganize the electrical activity, so it can pump blood again. An automated external defibrillator (AED) can defibrillate the heart. CPR can prolong the duration of VF to enable defibrillation.

Should I use the AED if the casualty has a pacemaker or is pregnant?

Yes, never withhold AED use in a person with SCA.

What if the casualty is a child?

Many AED manufacturers now supply paediatric pads or programs which typically decreases the output of the machine to 50-75 joules. These devices are recommended for children between 1-8 yrs old. If no such system or manually adjustable machine is in place, an unmodified adult AED may be used. In infants under 1 yr shockable rhythms are rare therefore good quality CPR is a priority. However for an infant in a shockable rhythm the risk:benefit ratio favours the use of the AED, preferably with an option to decrease the output if a manually adjustable machine is available.

Purchase and Access to AEDs

What is a public access defibrillator (PAD)?

A public access defibrillator (PAD) is an AED that is available to be used by the public, whether they are in a public place or a private place. It may be available 24/7 or may have specific times that it is available if the building or organisation is not open 24/7. When AEDs are placed in a community, the Northern Ireland Ambulance Service (NIAS) strongly encourages the AED Guardian to register the location of the AED on www.thecircuit.uk

Why is notifying NIAS important?

When NIAS are alerted to a Sudden Cardiac Arrest, the Emergency Medical Dispatcher (EMD) (when given the address of the incident) will be able to see if there is an AED within 500 metres (urban areas) or 1 mile (rural areas) of the incident. Once the EMD is assured that CPR is ongoing, another bystander (if present) will be directed to the AED location and given a code (if required) to open a cabinet if that is where the AED is stored. The steps to alert a bystander to the closest AED is only possible if the devices are registered with NIAS.

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

CPR is the second link in the chain of survival and should be commenced while waiting for an AED to arrive. If a shock has been advised by the AED, following delivery of the shock CPR should be continued IMMEDIATELY if the casualty remains unconscious and not breathing. A number of cycles of CPR and an AED shock may be required prior to the arrival of medical staff.

If AEDs are so easy to use, why do people need formal training in how to use them?

Time should not be wasted if trained people are not immediately available. Untrained people have successfully used AEDs to save a life and a lack of training should not be a barrier to using the devices. Provided someone is willing to use the AED they should not be forbidden from doing so. The main purpose of training is to help people feel more confident in the use of AEDs and remove any fear or myths regarding their use and promote best practice.

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Can anyone buy an AED and how much does it cost?

Yes. The price of an AED varies by make and model. Most AEDs cost between £700 and £3000.

What is the difference between semi-automatic and automatic?

All AEDs will automatically determine whether or not a shock is required. Semi-automatic AEDs will prompt the user to press the shock button, whereas automatic AEDs will use a countdown or voice commands for the user, and will deliver the shock automatically when it is needed without the need of the user pressing a 'shock' button. Fully automatic models are designed for those who may hesitate in a stressful time. All types of AEDs are effective and safe to use. Semi-automatic AEDs can provide additional safety as the user would be able to carry out a final check of the surrounding area to ensure that no one is touching the casualty prior to pressing the 'shock' button.

What is a biphasic waveform (shock type)?

Biphasic defibrillation "alternates the direction of the pulses, completing one cycle in approximately 10 milliseconds." The biphasic waveform decreases the energy needed for successful defibrillation, in turn decreasing burns and myocardial damage.

What is escalating energy?

An AED with escalating energy will, after the first shock, deliver each successive shock with higher energy. A non-escalating AED will deliver the same energy level shock each time.

What are the differences between the rescue prompt types?

There are various ways an AED can help you through a rescue. Newer models may prompt you through video and text display screens. Some models have LED indicators and voice commands to help the user perform the operations quickly and easily.

What model of AED does NIAS recommend?

NIAS do not recommend a specific device as all AEDs have similar features. However, we would be happy to provide advice and guidance to those who are considering purchasing an AED. Contact a member of the Community Resuscitation Team on resus.admin@nias.hscni.net

Can an AED make mistakes?

An AED will almost never decide to shock an adult casualty when it is not required. If the bystander has attached the AED to an adult casualty who is unconscious and not breathing (in cardiac arrest), the AED will make the correct "shock" decision more than 95 of 100 times and a correct "no shock indicated" decision more than 98 of 100 times. This level of accuracy is greater than the accuracy of emergency professionals.

Cabinets

Is it essential to put my AED in a cabinet?

No, but depending on the location of your AED it may be safer to have it kept within a cabinet.

NB: If you are placing an AED in a cabinet outside of a building please ensure that members of staff within the building are aware of the code (if used) and location of where the code is recorded.

Where do I purchase an AED cabinet?

Many of the suppliers of AEDs also supply cabinets, therefore when purchasing an AED you may also wish to discuss the purchase of a

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cabinet. Purchasing both together may be cheaper: approximate costs of a cabinet range from £300 to £800.

What kind of a cabinet do I purchase?

It would be worthwhile discussing your needs with the supplier who is providing your AED. The NIAS Community Resuscitation Team are happy to provide impartial advice and assist with your decision-making. You can contact the Community Resuscitation Team on resus.admin@nias.hscni.net

Do I need to purchase a cabinet with a lock?

The Resuscitation Council UK advises that AEDs should be kept in unlocked cabinets as having them locked causes further delays in retrieving the AED to then take to the casualty. It is recognised that many organisations prefer to have a locked cabinet to ensure the safety of the AED and prevent vandalism. If this is the case then a lockable coded cabinet is preferable rather than a key. When registering the AED with NIAS the code for the lock will also be recorded to enable a 999 EMD to provide a bystander with the location of the closest AED to the sudden cardiac arrest and how to access it.

What should I do if I can't take the AED back to where I got it?

If you can't return the AED to where you got it from, for whatever reason, please contact the email on the tag attached to the AED at the first available opportunity and follow the guidance given to you.

Do I need to include any other equipment when purchasing an AED?

Yes, the following equipment should be purchased to maximise the effectiveness of the AED adhesive electrode pads:

- Tuff cut scissors (to cut clothes from the chest so the casualty has a bare chest)
- Disposable Gloves (latex free)
- Paper towel (use if the chest is wet to dry where the adhesive electrode pads are to be placed)
- Face mask or face shield (to enable a bystander to provide mouth to mouth if they so wish)
- Razor (if a casualty has excessive chest hair then the area where the adhesive electrode pads are to be placed should be shaved to maximise the pads sticking to the chest).

NB: If any of these are used then they should be disposed of and replaced as they are *'one person use only'*.

"The Circuit" – How to register your AED and more…

What is The Circuit?

When cardiac arrest strikes, CPR and defibrillation can help double someone's chances of survival. But many defibrillators never get used because emergency services don't know where they are or how to access them.

That's why they need to be registered on The Circuit – the national defibrillator network. It's connected to Ambulance Services across the UK and allows them to direct bystanders to the nearest defibrillator to help save lives.

Why is registering your AED on The circuit so important?

There are currently tens of thousands of defibrillators in public and private locations across the UK but to date they are used in less

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than 4% of cardiac arrests. If the Ambulance Service know where the AEDs are, they are far more likely to be used.

Better knowledge and data about their locations could make the difference between life and death – that's why we need you to register it on The Circuit.

It's as simple as that.

How do I register?

Registering your defibrillator on The Circuit is quick and simple.

1. **Set up your account**
2. **Register your defibrillator**
3. **You're all ready**

- You will need to know the location and surroundings of the defibrillator
- You will need the brand, model and device serial number
- You will need to know when the defibrillator is accessible
- You will need to know when the pads expire and if the battery displays its ready signal i.e. a green light, so we can understand if its emergency ready

Can I register more than one AED on The Circuit?

Yes – you can register up to 10 defibrillators. If you have more than 10 the Community Resuscitation Team in NIAS will be notified and will increase your limit.

If you work for a commercial organisation that owns multiple defibrillators, it's best if each one is registered by the person responsible for it. At the initial registration stage you'll receive an individual confirmation for each defibrillator registered. If all defibrillators are registered at the same time we'll combine the information to ensure you are not inundated with multiple emails and you'll receive just one email reminder to check all your defibrillators and update their status on The Circuit.

If you are unsure about how to manage multiple defibrillators please contact the Circuit directly on **0300 330 5482**.

If there are several people looking after the AED, who should register it?

We just need you to decide amongst yourselves who will be the main point of contact (or primary guardian). Once registered, the primary guardian can then invite others to become secondary (supporting) guardians to help manage the defibrillator.

Do I have to make my AED available 24/7?

No. When you register the AED, if it is not available 24/7 you will be asked to enter the date/times the AED is available including any codes that may be required to access the device.

Is The Circuit available in my area?

Yes. The Circuit is live across Northern Ireland.

Who is responsible for funding and running The Circuit?

British Heart Foundation (BHF) is fully funding The Circuit thanks to the generosity of their donors and supporters. They're proud to be working in partnership with the UK's Ambulance Service to establish and run the network.

What is the difference between The Circuit and the database run by the NIAS?

The Circuit will effectively bring all 14 UK ambulance services together to provide a single national view of where defibrillators are

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located as well as identify where there are gaps in coverage.

What happens if I have already registered my AED with NIAS but don't sign up to The Circuit?

The Circuit has replaced the Northern Ireland Ambulance Service database so if you have already registered with NIAS your data regarding your AED location will have transferred automatically. However it is important that you visit the site and re-register the guardianship of your AED. If your AED is not registered on The Circuit, we won't know it's location.

If the AED I am responsible for is privately owned, is it likely that I will have to make it available to the public in an emergency?

It's possible that your AED it could be used on someone associated with or visiting your building/organisation. It's useful to register it so, in the event of needing to call 999, the call handler can calmly guide the caller through exactly where it is in your building so that it can be located quickly.

Further Questions about AED Use

Could I be sued for using an AED?

Although a bystander has no legal obligation to act, once someone volunteers to help, they assume a duty of care towards the person in need. Regardless of the circumstances, anyone who attempts resuscitation would only be legally liable if the intervention leaves a person in a worse condition than they would have been if no action had been taken. In the case of a sudden cardiac arrest it is difficult to see how a volunteer's intervention could leave someone worse off, since without intervention death is inevitable.

Many countries, including the South of Ireland have a "Good Samaritan" law to protect against possible litigation. To find out more about this please download CPR, AED's & the Law by the Resuscitation Council (also available on the NIAS website).

Can I accidentally shock another bystander or myself?

AEDs are extremely safe when used properly. The electric shock may be automatic or semi-automatic (requiring the bystander to press the shock button) to allow the shock to go from one electrode pad to another through the casualty's chest. Basic precautions, such as verbally warning others to stand clear and visually checking the area before and during the shock, will virtually ensure the safety of bystanders.

Remember the 7P's when placing the adhesive electrode pads where shown on the diagram on each pad:

- ***Patches*** – remove and wipe the area dry prior to placing the electrode pads in place
- ***Piercings*** – do not waste time removing; try to place the electrode pad in the area shown on the diagram.
- ***Perspiration*** – dry the area where the electrode will be placed of excessive sweat or if the casualty is wet.
- ***Pendents*** – move any neck jewelry out of the way of where the electrode pads are to be placed on the chest.
- ***Pacemakers site*** – be aware of the possible location of a Pacemaker just under the skin. Generally found on the upper left side of the chest just below the collarbone, which will not cause a problem with pads. However, for medical need they may be located on the right

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side of the body just under the collarbone. If this is the case, please stick the pad below the site.

- ***Playtex*** – All underwired bras should be cut through the center and moved to one side to ensure the pads can be placed in the correct position.
- ***Pretty hairy*** – If the person has excessive chest hair (ie prohibit the pad sticking to the chest) on the area where the pads are to be placed, then the area should be shaved quickly with a razor to remove the excessive hair.

Do I need to remove the adhesive electrode pads before performing CPR?

No. The electrode pads remain on the chest throughout the resuscitation and until the casualty is transferred to the care of NIAS staff. If the electrode pads are in their correct positions on the casualty's chest, they will not interfere with proper hand placement or chest compressions.

Is it safe to use an AED if the casualty is lying on a wet or metal surface?

Yes, it is usually safe to use an AED on a casualty who is lying on a metallic, wet or other conductive surface. If the self-adhesive pads are applied correctly, and provided there is no direct contact between the user and the casualty when the shock is delivered, there is no direct pathway that electricity can take that would cause the user to experience a shock. If the casualty is wet, his/her chest should be dried so that the self-adhesive AED pads will stick properly.

Do I need to get my AED serviced or maintained?

AEDs require very little routine maintenance or servicing; most perform daily self-checks and will display a warning or make a warning noise (similar to a smoke alarm chirp) if they need attention. Current AEDs have an estimated life expectancy of 10 years. The batteries and pads will have a long shelf life; this can be between 2 and 5 years depending on the AED model. It is strongly advised that regular AED checks are carried out by a designated individual. You will receive reminders to do this on a regular basis from "The Circuit" if your AED is registered with us. A checklist to assist you with checking your device is in our NI AED Guidance

How much of the casualty's clothing should be removed to carry out defibrillation?

The chest should be exposed to allow placement of the adhesive electrode pads. Clothes may need to be removed i.e. cut, torn or moved away from the chest. A woman's bra should be removed.

Why is it so important to be sure that the electrode pads are firmly adhered to a clean, dry chest?

Successful defibrillation requires electricity to flow from one electrode pad to the other through the chest. If the electrode pads are not firmly adhered and there is sweat or another conductive material between the electrode pads, the electricity will be more likely to flow across the chest rather than through it. This will result in ineffective defibrillation.

Is it OK to place the electrode pads directly on a hairy chest?

Electrode pads must come in direct contact with the skin. If the chest hair is so excessive as to prevent good adhesion of the electrode pad, the hair must be removed quickly. There should be a razor with the AED to enable a bystander to remove the excess hair.

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Why should the bystander continue CPR after the arrival of the Northern Ireland Ambulance Service professionals?

It's helpful to ambulance professionals to be able to set up their equipment, including their defibrillator, while the bystanders continue CPR. The ambulance professionals will take over CPR and reconfirm that the casualty is in cardiac arrest.

Besides doing CPR and using an AED, how else might a bystander help at the scene of a sudden cardiac arrest?

Support and direction to bystanders, friends, and family are appropriate. When ambulance personnel arrive, the bystander should continue to provide CPR until they are no longer required to do so and directed to stop by the ambulance service professionals. It would also be helpful if the bystander who retrieved the Community AED returned it to where it was retrieved.

After I have successfully defibrillated the casualty, do I keep the electrode pads on?

Yes, even after a casualty has been successfully defibrillated, he/she is at risk of having a further cardiac arrest. The AED will continually monitor the casualty's heart rhythm. If VF is suspected, the AED will automatically begin to analyze the casualty after two minutes of CPR is complete. The AED should be left on until the ambulance service professionals assume responsibility for the casualty.

I used an AED on a SCA casualty and the AED always prompted "No Shock Advised". Even with CPR the casualty did not survive. Why didn't the AED shock this casualty?

Although VF is the most common rhythm in cardiac arrest, it is not the only one. The AED will only shock if an uncoordinated, chaotic rhythm is detected. There are other heart rhythms associated with SCA that are not treated with defibrillation shocks. A "no shock advised" message doesn't mean the casualty's heart rhythm is back to normal. CPR should be continued unless the casualty is clearly showing signs of life. Unfortunately, because of other underlying medical or heart problems, not all those who suffer a SCA who are in VF will survive even if defibrillation is carried out promptly & correctly.

What if I don't perform all the steps of CPR and defibrillation perfectly?

SCA is a high stress situation. Even experienced health care professionals do not do everything perfectly. In SCA, performing CPR and using an AED can only help the casualty. Always remember that doing something is better than doing nothing!

Can an AED record information regarding the cardiac arrest?

Yes, all AEDs have the ability to record data which shows what the casualty's heart was doing and what CPR and AED interventions were carried out to help the casualty.

What if I am not certain whether I need to use an AED?

If someone is unconscious and not breathing then CPR and defibrillation from an AED are vital links in the chain of survival.

What if a bystander is directed by NIAS to retrieve an AED from an organization/shop/business? Does a member of staff from the organization have to attend the incident with the bystander?

This is a personal decision that the individual should make taking into consideration their role and responsibilities within their organization. It is not essential in this situation for a member of staff/volunteer to go to the scene of the incident with a

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bystander. It is your personal choice if you wish to do so. If your AED is registered with NIAS through "The Circuit" then you have agreed that your AED is publically accessible. Therefore, it is possible a bystander could be directed to your AED location if it is within 500metres or 1 mile if in a rural location, of a sudden cardiac arrest.

Should all schools have an Automated External Defibrillator (AED)?

Fortunately, SCA in school-age children is rare. Resuscitation attempts at schools are more likely to be for an adult (staff member or visitor) than a pupil. The presence of an AED at a school therefore provides potential benefit for everyone present at the site.

An additional and important advantage of having an AED prominently located at a school is that students become familiar with them and can learn about first aid, resuscitation and the purpose of defibrillation.

The Education Authority NI issued guidance to all schools in AED Guidelines for Schools