

PHYSICIAN OVERSIGHT OF A PUBLIC ACCESS DEFIBRILLATION PROGRAM

AMERICAN HEART ASSOCIATION RECOMMENDATIONS

The U. S. Food and Drug Administration (FDA) has given market clearance so AEDs can be made available with a physician's prescription. To ensure a safe and effective PAD program, it's essential to provide additional physician oversight. The role and time commitment of the physician varies depending on the size and characteristics of the program. The physician's main duties are to:

- Provide medical leadership and expertise.
- Serve as an advocate and spokesperson for the program.
- Coordinate the program with the local EMS.
- Ensure rescuers are properly trained and their skills are maintained.
- Assume responsibility for how the program is planned and conducted.

Having a physician oversee a PAD program brings authority and expertise to the program team. The physician's role will be heaviest at the beginning of the program. Once it's set up, someone else designated as the PAD program coordinator may actually do most of the day-to-day work associated with operations (similar to standing orders), but active physician oversight enhances the program.

Successful AED programs involve a physician as an advocate and teacher. As an advocate, the physician should provide the energy and dedication needed to help get the program started, and then provide ongoing guidance and oversight. He or she can also serve as a visible spokesperson for the program.

As a teacher, the physician approves the initial AED training. The level of involvement in hands-on-training often depends on the size of the program, the availability of other appropriate instructors and the physician's management style. In some programs the physician may be directly involved in training sessions. In others he or she may simply provide guidance to the program coordinator.

Coordinating the PAD program with the local EMS system is an important aspect of the physician's role. Ensuring that the EMS system is notified of a facility's PAD program and providing follow-up data on any use of the AED are elements of this responsibility. In states where a registration or application process is required for PAD programs, the physician would complete that process. See *Element 3: Integrating With the Emergency Medical Services (EMS) System* which follows for additional details.

The physician providing medical oversight is also a guardian of quality. A protocol for the facility that specifies details such as the location of AEDs and how bystanders alert rescuers should be developed by the physician. Follow-up after an AED is used is also the physician's responsibility. Each time an AED is used, a review should be conducted. The main purpose of this review is to give rescuers positive feedback and practical suggestions for improving when necessary. Talking to rescuers about their feelings after the experience is also important. In addition, the review process also allows for problems in the program to be quickly spotted and fixed.

In many large corporations, plants or public facilities, a physician already on staff or associated with the site in some other way may be the logical choice to oversee the PAD program. If such a person is not available, contact the local EMS for suggestions. In many areas the EMS Medical Director has agreed to function in this capacity. Other possible sources for identifying a physician to provide oversight are emergency physicians, cardiologists, occupational health physicians and AHA ACLS Regional Faculty physicians. In some cases physician entrepreneurs may offer their services for a fee. In others, AED manufacturers may have names of physicians who will fill this role. In these latter two situations it's important to be sure that the physician is located in the city where the PAD program is implemented.

The most important criterion for selecting a physician to provide oversight are:

- Willingness to serve in this capacity.
- Appropriate medical training (ideally in Emergency Medicine) and a current medical license.
- Commitment to the cause of improving survival from sudden cardiac arrest.
- Ability to communicate well with team members.

Benefits to the Physician Providing Oversight

- It's satisfying to serve in a position requiring responsibility and commitment.
- It's an opportunity for the physician to support a lifesaving initiative.
- It provides for precise and detailed review of incidents and a case review of incidents with the rescuers.
- Much of the operational work can be delegated to a program director or training coordinator.
- It's a way to be part of a proactive community initiative to save the lives of friends, relatives and co-workers.

Roles and Responsibilities of the Physician Providing Oversight

Key roles and duties of the overseeing physician are:

1. Assume responsibility for all medical control aspects of the program.
2. Review, as needed, the defibrillation training program developed by the AHA.
3. Participate in the training process to instruct rescuers in how to perform CPR and use an AED.
4. Help the PAD site review and use treatment protocols for automated external defibrillators used by lay rescuers who are authorized to respond to emergencies.
5. Help the PAD site participate in a quality-improvement program that provides for
 - early identification of system flaws.
 - ongoing education.
 - regular evaluation of the lay rescuers' knowledge and skills to ensure that they stay prepared.
6. Help the PAD site establish a plan to improve
 - emergency response preparedness.
 - the effectiveness of the defibrillation program.

Roles and Responsibilities of the PAD Program Site

Key roles and duties of the PAD program site are:

1. Maintain communication with the physician providing oversight and the AHA Community Training Center. Also, keep on file an up-to-date roster of all lay rescuers currently employed by the PAD site who are trained to respond to cardiac emergencies.
2. Participate in all quality assurance/quality improvement procedures established by the physician including case reviews, skill competency evaluations and submission of data recordings.
3. Use and abide by the written guidelines for performing CPR and using AEDs.
4. Establish written policies for regularly inspecting and maintaining all defibrillation equipment and battery support.
5. Use only equipment approved by the physician.
6. Establish protocols that ensure appropriate interaction between the lay rescuers and the local EMS system.
7. With the physician, establish a plan to improve employee and visitor access, emergency response preparedness and the effectiveness of the defibrillation program.