COMMUNITY INITIATIVES AND PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAM TOOL KIT

This tool kit is free to EMS agencies interested in implementing a community public access defibrillation program. The materials have been developed to provide step-by-step instructions for implementing a program and useful materials to assist you in that process.
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Overview

Cardiovascular disease is the single greatest cause of death in the United States. Each year upwards of a quarter of a million persons receive attempted resuscitation from cardiac arrest by Emergency Medical Services (EMS).

One way of buying time until a defibrillator becomes available is to provide artificial circulation by performing cardiopulmonary resuscitation or CPR. The earlier you give CPR to someone in cardiopulmonary arrest, the greater the chance of a successful resuscitation. By performing CPR, you keep oxygenated blood flowing to the heart and brain until a defibrillator becomes available. As approximately 80% of all cardiac arrests occur in the home, community training programs can be extremely beneficial for preparing bystanders for these events.

Ventricular fibrillation, a disturbance in heart rhythm resulting in uncoordinated contraction of ventricular cardiac muscles, is the most common cause of sudden cardiac arrest. Early defibrillation with shock by a defibrillator is the most effective means of resuscitation from cardiac arrest and the only definitive treatment for ventricular fibrillation. The success of defibrillation diminishes rapidly with each passing minute from collapse, decreasing the chance of survival by about 5% for each passing minute.

Defibrillation must often wait until trained emergency responders arrive on scene with a defibrillator, increasing the time between collapse and defibrillation. Use of automated external defibrillators (AEDs) by laypersons enable defibrillation soon after collapse, sooner than can be achieved by emergency responders. This strategy of early defibrillation is often termed “Public Access Defibrillation” or PAD. As a consequence, patients suffering cardiac arrest treated with PAD are more likely to survive. The challenge is how to expand the role of public access defibrillation.

This toolkit is designed with Emergency Medical Services administrators and personnel in mind to create a program to encourage CPR training programs and the purchase, registration, and use of AEDs within their community. By encouraging community use of CPR and AEDs, we are strengthening the Chain of Survival by improving early CPR and defibrillation.
Achieving Buy-In

In order to create a successful Community Initiative and/or PAD Program, it is imperative to have support from the community as well as from EMS leadership.

Talking Points

Set the stage. Talk about your community’s cardiac arrest survival rate and what you’re trying to achieve.

Stress the importance of saving time. Each minute delay represents a 5% drop in chances of survival.

Community members have the unique opportunity to save valuable time by delivering a shock quickly rather than having to wait for EMS arrival.

Target high risk communities and businesses such as airports, county jails, large shopping malls, public sports venues, large industrial sites, golf courses, homeless shelters, ferries/train terminals, health clubs/gyms, and community/senior centers.
Emphasize these important points:

**Liability**
Minnesota Law states that: "emergency care" includes providing emergency medical care by using or providing an automatic external defibrillator, unless the person on whom the device is to be used objects; or unless the person is rendering this care during the course of regular employment, the person is receiving or expects to receive compensation for rendering this care, and the usual and regular duties of the person include the provision of emergency medical care. Minnesota Statute 604A.01.

**Training**
There are a variety of programs that can be adapted to meet community or program needs. Offer to provide the training in person or utilize one of the many free CPR and AED training programs offered in the community or online (learnaed.org, American Heart Association, Red Cross).

**Selling points for community members**
NO MOUTH-TO-MOUTH – Community members may do chest compression CPR only. The AED provides easy to follow, clear voice instructions.

Consider providing a demonstration which takes 5 minutes and can quickly demonstrate the straightforward operation.

**Cost**
Starting up a CPR training program may include costs for manikins and other training tools. There are inexpensive ways to accomplish this and often groups are willing to share equipment for larger scale trainings or events. AEDs are available for around $1,200. Pads last 2 years and cost $50. Batteries last 5 years and cost $140. Prices vary by distributor but many have discounted pricing through various agencies throughout MN. Many of these agencies also have fundraising programs and grants available to assist with AED placement.
Minnesota Good Samaritan Law

604A.01 GOOD SAMARITAN LAW.

Subdivision 1. Duty to assist. A person at the scene of an emergency who knows that another person is exposed to or has suffered grave physical harm shall, to the extent that the person can do so without danger or peril to self or others, give reasonable assistance to the exposed person. Reasonable assistance may include obtaining or attempting to obtain aid from law enforcement or medical personnel. A person who violates this subdivision is guilty of a petty misdemeanor.

Subd. 2. General immunity from liability. (a) A person who, without compensation or the expectation of compensation, renders emergency care, advice, or assistance at the scene of an emergency or during transit to a location where professional medical care can be rendered, is not liable for any civil damages as a result of acts or omissions by that person in rendering the emergency care, advice, or assistance, unless the person acts in a willful and wanton or reckless manner in providing the care, advice, or assistance. This subdivision does not apply to a person rendering emergency care, advice, or assistance during the course of regular employment, and receiving compensation or expecting to receive compensation for rendering the care, advice, or assistance.

(b) For the purposes of this section, the scene of an emergency is an area outside the confines of a hospital or other institution that has hospital facilities, or an office of a person licensed to practice one or more of the healing arts under chapter 147, 147A, 148, 150A, or 153. The scene of an emergency includes areas threatened by or exposed to spillage, seepage, fire, explosion, or other release of hazardous materials, and includes ski areas and trails.

(c) For the purposes of this section, "person" includes a public or private nonprofit volunteer firefighter, volunteer police officer, volunteer ambulance attendant, volunteer first provider of emergency medical services, volunteer ski patroller, and any partnership, corporation, association, or other entity.

(d) For the purposes of this section, "compensation" does not include payments, reimbursement for expenses, or pension benefits paid to members of volunteer organizations.

(e) For purposes of this section, "emergency care" includes providing emergency medical care by using or providing an automatic external defibrillator, unless the person on whom the device is to be used objects; or unless the person is rendering this care during the course of regular employment, the person is receiving or expects to receive compensation for rendering this care, and the usual and regular duties of the person include the provision of emergency medical care. "Automatic external defibrillator" means a medical device heart monitor and defibrillator that:

1. has received approval of its pre-market notification, filed pursuant to United States Code, title 21, section 360(k), from the United States Food and Drug Administration;
2. is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia, and is capable of determining, without intervention by an operator, whether defibrillation should be performed; and
3. upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.

History:
1994 c 623 art 2 s 1; 1995 c 205 art 2 s 8; 1998 c 329 s 1; 2001 c 107 s 1

Located:
www.revisor.leg.state.mn.us/bin/getpub.php?type=s&year=current&num=604A.01
Sample Letter of Support

This sample letter of support is designed as a template for achieving community business and organization buy-in. Various strategies should be considered to target the specific organization or individual.

October 1, 2010 Attn: Address

Dear __________,

__________ County has begun a campaign to increase public awareness about the importance of early CPR and defibrillation in the event of sudden cardiac arrest. Sudden cardiac arrest is a condition where the heart suddenly stops working and a person becomes unconscious. The heart can be restarted with a shock from an automated external defibrillator, also called an AED. The challenge is to deliver the shock as soon as possible. Unfortunately in most instances, the shock comes too late. In most communities, survival is only 5% from cardiac arrest. Although survival in ____ County is several-fold better due to the excellent care by citizens, EMS and area hospitals, there are still important opportunities to save more lives from cardiac arrest.

Because an early shock soon after collapse is so important, some businesses/exercise centers/casinos (be specific) in _____ County have equipped their location with an AED as part of the Community Responder Program sponsored by ____________ County. We know that when an AED from the Community Responder Program is used to provide a shock, the shock can occur very early even before the paramedics are able to arrive so that survival is over 50%, a survival rate that translates to even more survivors here in _______ County.

As part of our efforts to improve survival from cardiac arrest throughout ________ County, we review the emergency medical services care for each cardiac arrest and note that a cardiac arrest occurred at (your location) in 200X. ________ County is committed to promoting our community’s health and safety. As a community partner, you can help achieve even higher survival rates here in ____ County. As part of this campaign, a representative from ________ will be calling you in the next couple of weeks to ask you some brief questions regarding your access to an AED at your business or institution (be specific). Your participation in this 5 minute phone contact will be much appreciated.

To learn more about the Community Responder Program please see the enclosed brochure. Should you have any questions regarding this notice, or if you have placed an AED at your business/institution since the cardiac arrest event, please contact __________, Program Coordinator, at (__) ___-____.

Sincerely,

_____________________, MD

Medical Program Director

Emergency Medical Services Division

__________________ County

Community Initiatives & Public Access Defibrillation
Leadership

In order to create a successful community initiative or AED program, there needs to be strong leadership in the form of medical directors, EMS leaders, project coordinator and site coordinator.

These roles may be championed by a single individual or group depending on the size of the program and resources of the community, though physician involvement is required by the State.

Medical Director Participation
The goal of implementing a community AED program is to increase the rate of survival from sudden cardiac arrest within your community. All public access AEDs must have physician oversight to purchase an AED and for ongoing education. The key roles of the medical director are outlined below:

- Sign off and take responsibility of AED implementation.
- Ensure proper training for AED users
- Aid in establishing review and improvement procedures for AED site. This includes troubleshooting any issues that arise during an event and reviewing these issues after an event occurs.

Local hospitals and EMS agencies may have programs established to help communities and potential AED sites through this process with existing medical oversight.

Project Coordinator Leadership
Recruit high risk sites using brochure and media.
Promote and coordinate CPR and AED training events.
Promote statewide AED registry.
Coordinate follow-up and recognition, especially in the event of an AED use.
Serve as a point person for information dissemination regarding program.

Site Coordinator Initiative
Coordinates ongoing training.
Maintenance checks.
Maintain site readiness for emergency response including AED operation.
Assures ongoing updates in AED registry.

Charles Lick, MD, of Heart Safe Communities, holds an automated external defibrillator (AED) from the program he helped start.
Community Initiatives & Public Access Defibrillation

Training

Each community entity will have a unique list of factors that will motivate participation and success. The following are a list of sales points that can be used to tailor a program that is right for your agency.

- Emphasize that this program will save more lives in your community.
- "What about mouth to mouth?" Community members need only do chest compressions, alleviating the common anxiety over performing ventilations.
- This machine is easy to use and gives clear, simple voice commands that guide the user. It is technically impossible to harm someone with this device.

Training on Cardiac Arrest Response and AED Use

- How do you know when to do CPR and deploy the AED? Patient is unconscious, not breathing normally.
- Demonstrate the abnormal breathing that can occur in cardiac arrest. These agonal breaths are often slow or irregular.
- Demonstrate efficient application and use of the AED. (It’s easy.)
- Explain that the AED only shocks VF, that not everyone will get a shock.
- Explain that the patient may or may not wake up after a shock. If the patient remains unconscious, the rescuer will be asked to start chest compression CPR.
- Practice. Hands-on practice on the AED time helps alleviate any anxieties of the would-be rescuer.
Training Resources

The following are websites with information and facts relative to cardiac arrest and Public Access Defibrillation.

American Heart Association  
http://www.heart.org/HEARTORG/

Survive Cardiac Arrest  
http://survivecardiacarrest.org

Sudden Cardiac Arrest Foundation  
http://www.sca-aware.org/

The following are websites with information regarding Community Initiatives and Registries

Minnesota Resuscitation Consortium  
www.mrc.umn.edu

Take Heart America  
http://takeheartamerica.org/

The following are websites for national CPR-AED Training programs.

American Heart Association  
www.americanheart.org  877.AHA.4CPR

American Safety and Health Institute  
www.ashinstitute.com  800.682.5067

Medic First Aid International  
www.medicfirstaid.us  800.800.7099

National Safety Council  
www.nsc.org  800.621.7619

The following AED manufacturers can also provide useful information.

Cardiac Science Corporation  
303 Monte Villa Parkway
Bothell, WA 98021
Attn: Jeffrey Hoyt
Phone: 1-800-274-3342 ext.3353
Web: www.cardiасscience.com

Medtronic Emergency Response Systems  
18111 Willows Rd. NE
Redmond, WA 98073-9706
Attn: Emma Dye
800-442-1142 Ext. 2624
Web: www.medtronic-ers.com

HeartSine Technologies, Inc.  
940 Calle Amanecer, Suite E
San Clemente, CA 92673
Phone: 1-949-216-0092
Email: sales@heartsine.com
Web: www.heartsine.com

Philips Medical Systems  
2301 Fifth Ave., Ste. 200
Seattle, WA 98121
Attn: Kelly Champoux
Customer Service: 1-800-263-3342
Web: www.medical.philips.com/heartstart

Medical Research Laboratories, Inc.  
1000 Asbury Dr., No.
Buffalo Grove, Illinois 60089
Attn: Paul Kiely
Phone: 800-462-0777
Web: www.mrlinc.com/pages/aed.html

Zoll Medical Corp.  
1711 Hillside Drive
Las Flores, CA 92688
Attn: Aaron Graves
Phone: 800-242-9150 Ext. 276
Web: www.zoll.com/AED.htm
Tools of the Program

A successful community PAD program requires participation from many resources. In order to stay organized and keep stakeholders on board, the following tools have been developed.

**Brochure:** A generic brochure which can be tailored to your specific community needs in order to achieve community buy-in and encourage high-risk sites to participate in your efforts will soon be available on the MN Resuscitation Consortium website.

**MN Bystander CPR Registry:** While organizations typically document CPR training through their AHA training center, American Red Cross agency or other; there has typically been no formal way to track numbers of individuals trained in bystander CPR. This is available on the MN Consortium website.

**Registry Postcard:** In addition to a generic community buy-in brochure, a generic postcard is also provided. This postcard is to remind AED owners to register their device at the MN AED Registry.

**Physician Oversight Guide:** The American Heart Association released a Physician Oversight Guide to outline the role of the physician and/or medical director in a PAD program. This is available at [www.heart.org](http://www.heart.org).

**Registry:** Instructions to both registries are included in this toolkit and at [www.mrc.umn.edu](http://www.mrc.umn.edu).

**Implementation Packet:** The implementation packet is outlined in the “Tools to Launch the Program” section. This packet will clearly outline the steps needed in order to create a community PAD program that flows smoothly and remains organized after initial implementation.

“Rapid defibrillation and early cardiopulmonary resuscitation (CPR) are the two major contributors to survival of adult victims of sudden cardiac arrest... Automated external defibrillation is one of the most promising methods of treating cardiac arrest.”

-American Heart Association
Brochure

There are many ways to inform communities and create community buy-in. One of these tools is a Community Initiative Brochure created in a manner that allows specific communities to tailor it to the needs of their specific area. This brochure can be sent out to sites that have shown interest in acquiring an AED, or even mailed to sites considered “high risk.” Below is an excerpt. Groups may choose to develop a logo or name to create recognition within their communities and to connect them with larger national or statewide initiatives.

MN Bystander CPR Registry

As a community initiative, you may want to set goals to train a certain percentage of your population or to place a certain number of AEDs. The registries available at www.mrc.umn.edu can help you accomplish this. Community partners receive quarterly updates on training numbers for Bystander CPR, this along with training numbers from AHA, ARC and others; you can easy record and track training in your community. A ‘how to’ powerpoint is also available at the MRC website. Registered trainings are checked for duplication and tracked by organization, instructor, county, and total numbers trained. Every quarter new organizations and names are added to the database. Email addresses are also required so that we can send reports to anyone who is registering classes.
AED Registry Postcard

Postcards are sent out to sites for three reasons: 1) to share with AED owners the existence of a MN AED Registry  2) to explain the benefits of registering a device - update notifications, electrode and battery expiration notifications and 3) connected into AED notification processes through EMS agencies or dispatch.

Physician Oversight

Many states require that any business using an AED must have medical oversight from a licensed physician. The following guide will outline physician responsibilities when purchasing and placing an AED in service.

**Physician Role**

Many physicians can serve this role - often this person is the EMS Medical Director but hospital emergency physicians, cardiologists, or general practice physicians can also provide this important community service. Organizations in your community may already have this in place for AED purchasing and placement.

- Assist in creating procedures for AED use with the site.
- Take responsibility for medical oversight of the program.
- Assist in creating a bridge between the site and the local EMS agency.
- Ensure that proper training has taken place and is maintained at the site.
- Once a Project Coordinator has been established, the physician will have a more relaxed role in the program.

**Key Questions for AED Placement**

- Who and how many individuals at the site require training?
- How much training is required?
- Are there any special state requirements for establishing a PAD program in addition to federal requirements?
- What steps need to be taken to connect with the local EMS agency?
- How many AEDs should be on-site?
- Site placement-should the AEDs be secured or unsecured? How visible should they be?
- What steps are in place to ensure that the AED is properly working after an event?

These questions and more are also reviewed at [www.heart.org](http://www.heart.org) and local agencies may have existing tools for answering these questions and solutions to obstacles.
MN AED Registry

An up-to-date AED is important to any community AED plan. AED’s should be ready to use when an emergency arises. Media has often focused on AEDs that failed in emergency situations - avoidable through regular maintenance and care. The MN registry provides this to the AED owner. The registered site manager receives updates from manufacturers, reminders to replace electrodes and batteries, and if the registry data is not kept up to date the site manager or email registered will continue to get emails regularly until it is. The MN AED registry is part of the National AED registry and can be used with other Atrus products such as AED Link and potentially for mapping and responder notification programs. The MN Resuscitation Consortium receives periodic reports from the MN AED Registry that can be shared with organizations that are working on community preparedness and AED awareness.
Instructional powerpoints on how to: register your AED, transfer the site, and replace electrodes or batteries are all available at [www.mrc.umn.edu](http://www.mrc.umn.edu)
Tools to Launch the Program

The following section outlines all of the suggestions and components necessary to starting a Community Initiative.

**Determine what you are doing?**

What is the ultimate goal for your initiative or AED program? There can be multiple goals with many players and may not have a finite end. However, you should determine what you would like to accomplish in a certain period of time. Attainable goals that can be marketed to your community and community leaders will have a larger impact. There are several programs around MN and throughout the country that offer packaged ideas that can be replicated in your community. For example:

**Heart Safe Community** is a collaborative effort to reduce the number of deaths from sudden cardiac arrest, it’s also about communities taking a look at themselves and how prepared they are to respond to a cardiac arrest in their community.

There are many ways that this is being implemented around the world and much of the information is available online and willing to be shared. Often the end result is a community designation. The toolkit for this designation may be the guide to setting your community goals.
Take Heart America: A Community-wide, Systems-based Approach to the Treatment of Cardiac Arrest.

Charles Lisk, MD; Tam Aufdenfельde, MD; Robert Nolka, MS; Janet Steinheyer, MA; Scott Davies, MD; JCCM; Susan Nguyen, RN; Kim Martin, NREMT-P; Louis Gonzales, EMT-P; Jeffery Kalka, NREMT-P; Sarah Wreth, EMT; Denise Gilgaul, EMT-P; Lynn White, MS, CORP; Michael Bayer, MS; Susan Day, RN; MPY; Dave Oaks, BS; Tony Provo, EMT-P; John Oden, MD; Keith S. Lure, MD;

AirLife Medical Transportation, Minneapolis College of Art and Design, Advanced Circulatory Systems, Inc., Central Minnesota Health Care, Allina Health System, Ohio State University, Medical Center, University of Minnesota.

Background:
Take Heart America (THA) is a community-based initiative that sequentially deployed all of the most highly recommended 2005 AHA Guidelines in an effort to increase survival from out-of-hospital cardiac arrest (OHCA). We hypothesized that the THA program could be successfully initiated and that OHCA survival rates would be increased after implementation.

Methods:
The THA program was initiated at two sites in Minnesota with a combined population of 435,880 greater St. Cloud and Anoka County. Implementation included widespread CPR and automated external defibrillator (AED) skills training in remote and businesses, rerouting of EMS personnel in methods to enhance circulation (primarily CPR intervals), performing CPR prior to and after single- or multi-resuscitation, use of an implantable defibrillator device (IABP), additional deployment of AEDs in schools and public places, protocols for transport to and treatment by Cardiac Arrest Centers (CACs) for therapeutic hypothermia, coronary artery evaluation and treatment, and electrophysiological evaluation. Survival in patients with OHCA from July 1, 2005 to June 30, 2006 was evaluated and compared with the year prior to implementation.

Results:
More than 26,000 people were trained in CPR and AED use. bystander CPR rates increased from 20% to 25% (p < 0.05), overall survival increased 2% (8.6% to 10.6%). Of 267 total OHCA, 56% had CPR with use of an IABP. Three CACs were established and 43% of patients were treated with therapeutic hypothermia. Comparing the intervention group with historical Controls (8.9% vs. 8.3%); overall cardiac arrest, and cardiac arrest in non-CAC were significantly lower. Implantable defibrillator were placed in 230/4 (32%) vs. 22/9/13% of patients were placed in 230/4 (32%) vs. 22/9/13% of patients.

Conclusions:
The THA Program more than doubled OHCA survival when compared with historical controls. Feasibility of generalizing this approach to larger cities, regions, and states in anesthesia.

Take Heart America is a systems based approach that is active in many states including Minnesota. They have tools to help with community and EMS training, as well as awareness and promotional tools.

Essential Community PAD Program Components

- Public and private sites willing to participate in an AED program.
- Community CPR-AED training programs (including American Heart Association, American Red Cross, National Safety Council, and any existing State-approved courses).
- Resources to acquire an AED.
- Community 9-1-1 dispatch centers.
- Local EMS services.
- Use of MN registries to track CPR and AED placement.
Community Initiatives & Public Access Defibrillation

PAD Program Announcement News Release

The American Heart Association has created a press release template for community PAD programs. Again, each community may tailor this release to fit with the needs of their program.

DATE: FOR RELEASE: CONTACT: (Company Name) Announces Lifesaving CPR and Defibrillation Program

(City, Date) — Starting (date) employees, clients and visitors of (company name) will have a better chance of surviving a cardiac arrest because of newly installed automated external defibrillators (AEDs). The AEDs are part of the company’s new public access defibrillation program, which trains company volunteers to recognize a cardiac emergency, perform CPR and use the device to shock the heart into a regular rhythm. “We want to be sure we can effectively respond to any medical emergency that happens on our property,” says (company spokesperson).

Every year about 220,000 people suffer cardiac arrest and only about 5 percent of them survive. Cardiac arrest is a condition in which abnormal heart rhythms called arrhythmias cause the heart’s electrical impulses to suddenly become chaotic. When this happens, the heart stops abruptly, and the victim collapses and quickly loses consciousness. Death usually follows unless a normal heart rhythm is restored within a few minutes. Defibrillation, which means delivering an electric shock to the heart, is the only known treatment to restore the normal rhythm. For every minute defibrillation is delayed, the victim’s chances of survival go down 5 percent.

According to a company spokesperson, concern about being able to ensure quick defibrillation caused them to set up a defibrillation program with AEDs. “We have a large employee population in a complex facility that is difficult for the EMS system to reach quickly, so we worked with the American Heart Association to set up our program,” said (company spokesperson).

AEDs now on the market are safe and easy to use, making it possible for non-medical personnel to be trained to provide rapid defibrillation. More and more companies are taking this step since legislation providing limited liability for non-medical AED users was passed in the state recently. The American Heart Association recommends that any facility in which large groups of people congregate consider establishing a defibrillation program. This is especially true in high-security companies, high-rise buildings, gated communities, sprawling manufacturing plants and remote sites. It is estimated that establishing these defibrillation programs could help save as many as 40,000 lives per year.
Community Initiatives & Public Access Defibrillation

Implementation Steps

**Pre-Step 1: Community Awareness**

- Advertising, public media, personal word-of-mouth, as well as active corporate marketing used to create interest and awareness. Including websites and social media.
- "Where do I get an AED?", "Where do I get training?" and/or "How and where do I use an AED?" are all questions to address while creating awareness.
- The Community Responder CPR-AED Program informational brochure will be available upon request from local hospitals, fire departments, EMS and AED manufacturers.

![A visual example of the importance of early defibrillation](image)

**Step 1. Create Partnerships**

This can be more than a one agency effort. Create partnerships with other agencies: police, fire, EMS, hospitals, clinics, community groups, schools and local civic organizations

**Step 2. Set Goals**

With an ultimate goal to save lives, it is also important to determine, with your partners, what the steps are for your community to reach that ultimate goal. Your community may have a strong existing AED program but lacks CPR training and awareness.

Awareness tends to be the strongest missing link. While many people have received CPR training they lack confidence and comfort regarding AED use. There are many national campaigns that can be used in your community, such as the AHA bus stop campaign with posters showing the simple steps of CPR. Additionally, there are many PSA's available online and short video's to supplement your local campaign and trainings.
Step 3. Do the Work

There are many community venues to promote awareness, CPR and AED training and AED placement. Participate in community fairs, neighborhood events and business health fairs.

Meeting with local organizations individually may also be the best approach to encourage their participation and placement of AEDs.

Step 4. Recognition

Possibilities include:
- Community Celebrations
- Survivor Celebrations
- Community Maps

Step 5. Ongoing Steps

- Continue to work with local groups and organizations to provide CPR training and AED information.
- Continue to register bystander training numbers in the MN Bystander CPR Registry.
- Continue to promote registry of AEDs in the MN AED Registry.
- Continue to search out AEDs that many not be on the registry.
- Update maps and awareness tools developed for your community.
- Continue to celebrate events and recognize additional accomplishments.
- Update your website and social media tools to continue to promote awareness.
Gathering Useful Feedback

Follow-Up

Commit to asking for feedback on the system logistics. Did a bystander start CPR? Did the AED work properly? Were there questions about the patient’s presentation? Did Site Coordinators know what to do with the AED after use? Make sure to regularly query all users from the Medical Director to the end user as to the program’s effectiveness and use this information to make adjustments along the way. Remember, there is always room to improve the program.

Database and Postcards

Ensure registry use to guarantee up to date information. Additionally, make sure that every event in which the AED on site is dispatched is documented. In keeping up to date with community CPR and AED sites, the chain of survival is strengthened.
Community Initiatives & Public Access Defibrillation

Articles


The Minnesota Resuscitation Academy is supported by:
University of Minnesota Cardiovascular Division,
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MN Ambulance Association,
MN Hospital Association
In partnership with:
Participating community initiatives, MN EMS and Hospitals