



ONTARIO DEFIBRILLATOR ACCESS INITIATIVE TOOLKIT



THE ONTARIO DEFIBRILLATOR ACCESS INITIATIVE

This document will serve as your guide in getting to know about the **Ontario Defibrillator Access Initiative**. Inside you will find a helpful Q&A, statistics and facts about cardiac arrest and information on how to apply to the Initiative.

The **Ontario Defibrillator Access Initiative** (ODAI) represents the Government of Ontario's largest commitment to the cardiac safety of the province. This investment in Automated External Defibrillators (AEDs) is being directed to publicly funded sport and recreation facilities, schools with high sport and recreation uses and Elderly Persons Centres across Ontario. A portion of the funding will also be set aside to develop Ontario's first ever AED registry. This registry is designed to track all of the public access defibrillator units placed.

There are four main components in placing AEDs under this initiative:

1. Application and selection of qualified organizations;
2. Certification of first responders (i.e. CPR-AED training);
3. Placement of AEDs and related equipment such as training materials;
4. Listing of devices on the provincial AED registry.

The ODAI adds to the government's previous contribution in 2007 – the largest in North American history for AEDs. This funding contributed to distributing over 3,500 defibrillators in public places across Ontario through the Heart and Stroke Foundation's **Restart a Heart, a Life™** Program which has helped to save 52 lives to date.



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Q&A

The following Q&A was developed to answer some questions you may have in relation to this Initiative.

1. Q: What is an Automated External Defibrillator

A: An Automated External Defibrillator (AED) is a small, portable, and easy-to-use device that is used to deliver a shock to the heart if it is experiencing cardiac arrest. If the heart is in a shockable rhythm, the AED instructs the provider to press a button that delivers a controlled shock to the heart. The shock stops the heart in an attempt to trigger the heart to resume a normal rhythm. If a shockable rhythm is not detected, then a shock is not advised and cannot be given.

AEDs can be used by any member of the public to help save lives. Once the AED is turned on, the unit will coach the user/responder through all the necessary steps by giving step-by-step instructions on what to do in an emergency situation and will only deliver a shock if the heart is in a rhythm that can be corrected by defibrillation. The AED cannot hurt anyone but it can save a life.

2. Q: What are the benefits of participating in the Initiative?

A: There are no fees associated with ODAI. An AED will come as part of a complete package. The package includes the following materials and services for every AED that is placed:

- Mandatory free CPR-AED certification for at least 10 individuals per device (i.e. employees, facility users);
- One set of Adult electrode pads and one replacement set;
- One set of Pediatric (infant/child) electrode pads;
- One installed battery and a backup battery,
- One display cabinet and signage;
- One Family & Friends™ CPR Anytime™ Kit to continue training on CPR-AED; and
- Registration of the AED and its location on the provincial registry, once developed.



3. Q: What does my facility need to do to be prepared for an AED?

A: Selected facilities must meet the following Initiative requirements:

- ✓ a minimum of 10 individuals (i.e. employees, frequent facility users) per AED placed must attend a free CPR / AED certification course based on HSF 2010 guidelines. This course must be completed for your facility to be eligible for AED installation;
- ✓ the AED location(s) and Family & Friends™ CPR Anytime™ Kit resource must be identified in all rental/usage agreements for their facilities, such as facility permits;
- ✓ all AED devices must be listed on the provincial AED registry when it becomes active;
- ✓ a site coordinator must be identified (someone who will work with the PAD program to place the device(s) to, organize CPR-AED certification and to maintain the device(s)); and
- ✓ the application must be approved by the organization's management.

4. Q: Does completing an Ontario Defibrillator Access Initiative application guarantee that an AED will be provided to my site?

A: No, the final decision as to which sites receive an AED under this Initiative is based upon a myriad of factors including site suitability, site meeting initiative funding criteria, and availability of AED resources.

5. Q: Can I apply to the Ontario Defibrillator Access Initiative to replace AEDs that are outdated or broken?

A: No, the mandate of the Initiative is to distribute new AEDs. Even if you have existing AEDs, you can still apply to receive additional AEDs to provide more comprehensive coverage at your facility under this Initiative. If your facility has an AED that is outdated or requires service it is strongly suggested that you inform EMS or your local/regional PAD program.



6. Q: If AEDs are so easy to use, why do we need certification training?

A: AEDs are safe and effective and can be used by everyone. However, evidence shows that when properly supported with training, AED's can be used more quickly and efficiently to save lives; which is why AEDs will only be deployed when a certificate with a minimum of 10 individuals per unit has been delivered. Certified training is essential to better prepare the public to deal with sudden cardiac arrest prior to the arrival of emergency response personnel. This is essential in strengthening the **Chain of Survival™** within our community. Through the Ontario Defibrillator Access Initiative, each AED will be accompanied by one Heart & Stroke Family & Friends™ CPR Anytime™ Kit. These kits can be used to support on-going training to site staff and facility users and help maintain current CPR and AED skills.

7. Q: Who will be responsible for the AED once placed?

A: Each facility must appoint a staff member as a site coordinator. This site coordinator will be responsible for checking the unit regularly (including the status of batteries, pads etc.) and communicating with their respective PAD Program if the unit is used or if any problems arise.

The recipient of an AED under the Initiative is responsible for all ongoing maintenance and certification costs related to any AED acquired through this program. The Government of Ontario and the Heart and Stroke Foundation are not responsible for ongoing costs associated with the acquisition of an AED through this program.

8. Q: What is the ongoing maintenance cost of an AED?

A: Both pads and batteries typically have defined shelf lives, which vary depending on such factors as the model chosen, local usage, AED self-test features and maintenance protocols. These items require periodic replacement. Your local PAD Program may offer an AED maintenance program at a nominal cost, which should be identified and arranged through the PAD program by the local site coordinator.



9. Q: Is there a risk in using these devices?

A: No, AEDs are safe and easy to use. In Ontario, the Good Samaritan Act (2001) protects people who voluntarily perform CPR or offer first aid assistance in an emergency. Additionally, the Chase McEachern Act (Heart Defibrillator Civil Liability Act, 2006) protects users of AEDs from liability for damages that may occur and protects the owners and occupiers of the buildings where AEDs are installed from liability for damages.

10. Q: How will the new AED registry affect me?

A: The Government of Ontario is currently developing a provincial AED registry to track where defibrillators are currently located and help identify where they need to be. This registry will also provide Emergency Service Workers (EMS) and the public with information on where to locate defibrillators.

11. Q: Will AED(s) placed in my facility be listed on the provincial AED registry?

A: Yes. In order to receive an AED through the ODAI, facilities will be required to register all of their existing AEDs with the registry. This will ensure the registry has a complete listing of the active AED devices deployed and installed through the ODAI in communities across Ontario.

12. Q: Why are AEDs important to help save lives?

A: Every year in Ontario 7,000 sudden cardiac arrests (SCA) occur with up to 85% happening outside of a hospital setting, in a private dwelling or a public place. For every minute that passes without help, a person's chance of surviving drops by 7% to 10%. Research indicates that having an AED at hand is imperative, as defibrillation, when used in conjunction with CPR in the first few minutes can dramatically improve an individual's chance of survival to up to 75%.



13. Q: Can AEDs be used on people of any age?

A: Yes, there is no age restriction; AEDs can be used on anyone. All AEDs deployed through the Ontario Defibrillator Access Initiative will be delivered with both adult and pediatric (infant/child) pads (the electrode pads that connect the AED to a person's chest).

14. Q: What is Public Access Defibrillation?

A: Public Access Defibrillation (PAD) means making AEDs available to everyone. The Heart and Stroke Foundation has worked to develop relationships with municipalities across Ontario to develop PAD Programs for their communities. It is typically the EMS who oversees the PAD Program but there are also Fire Services, Parks & Recreation Departments and Health units working toward the common goal of cardiac safety.

15. Q: Can't I just buy an AED on my own?

A: Yes, buying an AED(s) sold at retail outlets can be a solution for individual or home use. The units placed in this Initiative are part of a public access defibrillator (PAD) program and include: CPR-AED certification, training materials, expert advice from PAD Coordinators, a listing in the province's registry and are free of charge.



BACKGROUND INFORMATION

SHOCKING STATISTICS

Why is resuscitation so important? With early CPR and early defibrillation the chance of a person surviving a sudden cardiac arrest significantly increases and could make the difference in saving lives.

Sudden cardiac arrest is an emergency situation resulting from the sudden and unexpected loss of heart function.

- As many as 40,000 cardiac arrests occur each year. That is about one every 13 minutes.
- In Ontario, approximately 7,000 cardiac arrests occur annually, mostly in homes and public places
- Up to 85% of all cardiac arrests occur in public settings or homes.
- Less than 6% of those who suffer a cardiac arrest outside of a hospital survive.
- For every 1 minute delay in defibrillation, the survival rate of a cardiac arrest victim decreases by 7% to 10%.
- CPR and AED are most effective in the first 3-4 minutes.

CHAIN OF SURVIVAL

The Heart and Stroke Foundation of Canada established the **Chain of Survival™** to provide a systematic approach to Emergency Cardiac Care:

Early Access (Call 9-1-1) – bring trained medical help to the scene.

Early CPR – CPR is started as soon as possible on a person who does not have visible signs of circulation (normal breathing, coughing, or movement) to ensure that the vital organs, especially the brain and heart, receive oxygen until medical help arrives.

Early Defibrillation – application of the AED can determine if the heart has stopped beating effectively and can shock the heart to promote it resuming a normal rhythm.

Early Advanced Care – by Paramedics and health care professionals, may be provided at the scene and on the way to the hospital, or at the hospital.

Once a person goes into cardiac arrest, time is of the essence; within minutes of not receiving oxygen, the brain can suffer permanent damage. If CPR is used in combination with an AED in the first few minutes of witnessing a sudden cardiac arrest, the chance of an individual surviving a cardiac arrest increases to up to 75%. The two key components of CPR Training and placement of AEDs are interrelated.



SUDDEN CARDIAC ARREST (SCA)

Is an emergency situation

Is caused by an abnormal heart rhythm (in most cases ventricular fibrillation)

Is frequently sudden

Victims always lose consciousness

Signs of a Sudden Cardiac Arrest:

Sudden collapse

Sudden unresponsiveness to touch or sounds, and

Abnormal or no breathing

HEART ATTACK

Is an emergency situation

Is caused by a blockage in an artery that supplies blood to the heart

Causes heart muscle to die due to lack of oxygen

Can lead to a cardiac arrest

Heart attack warning signs:

Chest discomfort (uncomfortable chest pressure, squeezing, fullness or pain, burning or heaviness)

Discomfort in other areas of the upper body (neck, jaw, shoulder, arms, back)

Shortness of breath

Sweating

Nausea

Light-headedness

When a person is in cardiac arrest, the only way to correct the abnormal electrical rhythm of their heart is to provide an electric shock with an AED, which can trigger the heart to resume to its normal rhythm. Most communities rely on a first aid attendant, staff member, or bystanders to perform cardiopulmonary resuscitation (CPR) until Emergency Medical Services (EMS) arrive at the scene.

THE HEART AND STROKE FOUNDATION

OUR MISSION

The Heart and Stroke Foundation (HSF), a volunteer-based health charity, leads in eliminating heart disease and stroke and reducing their impact through:

- the advancement of research and its application;
- the promotion of healthy living; and
- advocacy.

HSF is an international leader in developing the science behind CPR and Emergency Cardiac Care and is a leading funder of Heart and Stroke research in Canada. The Foundation has been playing a lead role in resuscitation in Canada since its inception. This leadership is demonstrated through HSFO's role in Guideline development, training, public awareness, advocacy, research and partnership development in support of a strong **Chain of Survival™**.

In Ontario, HSFO became actively engaged in the placement of AEDs in public places throughout the province. The Foundation has partnered with over 60 PAD Programs working with municipal representatives and EMS.

The vision of the Heart and Stroke Foundation is to ensure that communities are cardiac safe with enhanced survival following a cardiac arrest through improved bystander CPR, greater use of AEDs, and effective execution of the **Chain of Survival™**.

For more information on the Heart & Stroke Foundation, visit heartandstroke.ca.



John McEachern and Don Cherry unveil a defibrillator at the Hockey Hall of Fame in Toronto

HOW TO APPLY

If you represent a publicly-funded, publicly accessible sports and/or recreation facility or school with high recreation and/or sport use, you will still need to qualify to be selected for an AED under the Initiative. Successful applicants will be notified at a later date.

The link below will take you to the Ontario Defibrillator Access Initiative Qualification Page. Once you have read and understood the intent of the Initiative you may proceed to the next step in the application process:

<http://aedprogram.heartandstroke.ca>

The screenshot shows the introductory page for the Ontario Defibrillator Access Initiative. At the top, there are logos for the Heart & Stroke Foundation, the Ontario Defibrillator Access Initiative (Introductory Page), and the Province of Ontario. The main heading reads "Welcome to the Ontario Defibrillator Access Initiative application website." Below this, there are three sections of text: "What is the Ontario Defibrillator Access Initiative (ODAI)?", "What requirements are necessary for ODAI funding?", and "How do I get an AED?". The "What requirements are necessary for ODAI funding?" section contains a bulleted list of four criteria. A "Next" button is centered below the text. At the bottom, there are two icons: "Launch Letter" and "Application Toolkit". A footer note states that this is a Government of Ontario funded initiative and is not related to the recent Federal funding announcement for AEDs. The copyright notice at the very bottom reads "Copyright © 2013 Heart and Stroke Foundation".

HEART & STROKE FOUNDATION

Ontario Defibrillator Access Initiative
Introductory Page

Ontario

Welcome to the Ontario Defibrillator Access Initiative application website.

What is the Ontario Defibrillator Access Initiative (ODAI)?

In 2011, the Government of Ontario announced its commitment to saving lives with Automated External Defibrillators (AEDs) by providing \$5 million dollars through the Ontario Defibrillator Access Initiative (ODAI) to place these life-saving devices in approved, publicly-funded locations across Ontario. In partnership with local Public Access Defibrillation (PAD) Programs, the Heart and Stroke Foundation of Ontario is leading this charge with the largest application process for AED funding in the province's history. This will have a significant impact on the cardiac health of all Ontarians.

What requirements are necessary for ODAI funding?

- The primary target for this initiative will be community sport and recreation facilities, schools that have high recreation and sport uses and elderly person centers
- Your facility must be publicly funded (privately funded or owned facilities do not qualify for funding under this initiative)
- Your facility must be publicly accessible
- Your facility must conduct a Heart and Stroke Foundation CPR / AED training for at least 10 participants

How do I get an AED?

Click "Next" below to see if you qualify for an AED. Be sure to answer all required questions on the following page and click "Submit".

Next

Launch Letter

Application Toolkit

***Please note** this is a Government of Ontario funded initiative and is not related to the recent Federal funding announcement for AEDs. More details will follow from the Heart and Stroke Foundation pertaining to the Federal initiative.

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GLOSSARY OF TERMS

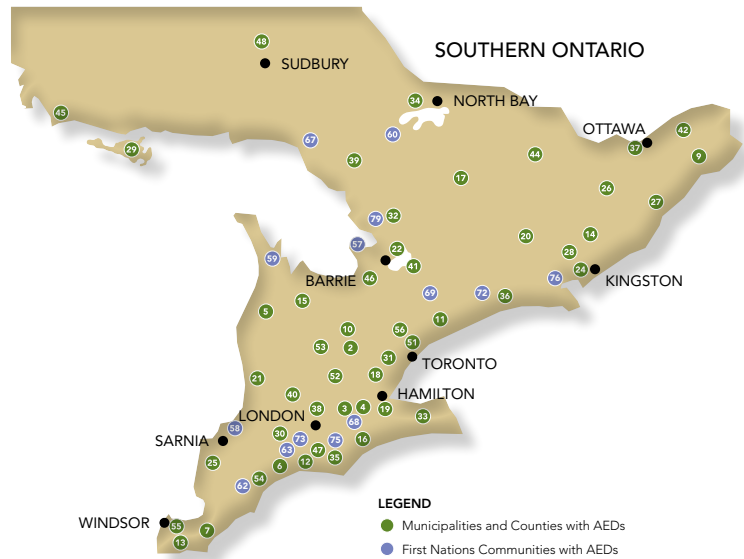
AED	Automated External Defibrillator. An AED is a portable electronic device that can be used to treat a victim of cardiac arrest. An AED evaluates a cardiac arrest victim's heart rhythm, determines if a shock is needed and delivers an electric shock through the chest to the heart. Audible and/or visual prompts guide the user through the process.
Arrhythmia	A disturbance in the rhythm of the heart beat that can cause the heart to beat too fast, too slow, or irregularly.
CPR	Cardiopulmonary Resuscitation – an emergency procedure involving chest compressions that enable oxygenated blood to be pumped to the brain and other vital organs in the body.
Family & Friends™ CPR Anytime™ Kit	“all-in-one” training kit that teaches the basic skills CPR/AED in 22 minutes.
Defibrillation	The controlled delivery of an electric shock to the heart in order to restore a regular heartbeat.
EMS	Emergency Medical Services
HSF	Heart and Stroke Foundation
HSFO	Heart and Stroke Foundation of Ontario
PAD	Public Access Defibrillation
Publicly Accessible Site	A facility accessible to your community. Excludes retail locations or restricted-access facilities.
Publicly-Funded	Municipally owned or operated. Excludes temporary or one-time government grants or project funding.
SCA	Sudden Cardiac Arrest – a condition in which the heart abruptly and without warning stops beating. In this state, the heart fails to pump blood to the brain and other vital organs in the body.
Shockable Rhythm	An abnormal heart rhythm of a person in cardiac arrest. A shock from a defibrillator may be able to return the heart to a normal rhythm. This includes heart rhythms such as Ventricular Fibrillation (VF).
VF	Ventricular Fibrillation (VF) is a type of abnormal heart rhythm which causes the heart to beat rapidly and chaotically and stops the heart from pumping blood effectively. This is the most common rhythm in adult victims of cardiac arrest.

APPENDIX A – PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAMS

The Heart and Stroke Foundation of Ontario has worked to develop relationships with municipalities across Ontario to develop Public Access Defibrillation (PAD) Programs for their communities. It is typically the Emergency Medical Services who oversees the PAD Program but there are also Fire Services, Parks & Recreation Departments and Health units working toward the common goal of cardiac safety. HSFO values these partnerships and continues to build strong relationships for future funding of AEDs, associated training and CPR & AED Awareness events.



**Heart and Stroke Foundation
AED/PAD
Program Partnerships**



LEGEND
● Municipalities and Counties with AEDs
● First Nations Communities with AEDs

Municipalities as of 2013

- | | | |
|---|-------------------------------------|----------------------------------|
| 1. Algoma | 20. Hastings | 39. Parry Sound |
| 2. The City of Brampton | 21. Huron | 40. Perth |
| 3. Brant | 22. Kawartha Lakes | 41. Peterborough |
| 4. The City of Brantford | 23. Kenora | 42. Prescott and Russell |
| 5. Bruce | 24. The City of Kingston | 43. Rainy River |
| 6. Central Elgin | 25. Lambton | 44. Renfrew |
| 7. Chatham-Kent | 26. Lanark | 45. The City of Sault Ste. Marie |
| 8. Cochrane | 27. Leeds and Grenville | 46. Simcoe |
| 9. Cornwall Stormont Dundas and Glengarry | 28. Lennox and Addington | 47. The City of St. Thomas |
| 10. Dufferin | 29. Manitoulin | 48. Sudbury |
| 11. Durham | 30. Middlesex | 49. Thunder Bay |
| 12. East Elgin | 31. The City of Mississauga | 50. Timiskaming |
| 13. Essex | 32. Muskoka | 51. Toronto |
| 14. Frontenac | 33. Niagara and Niagara-on-the-Lake | 52. Waterloo |
| 15. Grey | 34. Nipissing | 53. Wellington |
| 16. Haldimand | 35. Norfolk | 54. West Elgin |
| 17. Haliburton | 36. Northumberland | 55. Windsor |
| 18. Halton | 37. Ottawa | 56. York |
| 19. Hamilton | 38. Oxford | |

First Nation Communities as of 2013

- | | | |
|--|---|--|
| 57. Chippewas of Beausoleil First Nation | 65. Grassy Narrows First Nation | 73. Onyota'a:ka (Oneida) First Nation |
| 58. Chippewas of Kettle/Stony Point First Nation | 66. Kitchenuhmaykoosib Inninuwug First Nation | 74. Shoal Lake #39 – Iskatwizaagegan |
| 59. Chippewas of Nawash | 67. M'Chigeeng First Nation | 75. Six Nations Kenora Project |
| 60. Chippewas of the Thames First Nation | 68. Mississaugas of New Credit | 76. Tyendinaga First Nation |
| 61. Couchiching First Nation | 69. Mississaugas of Scugog | 77. Wabasseemoong Independent Nation (Islington) |
| 62. Delaware of the Thames (Moravian Town) | 70. Moose Cree First Nation | 78. Wahgoshig First Nation |
| 63. Dokis First Nation | 71. Naotkamegwaning First Nation | 79. Wahta Mohawks |
| 64. Fort William First Nation | 72. Ojibways of Hiawatha First Nation | |

APPENDIX B – SAVE STORIES

SIMCOE COUNTY'S DEFIBRILLATOR PROGRAM AND THE HEART AND STROKE FOUNDATION TEAM UP TO SAVE A YOUNG BOY'S LIFE

PENETANGUISHENE, ON – A 13- year old male student attending James Keating Elementary School is alive today thanks to availability of an AED provided through the partnership between the Heart and Stroke Foundation of Ontario and the County of Simcoe Paramedic Services.

At the age of 13, Brandon Koskitalo was running across one of his school's athletic fields during gym class. Suddenly, he was lying lifeless on the ground. His heart had suddenly stopped beating.

With only seconds to spare, quick thinking classmates and staff from the school immediately called 9-1-1, began CPR and called for the AED, which had been placed at the school the previous year. The Southern Georgian Bay OPP arrived on the scene within a minute of the call. OPP Constable Robin Chiasson was first to arrive and she quickly used the AED to shock Brandon's heart while her partner, Constable Peter Hunter, continued CPR until Paramedics arrived minutes later. The County of Simcoe Paramedic Services arrived and confirmed the good news: Brandon had a pulse.

Brandon is now a healthy 16 year-old – a milestone that would not have been possible without the quick access to a defibrillator, people trained in CPR and our generous donors.

"I am only here because everyone did what they were supposed to do correctly. I am lucky to be here," Brandon said.



Brandon Koskitalo with Constable Robin Chiasson and Constable Peter Hunter

A DRAMATIC SAVE ON ICE

NHL hockey player Brett MacLean flew down the ice at a summer pick-up game in Owen Sound. The Phoenix Coyotes forward had lifted weights earlier in the day but, as a professional athlete, he was used to multiple workouts.



Forty minutes into the game, Brett skated down the wing, spotted an open teammate, made a pass and then collapsed. At 23 years old and with no history of heart disease, he didn't fit the profile of someone who would suffer cardiac arrest. But that's exactly what happened that July evening.

Two players threw off their helmets and gloves and immediately started CPR. As they tried to revive Brett, a fan in the stands also rushed down to the ice.

A firefighter watching his son play, he retrieved the arena's automated external defibrillator (AED) and called 9-1-1. Together, the players and firefighter performed CPR and administered a shock with the AED until an ambulance arrived. Without their quick action, Brett would have certainly died.

Tests were inconclusive but something had gone awry with the electrical impulses in Brett's heart. Doctors inserted an implantable cardiac defibrillator (ICD), a small electronic device that will monitor his heart and provide an electrical shock if an abnormal rhythm is detected again.

"I was lucky, the right people were there at the right time," said Brett. "It's great that there was an AED there, but the fact that someone knew how to use it...that's a big part of why I'm still here."

Even before he was released from hospital, Brett was thinking of ways to spread the Foundation's message about the importance of CPR and AED training. From his hospital bed, Brett and a long-time friend created an annual ball hockey tournament and weeks later 10 teams competed in "Bar Down for Heart and Stroke," raising both funds and awareness.

Since then, Brett's recovery has been remarkable. Though it's unlikely he will play professional hockey again, doctors assured him he can be active, which means jogging, swimming, cycling and playing tennis. CPR/AED training is also high on his "to-do" list.

"The AED saved my life, but it's important to be trained," said Brett. "You never know when you might need it. Look at me, a 23-year-old professional athlete... it could happen to anyone, anywhere."

