

PAD SITE NEWSLETTER

Summer 2005

Resuscitation Review

The Lakeridge Health Base Hospital Program is going to revisit establishing regular communication with our Public Access Defibrillation (PAD) responders through quarterly newsletters.

The focus will be to share information concerning this program and to give topical review for C.P.R. and AED.



Keith Kirkpatrick:

I am the Clinical Coordinator responsible for the PAD program and have an extensive background in pre-hospital care. I have been in the Emergency Medical Service (EMS) system since 1981 and was one of the pioneers of the Advance Care Paramedic (ACP) program we see today in Ontario. I have been a paramedic educator for the past 10 years and became a full time pre-hospital care educator in 2001. I am also an instructor trainer with the Heart & Stroke Foundation of Ontario in C.P.R., PAD, Pediatric, and Advanced Life Support.

I look forward to continuing to manage, and progress one of the most successful PAD programs in Ontario. At present we are seeing a 53% survival rate at our PAD sites.

Today there are six people alive in Durham Region (between 2002 to present) that is directly attributed to this program.

This is not due to me, the physicians or PAD Instructors but to you the responders who are ready, able and willing to implement an effective emergency action plan.

Elgin Bromell has put together a review of the emergency action plan in this newsletter that I hope you will take the time to look over. At the end of the emergency plan, there are a few questions for you to answer. We will publish the answers in the Fall edition of this newsletter.

I would also like to let you know that we have established a phone number (1-866-503-2233) that is available for the PAD program 24 hours a day, seven days a week. It is intended to be called after the use of your PAD site defibrillator, or if a problem is found with your defibrillator during weekly or monthly maintenance checks.

We will be ensuring that the Post Defibrillator Procedure (red folder) in your PAD Rescue Case will have this contact number and a procedure to follow.

If you have any questions, or comments to improve our program, please forward them to me, June or Elgin. In this first newsletter I would like to introduce our program staff

Elgin Bromell

I will be assisting Keith Kirkpatrick with the Public Access Defibrillation (PAD) program for the Durham Region. My background involves eight years of road experience as a paramedic and I currently work full time for the Durham Region Emergency Medical Services. I have been a Base Hospital instructor in the PAD program for two years and an instructor for Emergency Medical Training for three years.

I will be visiting your facilities often to help with quality assurance and assist with any questions or concerns you may have. I will also be more involved with training to help ensure that you will have a familiar face to put a name to, and provide consistency in training. I look forward to working with everyone.

June Jensen:

I am the PAD Program support person and the contact voice on the phone. I have been with the Base Hospital for 3 ½ years. I am also the Administrative Assistant to Dr. Rudy Vandersluis the Physician Leader for the Base Hospital Advanced Life Support Program and the Medical Director for the Paramedic Program.

I am available Monday to Friday from 8 – 4 and can help you set up training for your staff, send you needed study information, and take any questions or concerns that arise at your site and forward your concerns on to Keith or Elgin. Please feel free to contact me at 905-576-8711 ext. 4634 or jjensen@lakeridgehealth.on.ca.

REVIEW: EMERGENCY ACTION PLAN

AED (PAD) Site Emergency Action Plan

The PAD Site Emergency Action Plan is a vital tool in ensuring the most effective reaction by emergency response teams. This plan must be reviewed regularly (every 90 days). Emergency response teams can only remember protocols and respond as well as they have been trained.

Single Rescuer

The single rescuer removes the AED from the case, attends to the victim, and in the setting of a cardiac arrest, performs defibrillation/CPR as prompted by the AED. If available, the single rescuer asks a bystander to call 911 (via pay phone, cell phone etc.) to advise the nature of the emergency and the location within the facility. The single rescuer will also direct a bystander to meet the Fire Service/EMS paramedics at the front door of the facility and direct them to the

location of the emergency via the quickest route.

Note: As the AED will be positioned in an alarmed cabinet, if there are no bystanders available to assist the single rescuer, 911 (Ambulance Communication) will be automatically notified by the alarm company without the need for phone contact (some Pad boxes do not auto call 911 and these facilities have a receptionist who monitors the AED and calls 911). However, if available, bystanders are to be used to establish voice contact with 911 to confirm the nature of the emergency.

Multiple Rescuers

The rescuers respond to the emergency after notification.

Rescuer #1 removes the AED, attends to the victim and in the event of a cardiac arrest, performs defibrillation/CPR as prompted by the AED.

Rescuer #2 contacts 911 and advises the nature of the emergency and the location within the facility. Rescuer # 2 will then announce over the public address system a “CODE BLUE” event at the particular location. This not only signals other staff but is a common hospital term that would alert any off duty firefighter, paramedic, nurse or physician within the facility.

Rescuer #3 (if available) will assist rescuer #1 with the victim. If rescuer #3 is not required at the emergency, he/she will update rescuer #2, who will in turn, update 911.

Rescuer #4 (if available) will meet the Fire Service/EMS paramedics at the front door of the facility and direct them to the location of the emergency via the quickest route.

Note: If rescuers #3 and #4 are not available, bystanders shall be directed by rescuer #1 to perform these functions.

Transfer of Care to Fire Service/EMS Paramedics

The rescuer administering AED to the patient shall give a verbal report to the EMS paramedics (and to the Fire Service if they are first on scene) which shall include the following information:

1. if the cardiac arrest was witnessed or unwitnessed;
2. number of shocks delivered via AED, if any;
3. whether or not there has been a return of a detectable carotid pulse.

The Fire Service or EMS paramedics may request the rescuers to assist in the care

of the victim (i.e. chest compressions). The rescuer may be requested by the EMS paramedics to leave the AED attached to the patient and finish a set of three stacked shocks. Your AED should not leave the site with EMS. If they request data from your AED politely tell that your site coordinator will perform this task over the next 30 minutes and fax it to the receiving hospital. EMS paramedics should inform you where the victim is being transported to. They may request a phone number for the receiving hospital to call should they need any specific information from your PAD victim.

Questions: (Answers will be published in the Fall 2005 Newsletter)

1. What are the most important first steps you have to take if you are by yourself and you have confirmed the person is in cardiac arrest?
 2. What are some possible jobs you can appoint bystanders to do for you?
 3. True or False – you should still call 911 if you have enough resources?
 4. Who should be contacted after the event is complete?
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I hope that this review was of benefit to you. If you have any comments about this subject or any other emergency medical topic, please forward them to:

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