



EMS Information Bulletin- #039

DATE: October 6, 2006

SUBJECT: Statewide BLS Protocols & AED Utilization

TO: All EMS Organizations and Personnel

FROM: Bureau of Emergency Medical Services
Pa Department of Health
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Please note the following items of clarification concerning the utilization of Automated External Defibrillators (AED's), and the implementation of the 2006 updates to the Pennsylvania Statewide BLS Protocols.

The following applies to EMS organizations that have been unsuccessful in upgrading their AEDs to the updated Statewide BLS Protocols that incorporate the 2005 American Heart Association Guidelines. These EMS organizations must:

1. Notify the appropriate regional EMS council office of their inability to upgrade their AEDs as soon as possible. Each regional EMS council office will assist these services in developing a plan to accomplish this upgrade or replacement as soon as possible. Ideally, the AEDs will be upgraded before the protocol effective date of November 1, 2006, but the EMS Bureau will provide extensions of this deadline for services that are working with their regional council to obtain an upgrade as soon as possible. EMS organizations must have reported their inability to upgrade their AEDs to the regional EMS office to be eligible for an extension.
2. Begin to provide care consistent with the updated Statewide BLS Protocols by November 1, 2006, including the Cardiac Arrest - General Protocol #331.
3. Follow the prompts of the AED to give the previously recommended 3 initial shocks rather than the currently recommended single shock until the AED has been upgraded. Under no circumstance should EMS personnel turn off the AED during the initial shocks in an attempt to use the new single shock protocol.

4. Remember that early defibrillation remains the most important treatment in saving the life of a person with sudden cardiac death. The use of an AED programmed to the old guidelines is still much better than having no AED available. Continue to use any available AED at the time of the cardiac arrest event, regardless of whether it has been reprogrammed or upgraded, until reprogramming or upgrading can occur.
5. Reprogram older model AEDs where possible, to change the energy given in the first shock, even if the AED cannot be reprogrammed to deliver single shocks. If this is the case, monophasic defibrillators should be reprogrammed to deliver 360 joules of energy on all the shocks.
6. Consider replacement of AEDs that cannot ever be reprogrammed. Replacement of these AEDs should be considered a priority for EMSOF funding.

The following applies to agencies, groups, or public access AED sites that do not provide EMS as part of a licensed EMS organization.

1. The Department of Health recommends that these groups follow the AHA Guideline recommendations for transition to updated CPR techniques and AED use.
2. Early defibrillation remains the most important treatment in saving the life of a person with sudden cardiac death. The use of an AED programmed to the old guidelines is still much better than having no AED available. Continue to use any available AED at the time of the cardiac arrest event, regardless of whether it has been reprogrammed or upgraded.

Please forward any questions to jenglert@state.pa.us.