



POLICY ON EARLY ACCESS TO DEFIBRILLATION FOR CARDIAC ARREST

1. PURPOSE AND SCOPE

This document is a policy of the Australasian College for Emergency Medicine (ACEM) and relates to the provision for early access to defibrillation of sudden cardiac arrest within health care institutions and other settings.

The policy is applicable to all providers of clinical care and/or emergency response to collapsed persons both in and out of health care settings.

2. POLICY

Early access to defibrillation is the single most important intervention that has been demonstrated to save lives in collapsed persons suffering sudden cardiac arrest.

ACEM supports strategies to improve the ease of access to external defibrillators by all staff in health care settings. In most circumstances Automated External Defibrillators (AEDs) would be most appropriate.

ACEM acknowledges that most members of the community obtain information about cardiac arrest from the media and their perceptions about possible outcomes may be unrealistic.

ACEM believes development of automated external defibrillators has placed timely defibrillation safely within the capability of all staff in and out of health care settings.

ACEM supports within a co-ordinated health care framework the further evaluation of options beyond traditional responder systems to effect timely availability of cardiopulmonary resuscitation and early access to defibrillation of persons in cardiac arrest.

3. PROCEDURE AND ACTIONS

- 3.1 All clinical staff within health care settings must be able to access and appropriately use defibrillators including AEDs or defibrillators equipped with AED capacity.
- 3.2 In ambulatory or non-acute health care settings, an AED, oxygen, suction and basic oxygen delivery equipment are considered as basic equipment items for emergency response.
- 3.3 All staff members designated to respond to collapsed persons require adequate training in contemporary resuscitation strategies in keeping with the scope of qualification and intended practice. Performance should be monitored and proficiency maintained.

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- 3.4 AED should be placed in open access or public areas of hospitals, particularly associated dining or trade precincts and other high traffic areas in the community such as airports, train stations, casinos and sporting venues.
- 3.5 Focused training should be given to persons likely to use AED.

4. DATES AND NOTES

Approved by Council: *October 2004*

Last reviewed and approved: *July 2011*

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34 Jeffcott Street West Melbourne VIC 3003

Ph: 61 3 9320 0444 Web: www.acem.org.au