

## Future Considerations

A number of options for consideration for the future direction of the PAD Demonstration have been suggested, drawing from the findings of all stages of the evaluation project. The rationale for each option includes cross reference(s) to the section(s) of the report where the evidence that supports the option is presented.

### **Consideration 1: Development of a framework for workplace safety and public liability**

The Department could take a leadership role in collaboration with the States and Territories to identify appropriate areas for regulation of AEDs in the workplace. The appropriate body for undertaking this work could be the Australian Safety and Compensation Council.

#### ***Rationale***

International literature has suggested that regulation in the US (together with substantial public subsidies) has resulted in improved take-up of AEDs by larger organisations (Section 3.6.3).

Key stakeholders identified that installation of AEDs should be considered a standard duty of care for larger organisations (e.g. with over 200 employees, see Section 4.5) for:

- Public liability; and
- Workplace safety.

The type of organisations where AEDs would be most effective tend to be large, well financed organisations who could afford the costs of the units (and who provide regular first aid training as a matter of course, reducing training costs) (Section 5.1.5).

The duty of care issue also relates to AED training being incorporated into standard first aid training for organisations that fit the criteria for appropriate AED sites.

### **Consideration 2: Publicly available defibrillation**

Consideration could be given to amending the definition of the PAD Demonstration program from *public access defibrillation* to either *first responder defibrillation*, or *publicly available defibrillation*.

#### ***Rationale***

The term public access in the context of PAD includes the *use of* AEDs by untrained members of the public. The program has operated as a trained first responder program; not public access in the way the term is used in the literature by cardiologists (Sections 1.1, 4.2.1 and 6.7). The original project objectives and the literature support the notion that first responder programs, which combine defibrillation with CPR, provide the most effective response to cardiac arrest (Sections 3.1.1 and 3.1.2).

The terminology *publicly available defibrillation* more accurately reflects the goals and reality of the operation of the PAD Demonstration program.

There was a clear message throughout the consultation phases of this project that the public were not comfortable using the AEDs and the signage around the units promoted a perception that only experts should use an AED (Section 4.2.1, 5.1.6 and 5.1.7). If the program is to remain 'public access' consideration should be given to the design and language used in the signage around the AED units to assist untrained persons use the device.

### **Consideration 3: Information Strategy**

Implement an awareness campaign at three levels:

- a. An information strategy to ensure that organisations are aware that public access defibrillation does not present a public liability risk. Any campaign aimed at employers should be based on strong independent legal advice and draw upon the experience of the PAD Demonstration. The strategy could:
  - Focus on major employer organisations
  - Specifically target risk managers, CEOs and company secretaries in large public access organisations
  - Engage with the segments of the insurance industry involved with public liability
  - Ensure that both state and local government are engaged both as employers and regulators
- b. Increasing awareness of the safety of PADs for untrained employees and members of the public (through signage) would improve public use of PAD. Any strategy should be grounded in appropriate medical and legal advice.
- c. A broader community based information strategy may be considered in the context of the policy framework of the current government.

### ***Rationale***

A barrier to increased take-up of PAD by organisations is the perceived risk of litigation (Sections 3.3.2, 4.2; and 5.3.1). Clarifying the correct status of that risk would improve the likelihood of investment in devices and associated training programs by those organisations. The evidence that AEDs are safe and better than nothing at all could be communicated to staff in organisations where the devices are located in the first instance.

It is clear that untrained personnel in organisations where the PAD is installed are reticent to use the AEDs (Sections 5.1.6 and 6.7). Improving awareness that ‘any intervention is better than no intervention’ by untrained personnel and members of the public could improve the uptake.

### **Consideration 4: Reducing government funding**

Consideration could be given to reducing or terminating subsidisation of AEDs by the Australian Government. The options identified include:

- Partial funding of AEDs for smaller organisations;
- Government could provide incentive schemes to ease the shift of purchase of AEDs to the private market:
  - Partial funding for smaller organisations
  - Corporate tax rebates for organisations who purchase a device;
- Funding for community based organisations.

### ***Rationale***

Some participating organisations and stakeholders expressed the strong view that it was inappropriate for the Commonwealth to fund what should be a corporate responsibility (Sections 4.2.2 and 5.2.2). This was particularly the case for state government funded organisations (Section 5.2.2).

Organisations that had invested in the AED program had a higher level of commitment to ongoing purchase of devices and training of staff (Section 5.2.2).

### **Consideration 5: Performance Monitoring**

Development of a standard for performance monitoring, including state based systems to provide the basis for national performance monitoring. Engagement of private sector suppliers as well as state and territory regulators would maximise the coverage of consistent national data to monitor the effectiveness of AEDs and measure the extent of public (non-trained) engagement.

Local ambulance authorities could be best placed to oversee the governance and monitoring of AEDs in public areas, with centralised monitoring by the national body (the Convention of Australian Ambulances). Data collection should be integrated within existing patient systems to minimise administrative burden.

#### ***Rationale***

The need for performance monitoring (of activations and survival statistics) has been identified as important to provide a national perspective of the utilisation and benefits of AEDs (Section 4.5). This is closely aligned with Ambulance Authorities' core business practices, and something they are likely already well equipped to do.