

**TOWN OF FAIRFIELD, CT  
PARKS & RECREATION COMMISSION**

**Subcommittee on Automated External Defibrillators**

**REQUEST FOR PUBLIC COMMENT;  
DRAFT RECOMMENDATIONS TO INCREASE AED ACCESS AND  
IMPROVING SURVIVAL OF SUDDEN CARDIAC EVENTS ON TOWN PARKS AND  
RECREATION PROPERTIES**

Draft: June 6, 2022

**ACTION:**

Notice; Request for public comment.

**SUMMARY:**

The Fairfield Parks and Recreation Board's Subcommittee on Automated External Defibrillators (AEDs) is notifying the public of a request to comment on draft recommendations on the current placement and need for Automated External Defibrillators (AEDs) at public locations, under the purview of the Fairfield Parks, where cardiac arrest is likely to occur. The aim of the subcommittees recommendations are to improve access to AEDs and improve survival of sudden cardiac events by improving information sharing and cooperation across town government and with private organizations.

The subcommittees is seeking input on draft recommendations that include:

- The establishment of a comprehensive AED registry to identify the closest AED that can be used in the event of a cardiac emergency;
- Seeking universal AED models town-wide and making recommendations to individuals and organizations on the appropriate models to donate to town or private organizations.
- Instructions for staff, coaches and volunteers on AED availability and responding to a cardiac emergency for programs, leagues and activities organized by the Fairfield Parks and Recreation Department.
- Creating a public-private partnership to raise funds and to coordinate efforts across town government and private organizations in support of awareness, campaigns and programs that aim to improve survival of cardiac events across the town.

**DATES:**

Submit either electronic or written comments by August 5, 2022.

The public may email [recsupport@fairfieldct.org](mailto:recsupport@fairfieldct.org) or send comments to 75 Mill Plain Road, Fairfield, CT 06824

## **SUPPLEMENTARY INFORMATION**

### **I. BACKGROUND**

This subcommittee was established to understand the current placement and need for Automated External Defibrillators (AEDs) at public locations, under the purview of the Fairfield Parks, where cardiac arrest is likely to occur.

The Subcommittee learned that once every five days a CPR is in progress in the town of Fairfield, accord to Deputy Fire Chief Kyran Dunn. According to the National Institutes for Health, conservative estimates identify cardiac arrest as the third leading cause of death in the United States, following cancer and heart disease<sup>1</sup>. In the United States, there are roughly 350,000 resuscitation attempts outside hospitals each year, with average survival rates of 5-10 percent, and 750,000 attempts in hospitals, with about a 20 percent survival rate.<sup>2</sup>

But exceptions exist. In Seattle and King County, survival rates for cardiac arrests treated by emergency medical services providers improved by 22 percent over the last seven years to 19.9 percent, according to Dr. Graham Nichol, professor of medicine at the University of Washington. In places like Detroit, the survival rate is about 3 percent.<sup>3</sup>

While a cardiac event can happen anywhere, they are more common in place where people are active. AEDs are required in schools in Connecticut. Athletic departments of each institution of higher education are also required to have AEDs. School personnel should be trained in the use of AEDs. Golf courses must have at least one AED on premise.

Application of an AED in communities is associated with nearly a doubling of survival after out-of-hospital cardiac arrest. These results reinforce the importance of strategically expanding community-based AED programs.<sup>4</sup>

The state of Connecticut has also established a Good Samaritan law that provides protection from liability to individuals who are trained in CPR, AED acquirers, AED program sites and AED users. The law, however, may not provide broad enough covered. Those who are CPR/AED Trainers, AED Program Medical Directors may not be covered.

Once an AED is purchased, they are cost effective. They require maintenance about every five years, primarily for pads and batteries, which costs around \$250 during that 5 year period.

### **Fairfield Parks and Recreation Properties**

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/books/NBK321497/>

<sup>2</sup> <https://www.seattletimes.com/seattle-news/health/cpr-survival-rates-vary-greatly-by-city-a-big-concern/>

<sup>3</sup> <https://www.seattletimes.com/seattle-news/health/cpr-survival-rates-vary-greatly-by-city-a-big-concern/>

<sup>4</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3008654/>

Given that a cardiac event is more common in locations where people are more active, Fairfield Parks and Recreation may have a greater interest in ensuring wide accessibility to AEDs, but also serving as a primary partner to the town's ability to provide aid to a resident suffering from an event like cardiac arrest.

Fairfield's Parks and Recreation department has gone above and beyond any legal requirement to make AEDs assessable to the general public. In August 2021, the department purchased AED's for all beaches, Jackie Durrell Pavilion, Penfield Pavilion, the marina and the par 3 course. The devices were delivered in December 2021.

### **Challenges of a Comprehensive AED Strategy**

The subcommittee identified three key challenges to maintain ongoing accessibility to AEDs.

1. **Twelve Month Accessibility:** Fairfield's Park and Recreation AED's are primarily available through indoor indoor facilities where employees are available to respond to an emergency. This may mean accessibility of an AED may be lower in the late Fall through early Spring months. For example, in the months when a life guard is not on a duty there may be an increase of relative risk of an untreated cardiac event. These are months that are not in the traditional beach season, but still see residents walk on the beach or engage in horseback riding.
2. **Privately Owned Devices:** Most of Fairfield's sports teams are prepared for a cardiac event. The subcommittee conducted a survey of town youth sports teams. While not all sports teams responded, the subcommittee did receive a substantive amount of feedback. Fairfield's football and baseball teams have multiple devices at various locations that can be used during the sports season. A key challenge identified by the subcommittee is that these devices are in complete control of the town. The town's fire department and emergency response professionals are unaware that they exists, not do they know if they are in proper working condition.
3. **Climate:** Fairfield's cold winter weather will result in greater wear and tear on the device. The existing AED kit does not provide adequate protection from extreme weather. This is why most AEDs are stored in doors. Technology exists to protect these devices from extreme weather and ensure their security, but the cost does come at a premium.
4. **Security:** The subcommittee did assess security issues related to unguarded AEDs. While the potential for vandalism or theft is possible, experience suggests it is low. Security precautions can be taken - including flashing lights when opening AEDs, as well as cameras - if this is a serious concern to the town. The subcommittee views accessibility at a far greater benefit to the risk of tampering.

## **II. POLICY LANDSCAPE**

### **State Action on AEDs**

Florida was the first state to enact a broad public access law in 1997 and as of 2010, all 50 states have since enacted defibrillator use laws or adopted regulations. Many states have considered how to encourage broader availability of AEDs, including provisions to encourage or require training on the use of AEDs, require that maintenance and testing meet manufacturers' standards, create a registry of defibrillator locations, establish a "Good

Samaritan” exemption from liability, and authorize state agencies to determine more detailed requirements for training and registration. Advocates have encouraged placements of AEDs in public buildings, transportation centers and large offices or apartment buildings. Several states have proposed or adopted legislation requiring the placement of AEDs in health clubs and gyms, school athletic events or settings, and other public spaces. The 50-state AED list below links to third-party resources (AED Brands and AED Universe) that track AED laws in each state. The state profiles include summaries of requirements for use, Good Samaritan protection, and a list of laws and legislation. Please note that NCSL does not endorse the content of third-party resources.

\*Source: National Conference of State Legislatures

**Federal Action on AEDs**

In 2002, President Bush signed the Community Access to Emergency Devices Act into law, authorizing \$30 million in federal grants to be made available to applying states and localities. Grant funds were used for the purchase and placement of AEDs in public places and to train first responders in administering life-saving care, including on AED usage and cardiopulmonary resuscitation. The U.S. Food and Drug Administration issued several regulations on AEDs, including required premarket approval for new and existing AEDs (2015) and necessary accessories (2020) after reports of failing or malfunctioning devices. Some issues were due to manufacturing problems, while others were due to improper maintenance such as battery failure.

\*Source: National Conference of State Legislatures

**Connecticut Laws**

<b>Summary of Requirements</b>		
	Physician	Physician approval of AED purchase.
	CPR/AED Training	No Current Legislation
	EMS Notification	No Current Legislation
	Maintenance Program	No Current Legislation
	Notification of Use	No Current Legislation

<b>Good Samaritan Protection</b>				
<b>Rescuer</b>	<b>Purchaser</b>	<b>Property Owner</b>	<b>Physician</b>	<b>Trainer</b>

		No Current Legislation	No Current Legislation	No Current Legislation
– 2012				
Provides Good Samaritan protection for use of an AED and establishes guidelines for AED				

Laws / Legislation		
Reference	Date	Summary
	2013	No later than July 1, 2010, each school shall develop an emergency action response plan that addresses the appropriate use of school personnel to respond to incidents involving an individual experiencing sudden cardiac arrest or a similar life-threatening emergency while on school grounds.
	2012	No later than January 1, 2013, the athletic department of each institution of higher education shall develop and implement a policy consistent with this section concerning the availability and use of an AED during intercollegiate sport practice, training and competition.
	2012	Outlines the AED requirements for golf courses.

\*Source: National Conference of State Legislatures

### III. CASE STUDIES

#### Kings County, Washington

Someone who has a cardiac arrest in King County has a greater chance of survival than anyone else in the world, according the latest analysis by county officials. The survival rate for cardiac arrest in King County hit an all-time high of 62 percent in 2013.[1] By comparison, the cardiac survival rates in New York City, Chicago, and other urban areas have been recorded in the single digits.

King County’s success in saving lives is based in a coordinated, regional system where everyone – dispatchers, first responders, fire departments, law enforcement, paramedics,

urgent care centers, and others – is guided by consistent medical direction and evidence-based practice.

The cardiac survival rate in King County has dramatically risen over the past decade or so, from an above-average 27 percent in 2002 to 62 percent in 2013. Strategies that have contributed to the rise include:

- Adoption of high-performance CPR method by emergency medical technicians to maximize oxygen circulation and increase survival chances.
- Adoption of telecommunicator CPR, whereby 911 emergency personnel provide instant CPR instructions by phone.
- Increasing public availability of automated external defibrillators (AEDs), including more than 100 in King County facilities, and placement of AEDs in many law enforcement vehicles, including with King County Sheriff's deputies.
- High rates of CPR training for local residents.
- A regional paramedic training program, funded by charitable contributions, that exceeds national standards for certification.

King County Public Health launched a “Shockingly Simple” campaign in 2016 to spread the word about the importance of automated external defibrillators (AEDs) and registering them so first responders can locate the nearest device in an emergency.

Local business owners and residents are encouraged to purchase AEDs and register their devices with the county, as they “only work if you can find them.”

There are currently more than 3,000 registered AEDs in King County — contributing to the county having one of the highest witnessed out-of-hospital defibrillation SCA survival rates in the world. But less than 1,000 businesses and organizations have registered an AED.

## **Collier County, Florida**

Pulse Point empowers everyday citizens to provide life-saving assistance to victims of Sudden Cardiac Arrest (SCA) and other incidents such as brush fires, traffic accidents, and road closures. Application users who have indicated they are trained in cardiopulmonary resuscitation (CPR) can now be notified if someone nearby is having a cardiac emergency and may require CPR. If the cardiac emergency is in a public place, the application, using sophisticated location-based services, will alert citizens in the vicinity of the need for CPR. The application also directs these citizen rescuers to the exact location of the closest public access Automated External Defibrillator (AED).

Collier takes part in AED Link, a national registry spearheaded by a Boca Raton company, Atrus Inc. The company uses a geo-mapping system to connect 911 dispatchers to AEDs and people willing to use one on someone nearby ? within 1,200 feet ? if they go into cardiac arrest.

A registry of willing responders is possible because of a state law changed in 2012. State Sen. Garrett Richter and state Rep. Kathleen Passidomo, both of Naples, spearheaded the change to make a registry of willing responders possible.

Before that, 911 operators were prohibited from notifying someone, such as a security guard in a condominium complex, that a cardiac arrest was taking place in the building but there was an AED nearby. Since that legal obstacle was lifted, there have been a couple of instances in

which the AED registry has been used but the patients weren't in cardiac arrest, so no shock was given.

There now are 1,747 AEDs registered in Collier at 772 sites. That includes 600 units in Collier sheriff's deputies' patrol cars.

## Salina, Kansas

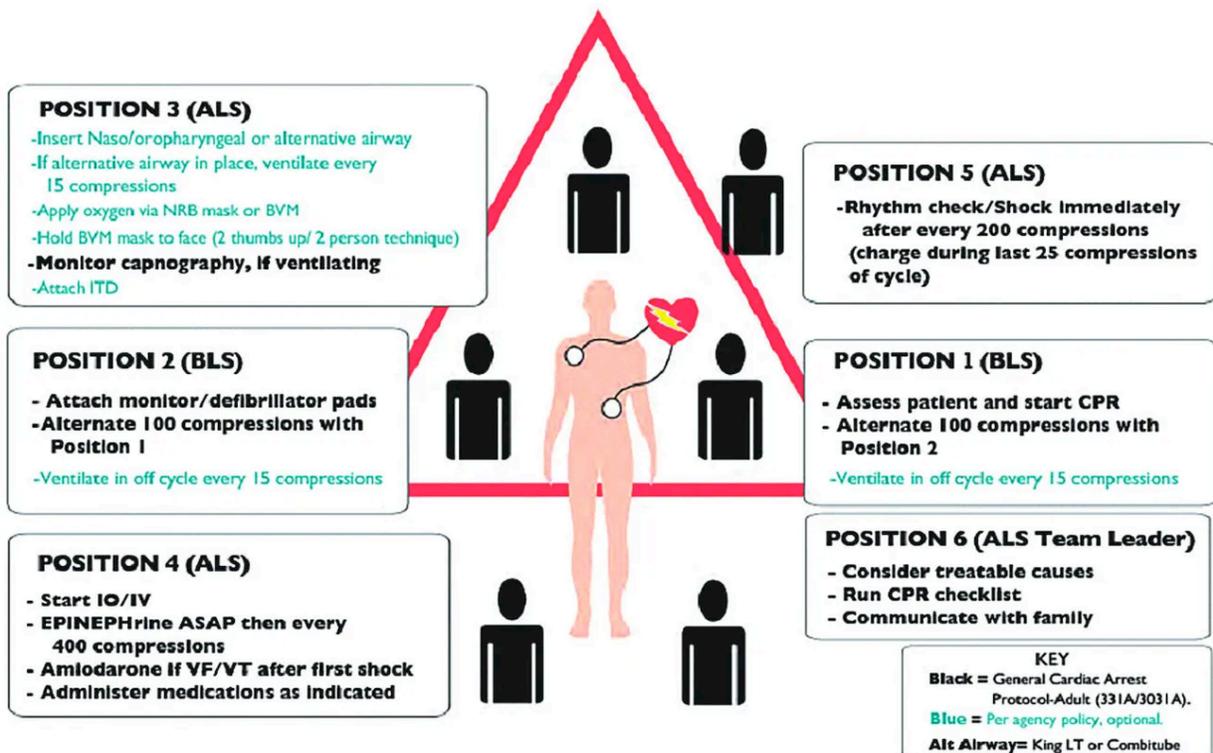
Salina emergency responders implemented a new “pit crew” approach to handling cardiac arrests, more patients are arriving at Salina Regional Health Center with a pulse, said Shane Pearson, emergency medical services division chief for the Salina Fire Department.

The pit crew method emphasizes starting chest compressions as soon as possible. The first person to arrive initiates chest compressions from a position to the right of the patient’s chest. After a minute, that person is relieved by the second emergency responder positioned on the left of the patient’s chest.

Those two alternate compressions as a third responder stands at the patient’s head and establishes the airway and straps on an oxygen mask, allowing the patient to receive oxygen passively during chest compressions.



### 6-Person Pit Crew CPR Example (2 BLS and 4 ALS)



Note: Ventilation is not necessary during the first 800 compressions (4 compression/shock cycles) except when there is a respiratory/typoxic cause to the cardiac arrest (e.g. drowning) and after the initial 800 compressions. Intubation is not a necessity and should be avoided during the first 800 compressions. For pediatric patient ≤14 years old, provide CPR with 15:2 compressions and follow protocol #3031P

#### IV. DRAFT RECOMMENDATIONS

1. Request that local athletic organizations disclose if they own Automated External Defibrillators (AEDs) and where they are stored when applying for seasonal field/facility permits.
2. In partnership with the Fairfield Fire Department (FFD), the Fairfield Parks and Recreation Department (Parks & Rec) should work with local sports organizations and other appropriate partners/vendors to establish a comprehensive AED registry that includes town owned and privately owned devices, to help first responders and good samaritans locate the nearest AED when a sudden cardiac event occurs.
  1. Recommended AEDs should be posted on relevant town websites.
  2. Recommended AEDs should be directly communicated to local athletic organizations and community organizations.
3. Staff, coaches and volunteers in programs, leagues, and activities organized by the Parks & Rec should be instructed on location of nearest AED and what to do in case of a sudden cardiac event.
4. To encourage universal AED models town-wide, partner with Fairfield Fire Department to establish a list of recommended AED models for individuals/organizations who want to donate an AED to the town or a local athletic club.
5. Establish a public-private partnership (PPP) to raise funds and to coordinate efforts across town government and private organizations in support of awareness, campaigns and programs that aim to improve survival of cardiac events across the town.
  1. The PPP would be formed as a newly established nonprofit organization as specified by the state of Connecticut.
    1. Founding Officers of the PPP would include town representatives from Parks & Rec, FFD, and Fairfield Public Schools, along with existing nonprofit leaders from Fairfield AEDs, In a Heart Beat CT, and the Connecticut Chapter of the American Red Cross.
    2. The First Selectman may appoint an additional representative from town staff or a local resident.
    3. The Founding Officers of the PPP would be expected to establish a charter and by-laws within the first 90 days of being established.
    4. Any decisions to include representatives from other organizations - Ex. Chamber of Commerce, Rotary, etc - is at the discretion of the founding officers.
    5. While the intent of the PPP is to be self-sustaining financially, the entity can request town funding for specific programs or initiatives - where appropriate.
  2. The PPP can coordinate and conduct community support programs with appropriate town government partners, including:
    1. An annual AED re-certification for town and privately owned AEDs;
    2. Free batteries and pads to maintain AEDs that meet the town's recommended universal AEDs.
    3. Coordinate bi-annual CPR/AED training for town staff, athletic organizations and other interested parties.
  3. The PPP should explore new technologies and conduct pilot programs to make AEDs accessible in high trafficked areas year round.

1. Example: Conduct a pilot program with year round AED access by purchasing three climate controlled AED climate controlled boxes and place them in highly trafficked areas like Jennings Beach, Riverside Park and Lake Mohegan trails.
4. The PPP should regularly maintain and update best practices, strategies and make recommendations to town authorities on improving AED access and improved survival of sudden cardiac events.
5. The PPP should submit an annual report to the Board of Selectman, Board of Education, Board of Finance and the Representative Town Meeting, along with other interested parties to demonstrate progress made and to keep the public informed of the organization's priorities.