



PAD Site Guidelines

Below you will find a list of the Cardiac Safe Community Program guidelines and standards. Public Access Defibrillator sites who are partners with our program are required to meet these minimum standards.

1. All Automated External Defibrillators (AEDs) must be registered with the Central Ambulance Communications Centre (CACC). The Cardiac Safe Community Program will provide this information to CACC.
2. All AED/PAD programs are expected to be managed under the direction and oversight of a physician and coordinator to ensure comprehensive education and CQI is in place and followed.
3. The CEPCP PAD Coordinator will have a minimum of five years clinical experience in the management of Sudden Cardiac Arrest (SCA) at a professional responder level (i.e. Advanced Care Paramedic). Further this individual will be an experienced CPR and AED instructor with the Heart and Stroke Foundation of Ontario (HSFO) or equivalent. The equivalency will be assessed by the program physician.
4. A site survey and a report must be done by the physician (or delegate) for each and every PAD site. The site survey should ensure:
 - That the best placement of the AED in the facility is determined;
 - That the time between witnessed SCA and defibrillation does not exceed 5 minutes;
 - Signage is placed throughout the PAD site directing the public to the closest AED;
 - The AED must never be locked up even if there is not a trained Targeted Responder on site;
 - All staff will have AED awareness education;
 - Targeted Responders on site will have CPR/AED education as outlined by the HSFO;
 - An Emergency Medical Action Plan will be established and understood by all designated staff on site;
 - The site will designate a lead PAD person for coordination at the site.

5. All AEDs must:
 - Be Health Canada approved;
 - Have two sets of adult defibrillator pads;
 - Have batteries (one in the AED and one spare as required by the manufacturer);
 - Include a barrier device (pocket mask), scissors, towel, razor and gloves;
 - Be placed in an easily accessible, alarmed (visible and audible) wall mounted response case.
6. A person or a monitoring alarm company must monitor the response case during all hours of operation. This will ensure no delay in a 911 emergency.
7. The AED must be checked once a week to ensure that it is in a state of readiness. Once a month, the AED response case and its alarms (including monitoring system) must be checked as well as the barrier device, spare defibrillator pads, batteries, towel, razor and gloves.
8. After each use, the AED must receive a biomedical engineering check as soon as possible after its use. This must be done by a certified agency capable of performing this task. If the AED has not been used within 12 months, it is recommended that the AED receive a biomedical check to ensure its state of operation.
9. Event data recorded in the AED must be available for download and delivered to the receiving hospital. The manufacturers of the device must be informed that they need to enable this information download by the site staff.
10. Event reviews will be conducted by the program physician (or delegate) after each AED use. The purpose of these reviews will be to identify:
 - Time of SCA to time of AED application;
 - Time of 911 call until arrival of first professional emergency service;
 - If the emergency medical action plan was employed.A report of the event detailing the positive or any opportunities for improvement will be completed after each AED use. This will be shared with the Targeted Responders and used to enhance and improve future responses for SCA.
11. Critical Incident Stress (CIS) debriefing should be carried out with the Targeted Responders and other staff present no more than 7 days

after the SCA and AED use. Staff from the Cardiac Safe Community Program will be available to lead the debriefing.

12. It is recommended that education for Targeted Responders be *Heart Saver CPR/AED (C)* in accordance with the HSFO guidelines.
13. Targeted Responder education must be done once a year. It is recommended that a Targeted Responder have the opportunity to review their PAD site AED response every 90 days. The type of review we recommend is not formal education but rather an opportunity for Targeted Responders to re-familiarize themselves with their Emergency Medical Action Plan and AED. This type of information review can be completed by:
 - Quarterly Newsletter that shares information about PAD;
 - Computer program that reviews their AED;
 - Video that reviews their AED etc.
14. Once a year, including the initial year, the PAD site must be audited to ensure that all of these guidelines are being achieved. This will be conducted by the program staff and a report will be generated and provided to the site's lead PAD contact to outline points that are being achieved and ones that need to be improved upon. All guidelines must be met in order for the site to be deemed "Cardiac Safe".

It is the intent of the Cardiac Safe Community Program that the above guidelines are minimum standards to ensure adequate risk management, CQI initiatives and education development for a comprehensive Targeted Responder/Public Access Defibrillation Program.

The PAD site recommendations have been endorsed by CEPCP Medical Director Rudy Vandersluis, M.D., CCFP(EM), FRCPC.