Overcoming Perceived AED Program Roadblocks

By John Ehinger
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Sudden Cardiac Arrest (SCA) is one of the leading causes of death in the United States, killing one person every 90 seconds and taking more than 400,000 lives each year. But a common mistake some businesses still make is assuming, "It won’t happen here." Between an aging worker set that spends more than 50 percent of their waking hours at work and visiting customers and vendors who are less healthy and older, the chances of an emergency situation arising during the 9 to 5 workday are high. Appreciating these factors, as well as elevated expectations in the workforce and general population regarding the presence of automated external defibrillators (AEDs), incorporating SCA within broader emergency planning is now an imperative for organizations nationwide.

SCA is a distinct electrical problem with the heart that can strike at any age and should not be confused with a heart attack. It is a remarkably lethal condition, and without prompt intervention the odds of survival are less than one in ten. However, research and numerous real-world examples confirm that use of an AED within three minutes of a collapse can increase survival rates to more than 70 percent.
AEDs are designed to be used by everyday people, and several studies have shown that even school-age children are able to use them effectively with no training or instruction.

Appreciating the increasing risk surrounding an already massive problem, as well as the existence of a readily available solution, it is reasonable to ask why AEDs are not yet omnipresent. The answer to this question stems from dated (mis)perceptions that do not reflect the realities of the current environment. The following seeks to address and debunk some of the more prominent historical roadblocks to lifesaving.

**Fear of Liability**
Some are not aware that state-level Good Samaritan protections have advanced considerably over the years, and that there now are meaningful protections in place in each state to protect employers and other AED owners. Notably, inspection of the case law in the sector reveals that the plaintiffs’ bar now pursues the tack that AEDs are an expected standard of care; a number of more recent lawsuits involve situations where there was no AED on site and no statutory obligation for an AED to be present.

Affirming both increased comfort with currently prevailing Good Samaritan legislation, as well as their increased concern about liability exposure stemming from their policyholders not having AED programs, some of the largest insurance companies are now actively endorsing AED programs and structuring various incentives to encourage their policyholders to implement sound AED preparations.

Perhaps the greatest evidence dispelling the fears about increased liability stems from the legal community itself. Law firms, particularly the larger and more sophisticated national entities, have embraced AED programs in their own offices. As a group, this sector clearly understands liability, and the widespread embrace of AEDs for their own sites provides powerful evidence that the benefits of preparation outweigh the potential risks.

**The People Question**
Because AEDs do require human intervention and action in order to be effective, people issues and concerns can dominate evaluation of an AED program. Two of the more common people-related topics include: 1) concern over whether an employee will panic; and 2) more logistically oriented considerations driven by factors such as employee turnover.

While no one knows how they will respond in a life and death situation until they are confronted with one, there are fortunately now a litany of examples of co-workers acting quickly and using AEDs to save the life of a fellow employee, a customer, or a guest. While this track record, as well as the user-friendly nature of AEDs, should provide a high level of confidence in the human ability to step up in challenging situations, the concern over the "panic factor" is a logical one.

There are pragmatic ways to further mitigate concern over perceived exposure in this area. One key element involves the number of people trained to respond. A core tenet of risk management involves limitation of single-person dependencies. Training multiple people clearly improves the odds that someone present at an incident will both recall and follow the correct path of action. Additionally, multiple trained people at an incident scene provides a broader support network and decreases the pressure on a single individual to perform.

Communication is another key (and easy to use) tool to promote optimal outcomes. Imparting a clear understanding to all employees that there is an AED program in place and what steps should be taken in an emergency again alleviates single-person dependency. Also, high quality and regular communication efforts minimize potential confusion in an actual emergency. As with many things in life, practice makes perfect with AED programs, too. Even brief refreshers recapping key learning points from initial training can be helpful. Also, mock scenario drills can be
easily structured in concert with other readiness rehearsals, consuming only modest additional time.

For those with any residual discomfort, there is case law upholding Good Samaritan protections for those who intervene and try to do the right thing, even when their performance may have been less than perfect.

Finally, when weighing concerns over staff performance, it is equally important to consider the impact on employees and other constituents if no attempt is made to assist a victim. With the vast majority of the population now understanding the purpose of AEDs, helplessly watching a situation degrade from dire to worse will have a lasting, negative impact on those present.

**People on the Move**

The ability to accommodate turnover among trained responders can be intimidating for some. However, there are usually pragmatic solutions that can be leveraged to minimize the impact of employees transitioning out of the company or relocating. One of the most powerful means of addressing this issue entails "smart selection" of responders, whereby training is focused on cohorts with lower turnover rates (e.g., management vs. line personnel). Also, it is helpful to consider typical employee transition rates and build in a cushion to accommodate departures and other absences. Any quality third-party vendor will be able to offer useful assistance and provide most of the labor to formulate an effective strategy and tactics for minimizing responder risk.

Online educational options also can form a powerful part of an effective training strategy. Numerous studies show that online alternatives are as (if not more) effective than traditional course formats. Additionally, many contend that online approaches are more in line with modern learning methods and trainee expectations and appetites.

While regulations vary by state regarding the suitability of online training solutions in meeting Good Samaritan standards, online alternatives are accepted in many jurisdictions. Additionally, fully compliant blended online/traditional offerings are available in all states. In addition to potentially superior education, online learning provides a number of other key advantages, including reduced administrative load associated with scheduling and maintenance of qualification currency, decreased time requirements, and lower overall costs. These factors also make it more practical to train more people more frequently.

**AEDs Are Too Expensive**

The reality is that the AED marketplace is a competitive one, and device pricing continues to trend downward, with AEDs available for less than $1,000. Supporting service providers' pricing also tends to be modest, particularly in comparison to the costs levied by similar vendors in other areas. Additionally, various options exist to defray upfront cash costs, ranging from leasing to phased implementation strategies. All in, the daily costs of acquiring and maintaining a single AED are about the same as a large cup of name-brand coffee—a small price in comparison to the benefits generated.

Understanding the current and growing SCA risk profile and the reasonable expectation of an SCA taking place on site, the reality is that by choosing to implement or not implement an AED program, companies either explicitly or implicitly make a value-based decision. Considering the gravity of the subject matter and the irreversible nature of an adverse outcome, it is important to prospectively consider both the cost of the solution and the costs of not taking action within the financial component of the decision process.

**No Bandwidth**

Some believe that implementing an AED program is overly time-consuming and impractical to
implement with existing resource levels. In reality, programs can be implemented quite quickly, customarily in 30 days or less, even in larger organizations. Equally, a properly structured program does not require significant ongoing time commitments. Various third parties can provide useful assistance that ranges from plan development to the lifting required for the actual implementation, to effective management tools and helping organizations assemble their business cases for the initiative—all of which further reduce time and resource commitments for the company.

**Why Not?**
With a recent Harris Interactive survey finding one in two Americans expect to find AEDs in manufacturing facilities and office locations, it is apparent that the workforce values a company that safeguards its employees against the deadly threat of SCA. Equally, similar expectations among a company's customers, vendors, and other visitors have both brand and liability implications, adding exposure for those who do not address the SCA issue.

AED programs are no longer the sole province of leading-edge innovators. They now represent an integral component of mainstream safety expectations. As with any endeavor, there will always be points to debate. However, there is one reason that makes the decision quite simple: absolute regard for the safety and well-being of those at a company's sites.

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