



Train. Protect. Prevent.

## AUTOMATED EXTERNAL DEFIBRILLATORS

According to OSHA there are 220,000 victims of sudden cardiac arrest per year in the United States. Of these, about 10,000 sudden cardiac arrests occur in the workplace. Are you prepared to save someone's life in these instances? Waiting on emergency personnel to arrive only results in a 5-7% survival rate. Studies have shown with immediate defibrillation a 60% survival one year after sudden cardiac arrest.

An automated external defibrillator (AED) is a medical device designed to analyze the heart rhythm and deliver an electric shock to victims of ventricular fibrillation to restore the heart rhythm to normal. Ventricular fibrillation is the uncoordinated heart rhythm most often responsible for sudden cardiac arrest.

Sudden cardiac arrest occurs when ventricular fibrillation takes place or when the heart stops beating altogether. Without medical attention, the victim collapses, loses consciousness, becomes unresponsive, and dies. Many victims have no prior history of heart disease and are stricken without warning.



### Reasons for AEDs in the workplace:

- Onsite AEDs save precious treatment time, and can improve survival odds because they can be used before emergency medical service (EMS) personnel arrive.
- A heart rhythm in ventricular fibrillation may only be restored to normal by an electric shock.
- The AED is compact, lightweight, portable, battery operated, safe, and easy to use.

### Where should you place AED's:

- AEDs should be conveniently installed to ensure response within 3-5 minutes.
- Areas where many people work closely together, such as assembly lines and office buildings.
- Health units where workers may seek treatment for heart attack symptoms.
- Remote sites, such as off-shore drilling rigs, construction projects, marine vessels, power transmission lines, and energy pipe lines.

### Work Site Review: Hazards/Safety Suggestions

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Company Name: \_\_\_\_\_ Work Site Location: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ Foreman/Supervisor: \_\_\_\_\_

### Employee Signatures: (continue on back of sheet if necessary)

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(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

**Manager/Supervisor's Signature:** \_\_\_\_\_

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