



Your 10 Common Questions Guide



www.martek-medical.com

Questions

1. I can't justify the cost in the current economic climate
2. I am worried about the legal implications, can I be held liable?
3. My first aiders are scared of using the AED
4. Can we just do CPR until the emergency services arrive?
5. I don't have staff qualified to use an AED
6. We are only 5 minutes away from the hospital/ambulance station
7. We have never had a cardiac arrest on site before
8. We can't afford to cover the entire site
9. Why do we need AED's?
10. What is Sudden Cardiac Arrest (SCA)?

1. I can't justify the cost in the current economic climate

Unfortunately Sudden Cardiac Arrest (SCA) doesn't recognise any form of budgeting. Sadly we get many calls from companies that have been previously unable to justify the cost and have subsequently had an incident a short time later. We know it might not seem essential, but if the worst happens you would want to know you had done everything possible. The cost of the AED over 5 years works out as little as £200 per year. In addition we can offer various payment plans when purchasing the Lifeline AED, which may help to spread the cost:



- Leasing the AED – This is a structured plan, whereby over the course of 3 to 5 years the AED can be leased and a set payment is made each. All maintenance costs are included in this low monthly payment.
- Hire Purchase – This is another structured payment plan, whereby the cost of the AED is spread over a period of time until the cost of the AED is covered. After the cost is covered the AED is yours to keep. An initial deposit can be made which would reduce the amount of monthly payments. This is subject to status and plans may vary.

2. I am worried about the legal implications, can I be held liable?

There is always concern for any person attempting to resuscitate someone that a claim may be brought against them if the casualty suffers harm due to their rescue attempt. It is very difficult to give a definitive answer to legal issues surrounding AEDs due to the absence of any legal precedent, as there has never been a case won against an AED user. The fact is that AEDs make the decision to shock or not to shock and in no circumstances can the user administer a shock if it is not required.

There have been no documented cases of an AED providing the wrong treatment. There has however, been successful cases in the USA against companies who have failed to provide an AED. See just one example below:

[Failure to provide an AED - Bally Total Fitness](#)

For the Resuscitation Council's guidance on this subject please view the following link:

<http://www.resus.org.uk/pages/Legal.htm>

3. *My first aiders are scared of using the AED*



In a rescue attempt there is occasionally a concern by the user, that they may do more harm than good by using an AED. By becoming a first aider your team have made a conscious decision to help people when they need it and without an AED someone in Sudden Cardiac Arrest (SCA) can't be revived, the only known treatment for SCA is defibrillation. It is not possible to shock someone who isn't in cardiac arrest as the AEDs are fool proof and make all the decisions for the user.

Once a first aider has had the chance to see a demonstration of an AED and realises that the unit does all the work and they can't make a mistake, almost all first aiders are more than comfortable to use the AED. In addition, we can offer a comprehensive training course that always leaves people ready to act in an emergency.

4. *Can we just do CPR until the emergency services arrive?*

CPR is an essential part of the treatment but it only buys extra time before an AED arrives, as highlighted by the adult chain of survival:



For every minute that goes by without defibrillation the chance of survival drops by over 10%. If someone suffers a SCA outside of hospital, the reported survival rate is only 5% if treatment is delayed until the emergency services arrive. This can be increased up to 70% if early defibrillation takes place within the first vital 3 minutes. Without treatment from an AED the patient will not survive, therefore the rescuer can be confident that no further damage can be caused by using an AED.

The simplicity of the unit has been demonstrated in an independent usability study. The Lifeline AED was proven to be the simplest to use AED on the market, making it the ideal AED for company first

aiders and first responders. It talks the user through a rescue situation in a calm manner and with only 2 brightly lit oversized buttons; the user can't misuse the AED.

The Lifeline AED was tested against four market leading AEDs in an independent study at the University of Illinois medical centre and came out as the top AED for ease of use. 125 people used each AED to test the general ease of use, including pad placement and time taken to achieve a safe and effective shock.

5. I don't have staff qualified to use an AED

At this current time there is no legal requirement for training in the use of AEDs in the UK. The Lifeline AED is designed to be unintimidating and, as highlighted above, has proven to be the world's simplest AED to use.

The AED talks the user through every step of the process, has diagrams on the pads to show where they need to be placed and automatically analyses if the patient needs a shock or not. The user simply needs to take the AED to the patient, apply the pads and wait for it to analyse. If the AED decides a shock is required then it will direct the user to press the flashing shock button.

As highlighted by the chain of survival above, CPR is an essential part of the rescue and all first aiders are qualified to administer this.

We do however, recommend training is undertaken as this can help staff and management feel more confident about the use of AEDs. There are 3 options available that can be used as standalone options or can be combined to ensure you have peace of mind:



Comprehensive training course - This covers all aspects of AED rescue and teaches basic CPR, along with all the information a first responder will need to know for an emergency cardiac situation. Details can be found on our website:

[AED Overview Course](#)



Standalone training unit - This is a complete ready to use training unit designed specifically for training simulations. The pack includes the training AED, training battery, training pads, remote control and battery charger. This can't be used for treatment at any time.



Training upgrade package - this package allows the Lifeline® AED to be temporarily converted to a training unit, allowing you to simulate a rescue scenario and provide refresher training at your convenience.

6. *We are only 5 minutes away from the hospital/ambulance station*



It may feel like a safe assumption to make that if you are located near a hospital, the speed of response will be quick. However, ambulances are not always available, as they may be out or away from the hospital or station dealing with another emergency situation. This means that the delay in response for the paramedics to get to the incident will be the same speed as any other location. The current survival rate in the UK is 5% if treatment is delayed until the arrival of the emergency services.

To give a victim of SCA the best chance of survival, early defibrillation within the first three minutes is vital and studies have shown it can increase the chances of survival from 5% up to 70%.

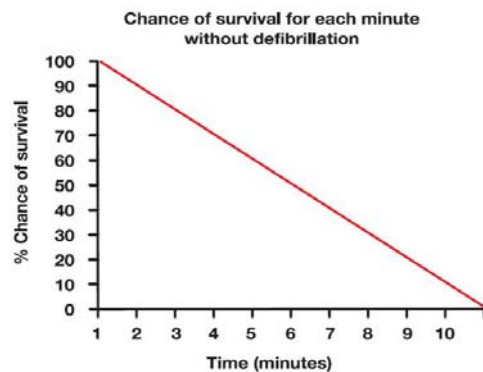
The UK Resuscitation Council receives a number of enquiries from companies about the obligation to provide a defibrillator. To answer these questions they published a document called 'Responsibility to Provide a Defibrillator'. In this document they state that "current resuscitation guidelines advise that evidence supports the establishment of public access defibrillation programmes (with the installation of an AED) when:

- The time from call out of the conventional ambulance service to delivery of a shock cannot reliably be achieved within 5 minutes (For practical purposes, this means almost the entire UK).
- The time from collapse of a victim until the on-site AED can be brought is less than 5 minutes.

You can view this document in full by clicking on the link below:

[Resuscitation Council \(UK\) Responsibility to Provide a Defibrillator](#)

The below graph highlights that for every minute that goes by after a cardiac arrest, the victims chances of survival go down by over 10% per minute. If the victim is treated within the first 3 minutes of the incident then the chances of survival are around 70%. After 10 minutes the chances of survival are minimal.



7. *We have never had a cardiac arrest on site before*

This is a common opinion when considering an AED program, but take the time to consider how many fires your company has had? How much time and money has been spent on fire safety in your building?

It is worth considering that SCA is the UK's biggest killer with over 140,000 people dying each year. The risk is not just open to our older generation or anyone with a known heart condition. It can strike anyone, at anytime, including very healthy young people with no previous health problems. So the risk of a member of staff suffering a SCA is far higher than the risk of death due to a fire.

There are many examples of these incidents occurring in young, fit and healthy sportsmen in recent years, with no previous health issues. Please see the links below for some high profile examples:

[Phil O'Donnell SCA - Motherwell FC v Dundee FC](#)

[Mark Vivian Foe SCA - France v Cameron](#)

[Clive Clarke SCA - Nottingham Forest FC v Leicester City FC](#)

Incidents such as these show us that SCA really can affect anyone. The risk is increased by the following:

- Heart disease
- Existing heart condition
- Previously unknown heart conditions
- Family history of heart problems
- Impact or trauma to the chest
- Electrocutation
- Asphyxiation

Consider how many of the above factors are a risk factor in your company to determine the chances of a SCA.

8. *We can't afford to cover the entire site*

If you find that after risk assessment it is decided that too many AEDs are required to cover the site effectively, and therefore the cost is too high, there are a number of options available:

- First of all Martek have sales executives who can provide a free no obligation visit to your facility to demonstrate the AED, talk through concerns and look around the site to decide how to effectively position AEDs. It may be the case that less are required than at first thought. The heavily populated areas of the sites would preferably need to be covered and as long as the AEDs are positioned where they can be deployed within three to five minutes then they will still be effective.
- Another option is for Martek Medical to provide a site evaluation report. This would involve a short questionnaire over the phone, where we will take your answers and draw up a risk evaluation report for you. This will aid your company in deciding on the risks of SCA and the site coverage required.
- If after this consultation it is decided that you can't afford to cover the whole site with AEDs, there are finance options available. These are rental and hire purchase options which are detailed on the first page of this document.

9. *Why do we need AEDs?*

AEDs save lives. When a person has a sudden cardiac arrest (SCA), their heart's regular rhythm becomes chaotic or arrhythmic, which means it is not pumping blood around the body.

Every minute that the heart is not beating lowers the odds of survival by 7% to 10%. After 10 minutes without defibrillation very few people survive.

The only treatment is defibrillation administered through a defibrillation device, such as an AED.

10. *What is Sudden Cardiac Arrest?*

Sudden Cardiac Arrest (SCA) is when the heart's normal rhythm suddenly becomes chaotic. The heart can no longer pump the blood effectively and the victim collapses, stops breathing, becomes unresponsive, and has no detectable pulse. When used on a victim of SCA, the AED can be used to administer a life-saving electric shock that restores the heart's rhythm to normal.

Both a heart attack (myocardial infarction) and a sudden cardiac arrest have to do with the heart, but they are different problems. SCA is an electrical problem; a heart attack is a "plumbing" problem. Sometimes a heart attack, which may not be fatal in itself, can trigger a sudden cardiac arrest.