



LAW ENFORCEMENT AGENCY DEFIBRILLATION (LEA-D): POSITION STATEMENT AND BEST PRACTICES RECOMMENDATIONS FROM THE NATIONAL CENTER FOR EARLY DEFIBRILLATION

Mary M. Newman, Vincent N. Mosesso, Joseph P. Ornato & Paul M. Paris

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POSITION STATEMENT

NATIONAL CENTER FOR EARLY DEFIBRILLATION

LAW ENFORCEMENT AGENCY DEFIBRILLATION (LEA-D):

POSITION STATEMENT AND BEST PRACTICES RECOMMENDATIONS FROM THE NATIONAL CENTER FOR EARLY DEFIBRILLATION

Mary M. Newman, BS, Vincent N. Mosesso, Jr., MD, Joseph P. Ornato, MD, Paul M. Paris, MD, and the National Center for Early Defibrillation Police AED Issues Forum Panelists: Leon Andersen, MD, Kathryn Brinsfield, MD, Gregory R. Dunnivant, MD, MS, Detective Jay Frederick, William J. Groh, MD, Deputy Chief Steven Johnston, E. Brooke Lerner, EMT-P, PhD, George Murphy, EMT-P, I/C, Robert J. Myerburg, MD, Donald G. Rosenberg, MD, Police Officer Mitchell Savino, EMT-P, Michael R. Sayre, MD, Joseph Sciammarella, MD, Valerie Schoen, EMT-P, Philip Vargo, EMT-P, Anouk van Alem, MD, and Roger D. White, MD

INTRODUCTION

The National Center for Early Defibrillation (NCED), a non-profit

From the National Center for Early Defibrillation, University of Pittsburgh, Department of Emergency Medicine, Pittsburgh, Pennsylvania (MMN, VNM, PMP); and the Medical College of Virginia, Richmond, Virginia (JPO).

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Address correspondence and reprint requests to: Mary M. Newman, National Center for Early Defibrillation, University of Pittsburgh, 230 McKee Place, Pittsburgh, PA 15213. e-mail: <newmanmm@msx.upmc.edu>.

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organization based at the University of Pittsburgh, conducted an issues forum in January 2001 to review research and experience related to the use of automated external defibrillators (AEDs) by law enforcement personnel and the impact of this strategy on survival from sudden cardiac arrest in community settings.¹ The position statement and best practices recommendations presented here reflect the positions generated through this forum.

NCED LEA-D POSITION STATEMENT

WHEREAS, at least 250,000 people die from sudden cardiac arrest each year in the United States, and

WHEREAS, the most critical determinant of survival for most cases of sudden cardiac arrest is rapid defibrillation, and

WHEREAS, all public safety agencies in a community, including police, fire, and emergency medical services (EMS), should work together to ensure that all sudden

cardiac arrest victims receive timely access to defibrillation, and

WHEREAS, the use of AEDs by law enforcement personnel who arrive as little as 1 to 2 minutes earlier than other responders has been shown to reduce time to defibrillation and improve survival from sudden cardiac arrest, therefore

BE IT RESOLVED, that law enforcement agencies that can achieve a mean response interval of less than 8 minutes (from 9-1-1 call receipt to arrival at the scene of a medical emergency) and whose personnel arrive before EMS personnel on more than a rare basis should be prepared to provide basic life support and defibrillation to victims of sudden cardiac arrest.

BE IT FURTHER RESOLVED, that law enforcement agencies that commit to provide basic life support and defibrillation services should strive to follow the Law Enforcement Agency Defibrillation (LEA-D) Best Practices Recommendations set forth below.

LEA-D BEST PRACTICES RECOMMENDATIONS

The NCED Police AED Issues Forum panelists agreed that successful LEA-D programs possess certain attributes, which are elucidated in the NCED LEA-D Best Practices Checklist (Fig. 1). Law enforcement agencies that decide to implement or improve AED programs should strive to cultivate these attributes. In addition, they should consider following the treatment protocols consistent with international consensus guidelines² and monitor quality through data collection and analysis following the Utstein template.³ Agencies that vigorously pursue these best practices are likely to make a positive impact on survival from sudden cardiac arrest in the communities they serve.

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1. **The ability to respond quickly and reliably to medical emergencies**
 - ☐ The mean LEA response interval (time from 9-1-1 call receipt to arrival at the scene) is less than 8 minutes.
 - ☐ The LEA unit arrives at least 2 minutes before other designated emergency response units that provide defibrillation.
 - ☐ The LEA agency continuously strives to minimize response intervals.
2. **A supportive medical response culture within the law enforcement agency**
 - ☐ LEA and local government leaders support the LEA-D concept and endorse it in writing.
 - ☐ Police officers and their advocates (e.g., unions) support the concept.
 - ☐ Methods for addressing psychological issues (e.g., critical incident stress debriefing) are established.
 - ☐ Success is celebrated (e.g., through recognition, awards).
3. **Strong champions who serve as program advocates**
 - ☐ Strong champions, such as police officers, community leaders, and survivors, actively promote the program.
4. **Integration with the emergency medical services (EMS) system**
 - ☐ Local EMS leaders support the program and endorse it in writing.
 - ☐ Local EMS collaborates on program development and training.
 - ☐ LEA-D protocols are integrated with EMS protocols to ensure a seamless transfer of care.
5. **An effective, coordinated dispatch system**
 - ☐ All 9-1-1 call-takers undergo emergency medical dispatch (EMD) training.
 - ☐ Dispatch protocols emphasize the priority of cardiac arrest calls.
 - ☐ Complaints that trigger designation as a probable cardiac emergency are carefully evaluated to avoid under- or overtriage.
 - ☐ The closest LEA and EMS units are dispatched simultaneously to cardiac arrest calls.
 - ☐ Call processing time is minimized (9-1-1 call receipt to dispatch interval <60 seconds)
6. **A proactive, hands-on medical director**
 - ☐ The medical director is actively involved in program and protocol development, including oversight of training.
 - ☐ The medical director oversees continuous quality improvement (CQI) processes and reviews all responses to cardiac arrest and all automated external defibrillator (AED) uses.
 - ☐ The medical director communicates frequently with program personnel, including officers and dispatchers, and provides feedback on specific cases.
7. **A designated program coordinator**
 - ☐ A specific individual, the program coordinator, is responsible for day-to-day operations and program management.
 - ☐ The program coordinator is authorized to act to ensure program effectiveness.
8. **Effective, competency-based initial and refresher training**
 - ☐ Training is accomplished through use of a nationally recognized, competency-based, device-specific training program that emphasizes cardiopulmonary resuscitation (CPR) and AED skills acquisition and retention.
 - ☐ Refresher training is conducted regularly to ensure continued competency.
9. **Familiarity with applicable laws and regulations and attention to liability concerns**
 - ☐ LEA leaders ensure compliance with state and local laws affecting AED use by LEA personnel.
 - ☐ LEA leaders educate personnel on the minimal liability risk associated with AED programs and on risk management strategies.
 - ☐ LEA leaders secure appropriate insurance coverage for the agency and personnel.
10. **An effective CQI program that includes written policies and procedures and data collection and analysis**
 - ☐ CQI processes are established to ensure excellence.
 - ☐ A data collection tracking process is established to monitor response and outcome information and survival trends.

FIGURE 1. The National Center for Early Defibrillation (NCED) Law Enforcement Agency Defibrillation (LEA-D) Best Practices Checklist.

Utstein style. Task Force of the American Heart Association, the European Resuscitation Council, the Heart and

Stroke Foundation of Canada, and the Australian Resuscitation Council. *Ann Emerg Med*. 1991;20:861-74.