

Does your workplace have a Public Access Defibrillator?

Every year in Australia approximately 30,000 people suffer a sudden cardiac arrest away from a hospital, a figure derived from a few studies in a few Australian states, as no nation-wide data is collected. This lack of information is in itself is a problem when it comes to improving the care and survival of cardiac arrest victims: it is impossible to change that which we do not know or understand.

A sudden cardiac arrest can happen anywhere, any time: at a sporting event, at the beach, at work, at the airport, at home. In Australia, the overall survival rate from a cardiac arrest is less than 10%, yet there are parts of the world where the rate is dramatically higher.¹

In Seattle, Washington, USA, intensive efforts have pushed the rate of survival after cardiac arrest to 62%.² Seattle is a metropolitan area with similar characteristics to metropolitan Australia. Elsewhere in North America, system-wide programs have pushed survival rates into the region of 20-30%.

Unfortunately there are some people who cannot be saved, despite our best efforts. These are mainly older people who suffer a cardiac arrest when they are at home alone. Yet this does not explain—or excuse—our national record.

We believe it is feasible to target a survival rate of 50%, which translates into some 12,000 more Australian lives saved every year. This represents 12,000 devastating personal tragedies we can avoid. It also represents significant social and economic savings.

We already know the answer to the problem.

The first five minutes holds the key to survival. We need more people, of all ages, who are trained and willing to provide immediate cardio-pulmonary resuscitation (CPR). We need more, and easily accessible, defibrillators and more people prepared to use them. We need a coordinated healthcare system, designed to provide the type of care that increases the chance of surviving a cardiac arrest. Above all we need more citizens to be part of the solution. Increasing survival simply will not occur unless we empower the community to drive change from within.

When it comes to saving a life all the stars have to be aligned—and time is critical.

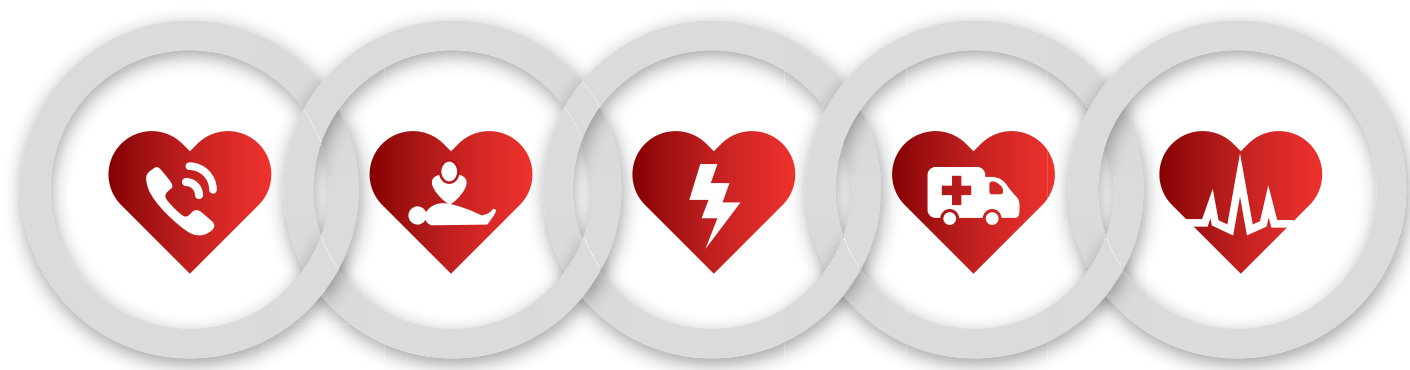
- Someone has to immediately recognise that a person has suffered a cardiac arrest and begin CPR
- Someone has to call the ambulance
- A defibrillator needs to be nearby and someone has to use it quickly
- An ambulance needs to arrive fast and take the patient to the right hospital, where the best post-arrest care is available

There are some cases where all of these critical steps occur, however this is rare. When it does happen there is often a large dose of luck involved. The critical factor is that “someone” nearby is trained to recognise cardiac arrest, and to respond the right way, straightaway. The truth is we can’t have doctors and paramedics everywhere, so we need to massively boost the number of citizens who can do the job.

At one level this means a major engagement with the public so we have more trained citizens who understand that they can save a life. It also means overcoming common barriers, such as the fear that CPR may potentially ‘hurt’ a person in cardiac arrest, and the anxiety of being involved in a life-and-death situation.

Those who do survive are the lucky ones—lucky that a bystander is trained to help. Or lucky that equipment like a defibrillator is at hand. However, **in a medically advanced country like Australia, luck is not an acceptable strategy.**

As we know, the best chance of surviving a cardiac arrest occurs when a victim’s care begins immediately, and is based on the highest quality evidence. The interventions that have been shown to work are best summarised in the Chain of Survival. This is a useful metaphor for the linked series of actions that, when optimised, give a cardiac arrest victim the greatest chance of surviving without ongoing disability.



The Chain of Survival has five interdependent links:

1. Early recognition and early activation of emergency services
2. Early CPR
3. Early defibrillation
4. Effective advanced life support
5. Integrated post-cardiac arrest care

Of these interventions, immediate and effective CPR and early defibrillation have been shown to be the most crucial. The highest rates of survival occur in communities where defibrillators are widespread and accessible and citizens are trained and willing to provide CPR.

So, does your workplace, community club or local school have a public access defibrillator?

Some useful links:

Ambulance Victoria 4 steps to Life – plus
<http://www.ambulance.vic.gov.au/cpr>

Queensland Ambulance – CPR Awareness
<https://ambulance.qld.gov.au/cprawareness.html>

NSW Ambulance – CPR Chart
<http://www.ambulance.nsw.gov.au/Community-Info/First-Aid/CPR.html>

Tasmanian Ambulance – Early Access to Defibrillation Program
http://www.ambulance.tas.gov.au/community_information/eadp

St John Ambulance WA – Community First Responder
<http://www.stjohnambulance.com.au/st-john/ambulance-and-health-services/first-responder>

St John Ambulance NT – Workplace First Aid ready, <http://www.stjohnnt.org.au>

SA Ambulance Service, <http://www.saambulance.com.au>

References

1. <http://www.takeheartaustralia.com.au/>, accessed April 2015.
2. http://www.kingcounty.gov/healthservices/health/~/_media/health/publichealth/documents/ems/2014AnnualReport.ashx, accessed April 2015.

For further information please contact your local Physio-Control representative or visit our website at www.physio-control.com



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