

SAFETY matters

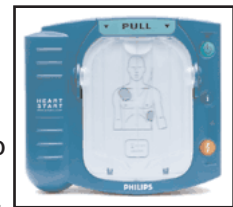
NEWS AND INFORMATION FROM THE UTAH SAFETY COUNCIL

Utah Safety Council Partners with Philips Medical Systems to Provide Automated External Defibrillators

On May 1, 2008, the Utah Safety Council entered into a formal agreement with Philips Medical Systems to distribute Automated External Defibrillators (AED's). After many months of research that included gathering of performance and marketing data, Philips was chosen because their defibrillators are simply the best. Philips defibrillators represent state-of-the-art technology, they are reliable, competitively priced and they are easy to use. In addition to AED sales, the Utah Safety Council is prepared to support its AED distribution program with product support and education. There will be two AED models available. To see these units and learn more, attend the Utah Safety Council's Lunch & Learn on August 15th.

Philips HeartStart Onsite Defibrillator

The first commercial defibrillator approved by the FDA and available without a prescription, the Onsite is designed to be the easiest to use and most reliable defibrillator available. Philips innovative technology, based on extensive research and user feedback, has produced a defibrillator so easy to use that you can potentially save the life of a coworker, friend or anyone else stricken with sudden cardiac arrest.



Weighing just 3.3 pounds, this small and lightweight defibrillator can be easily carried to the victim's side. Using clear, calm voice instructions, the Onsite defibrillator guides you through each step of defibrillation, including CPR coaching. The Onsite Defibrillator is generally used in office settings or any non-industrial environment.

Price: \$1,460

Lunch & Learn

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PHILIPS

Philips HeartStart FRx Defibrillator

This unit is designed to be easy to use, durable and reliable for those who get to the scene first. The FRx Defibrillator is the solution for treating sudden cardiac arrest in environments and conditions too demanding or harsh for many other defibrillators.



This is the ideal defibrillator to have in industrial settings, construction sites, outdoors and many other areas and situations. The FRx is exceptionally rugged and water resistant. The FRx weighs just 3.5 pounds and guides you through every step with clear, calm voice commands and descriptive visual icons.

Price: \$1,895

Along with purchasing an AED through the Utah Safety Council we offer onsite CPR and AED training. This is a nationally recognized training program where the participants will

receive a CPR/AED certification good for two years. (*more information on page 6*)

Please contact Brandee our Training and Development Specialist at (801) 478-7878 ext. 307, (800) 933-5943 ext. 307 or e-mail her at bsommer@utahsafetycouncil.org to order these products and schedule training.



Lunch & Learn

Come see first hand how an AED can help your organization.

AEDs today are much more affordable and easy to use, and they can significantly increase the survival rate for victims of sudden cardiac arrest. The Utah Safety Council is sponsoring a Lunch and Learn event to help educate people about the need and importance of Automated External Defibrillators (AEDs). This hands on event will let people see how an AED works.

Please join the Utah Safety Council on August 15th from 11 am – 1 pm for a Lunch & Learn event regarding our new AED products and programs. Lunch will be provided

August 15th | 11am – 1pm
Airport Hilton, 5151 Wiley Post Way, Salt Lake City in the Gemini Ballroom. Free parking is available

Please RSVP for this event with Brandee, our Training and Development Specialist at (801) 478-7878 ext. 307, via e-mail at bsommer@utahsafetycouncil.org.

Special
Introductory
AED Pricing
Available During
the Month of
August!

Safety Matters is published quarterly by the Utah Safety Council. If you would like to submit items for publication in the newsletter, send them to:

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What is Sudden Cardiac Arrest?

Sudden cardiac arrest (SCA) is also commonly known as a massive heart attack. According to the American Heart Association's June 2008 News Release, SCA kills around 450 Americans each day, making it the number one health care problem and leading cause of death in the United States. Breast cancer, stroke and AIDS claim fewer lives combined.

In SCA, the heart suddenly stops beating normally. The electrical impulses that control the rhythm of the heart become so disorganized that the heart begins to quiver and can no longer effectively pump oxygenated blood to the brain and the body's vital organs, and death occurs within minutes. CPR cannot reverse this ventricular fibrillation (VF), the chaotic cardiac rhythm most often seen in SCA victims. Prompt external defibrillation is the only known effective treatment to halt sudden cardiac arrest. According to the American Heart Association (AHA), some factors contributing to SCA, include, but are not limited to:

- Age greater than 40 (men)
- Post-menopausal status (women)
- Inactive lifestyle
- High blood pressure
- High cholesterol
- Diabetes
- History of heart disease
- Electrocutation
- Drowning
- Choking
- Illegal drug use

Death from SCA is sudden and unexpected, occurring instantly or shortly after the onset of symptoms. While there are many contributing factors, **SCA can strike people anytime, anywhere and at any age.** Even a seemingly healthy person can suffer cardiac arrest without warning. According to the American Heart Association, as many as 50% of SCA victims have no prior indication of heart disease – their first symptom is cardiac arrest. For those with a known history of heart attacks, the chance of sudden cardiac death is 4-6 times greater than that of the general population.

A recent study of the Houston EMS system calculated that in the United States, about 16,000 children under age 17 die annually due to unexpected pediatric cardiopulmonary arrest.

Why is Early Defibrillation Important?

In many cases, SCA can be reversed with early defibrillation – the use of a defibrillator to shock the heart back into normal rhythm by means of an electric current. To be most effective, defibrillation must occur as soon as possible after the onset of SCA.

According to the American Heart Association (AHA), each minute of delay in delivering a defibrillation shock to a cardiac arrest victim reduces the chances of survival by 10 percent.

The average response time nationally for emergency medical personnel equipped with defibrillator is 10 minutes. Brain death and permanent death start to occur in just four to six minutes after someone experiences SCA.

Utah is one of the top three states in the nation with the highest percentage of sudden cardiac arrests victims.

*Source: Morbidity and Mortality Weekly Report
<http://www.cdc.gov/mmwr/>*

This makes access to a defibrillator on-site or in first-responder vehicles (police cars, fire trucks, etc.) extremely important.

Cardiopulmonary resuscitation (CPR) works to temporarily circulate blood to vital organs; however, CPR cannot restore a patient's heart to a healthy rhythm. The AHA states that the definitive survival treatment

for an SCA victim is a defibrillation shock.

Published studies have proven that early defibrillation, within the first few minutes of SCA, can save up to 60 percent of victims.

Source: www.aed.com

What is an AED?

Automated External Defibrillator (AEDs) are portable devices that contain sophisticated electronics to monitor and identify the cardiac rhythm.

Defibrillation is the treatment of the arrhythmias most commonly associated with sudden cardiac arrest by delivering an electrical shock to the heart.

When used promptly and properly, AEDs can be used to increase the rate of survival after cardiac arrest. An article in the Journal of the American Medical Association concluded that: *The AED represents an efficient method of delivering defibrillation to persons experiencing out-of-hospital cardiac arrest and its use by both experienced and unexperienced first responders appears to be safe and effective.*

The AED is a computerized medical device which can be used to check a person's heart rhythm. The AED can recognize a rhythm that requires a shock and will advise the rescuer when a shock is needed.

If the AED does not sense a shockable event, no shock is given. If a shockable event is needed, the AED will sound a warning before applying or prompting the rescuer to apply a shock.

AEDs are very easy to use with just a few hours of training. Anyone can learn to use an AED safely and effectively. The AED uses voice prompts and warning lights to tell the rescuer what to do.

A study found that untrained sixth graders following automated voice prompts performed almost as well in use of AEDs as well-trained emergency medical technicians or paramedics.

The results of studies published in the New England Journal of Medicine examined the effectiveness of AED programs in different settings. One study documented an increased rate in lifesaving among 148 people who suffered cardiac arrest in casinos. Another study also documented an increased rate in lifesaving when available on 627,956 American Airline flights with trained flight attendants.

According to the American Heart Association only around five percent of the people who have sudden and unexpected cardiac arrest each year outside a hospital are successfully resuscitated without an AED, compared to the overall 60 percent success rates found with AEDs. **AEDs in the workplace are proven to be a very cost-effective intervention.**

Liability & Utah Laws

The "Good Samaritan" doctrine is a legal principle that prevents a rescuer who has voluntarily helped a victim in distress from being successfully sued for "wrongdoing." The purpose of such laws is to keep people from being reluctant to help a stranger who needs assistance for fear of possible legal repercussions, in the event that a mistake in treatment is made inadvertently by the rescuer.

In 2000, the Cardiac Arrest Survival Act was signed into law in Utah. Senate Bill 86 provided for liability exemption extended to laypersons that use an AED. This law specifically protects those who use an automated external defibrillator on a victim from civil liability.

Utah law also requires all owners of Automated External Defibrillators (AEDs) located in the state to register with the state Bureau of Emergency Medical Services (BEMS). The Utah Safety Council will process registrations for any person or organization that purchases one of its AEDs.



Source: www.ncls.org

AED Employee Training Tool

Around 450 people die of sudden cardiac arrest in the U.S. daily. Currently, the chances of surviving sudden cardiac arrest (SCA) without the aid of an automated external defibrillator (AED) are one in twenty. However, with an AED, chances of survival improve to one in three. The use of AEDs could save over 100,000 lives per year!



Use this training tool to help prepare your employees for an emergency situation.

Training Scenario: It happened like this...

John and Lyle were working alone one night trying to finish a project. They both had been putting in extra hours and were feeling worn down. On this night, however, Lyle had been complaining of being tired and of pain in his left arm and neck. Lyle also seemed to be perspiring more than was appropriate. John didn't think too much about it as they were both tired, and Lyle was getting close to retirement. He just assumed that Lyle's age and the long hours were catching up with him.

Lyle suddenly stood up from his desk, clutched his chest, and collapsed on the floor. John rushed to his side and checked for signs of life. Not finding any, John went out into the hall and found the AED. John opened up the AED case and began to bare Lyle's chest. As he was turning the AED on, John realized he

should call 911. After dialing 911 and explaining the situation, John turned the AED on and prepped Lyle's chest for the AED pads. The AED recommended treatment, so John delivered a shock. John then began CPR and continued it until the AED recommended another shock. After this treatment, the AED recommended no treatment and no shock. John monitored Lyle's vital signs until the paramedics arrived and took over.

Employee Discussion Questions

Possible discussion topics and answers are given.

What are the issues?

- Cardiac arrest
- First aid procedures

What did John do right?

- Checked Lyle for signs of life
- Found the AED and used it properly
- Performed CPR as directed

What did John do wrong?

- Did not pay attention to the heart attack warning signs
- Did not dial 911 immediately; instead he went for the AED first and then remembered to call 911

What do you think should happen next?

- John should be retrained in first-aid procedures
- John should review the company's emergency reporting policy

Further Employee Discussion

The symptoms of cardiac arrest can be very sudden and dramatic. The victim may complain of pain or tightness in the chest, pain in the arm, or begin to sweat before collapsing and showing no signs of a pulse.

In most cases there is no indication of a problem. You can't always foresee this happening – you just have to be prepared to act fast. At this point, emergency medical help must first be summoned and then the AED should be used.

One final training note: Make sure that all of your employees know the physical address of your facility. This way they can give exact directions to the 911 dispatcher and medical personal will be able to arrive much sooner.

THANK YOU!

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ASPEN DISTRIBUTION
ATK THIOKOL PROPULSION
FREEPORT CENTER ASSOCIATES
GARKANE ENERGY COOPERATIVE INC
HOLLY REFINING & MARKETING
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USANA HEALTH SCIENCES
UTAH STATE UNIV ENV HLTH & SAFETY
WESTERN METALS RECYCLING
WESTERN PAPER COMPANY
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PREMIER PLASTICS INC
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PROVO CITY JUSTIC COURT
SPIFFY ICE
SUNDANCE CATALOG CO
SYLARUS TECHNOLOGIES
UNITED PARCEL SERVICE
WYATT FIELD SERVICE CO

Onsite CPR & AED Training

When you purchase an AED from the Utah Safety Council we will provide you with a 30 minute in-service training regarding the proper placement and use of AED equipment. For those customers located beyond the Wasatch Front, we will provide you with a web conference to accommodate this in-service training.

In addition, it is recommended that an organization have at least 10 people trained on CPR and AED.

The Utah Safety Council offers the National Safety Council's CPR and AED course which meets the current OSHA requirements. This training utilizes the latest skills, techniques and expertise in life-saving procedures.

This text follows the Emergency Cardiac Care guidelines and teaches the average person the basics of emergency life support, and takes the fear out of AED use. NEWLY updated student manuals include the CPR Video Self Instruction DVD.

This course is taught by certified instructors. Upon completion, students receive a CPR and AED Certification valid for two years.

CPR/AED Onsite Training:
\$300 per class (1-10 participants)
\$20 each additional

Compare this with the \$800 charge from other organizations!

To schedule this training please contact Brandee, our Training and Development Specialist at (801) 478-7878 ext. 307. or e-mail her at bsommer@utahsafetycouncil.org.



Pianist Saved at Utah Ski Resort

Luis Chavez, a retired engineer and practicing musician, was preparing for his audition at Sundance Ski Resort in Utah. The 70-year-old Luis was moving equipment into the restaurant when his heart went into cardiac arrest, causing him to fall and strike his head. Fortunately for Luis, two cardiologists were eating at the restaurant that evening and immediately started CPR, but Luis did not respond.

Four minutes later, two of the resort's safety officers, Kenneth Johnson and Brian Martin, arrived with an automated external defibrillator (AED). After the pads were placed on Chavez, the AED detected a shockable rhythm and verbally instructed the responders to press the shock button. Three shocks were administered before Luis's heart returned to a normal rhythm. An ambulance arrived soon after.

The Sundance Ski Resort, a remote winter and summer resort in Provo Canyon, Utah, only recently had acquired the AED. Ralph Derico, Orem City Public Safety Officer, loaned the unit to the resort to help with medical emergencies since the resort is 20-30 minutes away from medical help. The resort's medical technicians were trained, and someone trained in AED use is on duty at all times.

Luis Chavez was the first person to be saved by the device. "It is very evident," says Corey Child, Public Safety Director for the resort, "that if the automated defibrillator had not been in use, Mr. Chavez would not be here today."

Source: Chain of Survival.com

Student Collapses During Practice; Coaches Hailed As Heroes

A High School student remains hospitalized after he went into cardiac arrest during basketball practice last Thursday.

Basketball coach Joel Nau said the student was running laps when he collapsed. "I ran over and saw his condition on the ground. He was lying there and pretty much out of it," Nau said.

Nau told other students to summon the school nurse, Mary K. Mayle, who was in the gym coaching volleyball. Mayle instantly grabbed a defibrillator and rushed to the track.

"After one shock we started CPR again and in about 15 to 20 seconds the student started breathing again and had a very strong heartbeat," Mayle said. Mayle and Superintendent Mark Miller said they are thankful the school district keeps defibrillator in every building.

"These are fantastic," Miller said. "Without these devices instead of celebrating and being happy and joyful for this child we could be preparing for a funeral."

Miller said there were no signs that the student had a heart condition. He said the student's father said the boy is doing fine and could be back in class by next week.

Source: WTOV9.com Steubenville Ohio, October 2007

Success Through Safety!

We want to recognize the successes of our members! Let us hear about your success stories resulting from your safety and health program so that it can be highlighted in *Safety Matters and shared with our readers*. Please mail, fax or e-mail your story to:

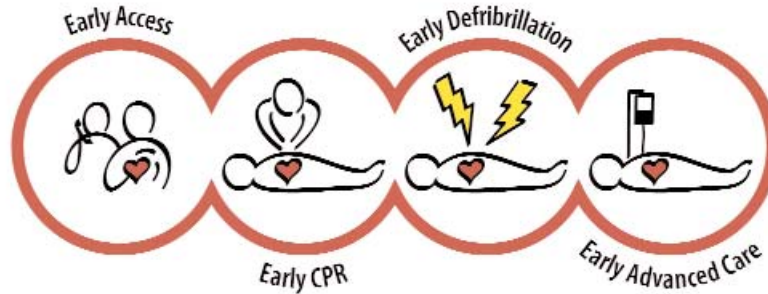
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your

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PUBLISHED BY THE UTAH SAFETY COUNCIL

Chain of Survival



Early Recognition – of the emergency and activation of the EMS or local emergency response system – 911

Early Bystander CPR – immediate CPR can double or triple the victim’s chance of survival from SCA

Early Delivery of a Shock – CPR and defibrillation within 3 to 5 minutes of collapse can produce survival rates as high as 60%

Early Advanced Life Support – followed by post-resuscitation care delivered by healthcare providers

THE MISSION OF THE UTAH SAFETY COUNCIL

*is to promote safety and health by
providing education, services and
products.*