

DUBAI HEART SAFE CITY INITIATIVE

DHA Automated External Defibrillator Device

GUIDELINES



Health Regulation Sector (2021)

INTRODUCTION

Dubai Health Authority (DHA) is leading the “DUBAI HEART SAFE CITY INITIATIVE” in the Emirate of Dubai. The Health Regulation Sector (HRS) is an integral part of DHA and is playing a crucial part in fulfilling and overarching current strategic objective.

The main objective of this initiative is to increase the number of effectively managed Out of Hospital Cardiac Arrest incidents by providing immediate and effective action by the nearest responder before the arrival of paramedics at the scene to deliver the appropriate care.

ACKNOWLEDGMENT

Dubai Health Authority developed this document, for best practice in Automated External Defibrillator (AED) requirements, specifications, and usage in collaboration with Subject Matter Experts. We would like to acknowledge and thank “DUBAI HEART SAFE CITY INITIATIVE” committee members for their dedication toward improving the quality and efficiency of Sudden Cardiac Arrest management.

The Health Regulation Sector

Dubai Health Authority

TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
DEFINITIONS	5
ABBREVIATIONS	8
1. BACKGROUND	10
2. SCOPE	11
3. PURPOSE	12
4. APPLICABILITY	12
5. RECOMMENDATION ONE: TECHNICAL SPECIFICATIONS OF AED	12
6. RECOMMENDATION TWO: ESSENTIAL REQUIREMENTS OF AED	13
7. RECOMMENDATION THREE: ESSENTIAL SPECIFICATIONS FOR MONITORED AED	13
8. RECOMMENDATION FOUR: NON-ESSENTIAL SPECIFICATIONS OF AED	14
9. RECOMMENDATION FIVE: INSTALLATION AND LOCATION OF AED	15
10. RECOMMENDATION SIX: PLACES THAT SHOULD HAVE AN AED.....	16
11. RECOMMENDATION SEVEN: AED PLACEMENT SET UP	17
12. RECOMMENDATION EIGHT: MONITORING, MAINTENANCE AND TRAINING.....	18
13. RECOMMENDATION NINE: EMERGENCY RESPONSE AND POST INCIDENT SUPPORT.....	21
14. RECOMMENDATION TEN: RECORD KEEPING.....	23
15. RECOMMENDATION ELEVEN: PROPER SIGNAGE FOR AED	24
REFERENCES.....	26
APPENDICES	28

EXECUTIVE SUMMARY

Clinical guidelines are increasingly becoming part of current practice and will become more common over the next decade. They will improve the quality and the level of healthcare provided to patients. Current guidelines is prepared to guide in planning and installation of Automated External Defibrillator (AED) and information source for required specifications.

The Automated External Defibrillator Device Guidelines was created to improve the standards of AED deployment and use by providing guidance on the selection, location, monitoring and maintenance of AED Systems in workplaces and public spaces, and the inclusion of a voluntary registration program. Development of current Guidelines has involved a comprehensive examination of current trends and practices of AED deployment together with extensive research into AED use in the workplace and in public spaces by qualified and experienced people with backgrounds in public health, workplace relations, occupational health and safety, emergency and rescue, quality control and management systems. The current guidelines present a framework to assist in the successful implementation of AED in our community. Developing/adopting evidence based clinical guidelines will assess the providing of more consistent, as well as more effective care to individuals in the community.

DEFINITIONS

Automated External Defibrillator is a lightweight, portable electronic device that automatically analyses life-threatening cardiac arrhythmias and delivering an electric shock to help the heart re-establish an effective rhythm.

AED and Defibrillation is a device used to restore normal heartbeat by discharging an electrical current or shock through the heart. This will give a Non- synchronized random administration of electrical shock to reset the electrical state of the heart.

AED Map is a access web map showing information on the locations of registered AEDs, it provides the geographical location of the AED, name of the brand , nature of the facility with the AED installed.

AED Program Body The public or private institution that is accountable for and manages the AED Program Designations affiliated with an AED Program.

AED Program Design Guidelines The proposed design and operational elements required to aid constructive and suitable rapid defibrillation initiatives involving the deployment, reacquisition, and utilization of automated external defibrillators in nonmedical settings.

AED Responder An individual certified by an AED Program to acquire or retrieve an AED in response to suspected sudden cardiac arrest scenarios and to assist in other supporting AED response such as escorting emergency medical services personnel, overseeing and managing responders.

AED System includes:

- (a) AED
- (b) AED fault detection
- (c) AED communications network
- (d) AED emergency response
- (e) AED post incident support
- (f) AED enclosure
- (g) AED monitoring, maintenance and support
- (h) AED training program.

Control Room is a 24-hour response centre operating 365 days a year.

Cardiopulmonary Resuscitation is an emergency lifesaving procedure performed when the heart stops beating.

Duty Holder is an organization, entity or individual that has responsibility for an AED System.

HeartSaver First Aid CPR AED (HSFA CPR AED) is a course designed for anyone with little or no medical training. The course provides the learner the highest quality training in the lifesaving skills of first aid, Cardiopulmonary Resuscitation (CPR), and use of an Automated External Defibrillator (AED) in a safe, timely, and effective manner. This course empowers trainers to act with confidence in the event of an emergency at work, home, or in the community. Delegates gaining this qualification will know that CPR and AED form an essential part of the chain of survival.

IP Code (or International Protection Rating, sometimes also interpreted as Ingress Protection Rating*) consists of the letters IP followed by two digits and an optional letter.

Public Space is a place or a part of Premises that is open to the public.

Regulatory Authority Is the Dubai Health Authority responsible for regulation of AEDs in the Emirate of Dubai.

Service Provider is a third party engaged by a Duty Holder to carry out duties or provide services including, but not limited to, supplying, monitoring and maintaining an AED System.

Subject of Care is a person who has a shockable or non-shockable rhythm identified by the AED.

ABBREVIATIONS

ACLS	:	Advanced cardiovascular life support
AED	:	Automated External Defibrillator
AHA	:	American Heart Association
HSFA	:	HeartSaver First Aid
CPR	:	Cardiopulmonary Resuscitation
CVD	:	Cardiovascular Disease
DCAS	:	Dubai Corporation for Ambulance Services
DHA	:	Dubai Health Authority
DHSC	:	Dubai Heart Safe City
DP	:	Dubai Police
EMS	:	Emergency Medical Services
GPS	:	Global Positioning System
HRS	:	Health Regulation Sector
IP Code	:	International Protection Rating / Ingress Protection Rating
MOH	:	Ministry of Health
OHCA	:	Out of Hospital Cardiac Arrest
OPALS	:	Ontario Prehospital Advanced Life Support Study
PALS	:	Pediatric Advanced Life Support
RH	:	Rashid Hospital

SCA	:	Sudden Cardiac Arrest
WHO	:	World Health Organization
UAE	:	United Arab Emirates

1. BACKGROUND

Cardiovascular disease is the major cause of deaths globally, accounting around 17 million deaths every year, and 44% of all non-communicable disease deaths worldwide. Sudden Cardiac Arrest (SCA) is the abrupt loss of heart function in a person who may or may not have cardiovascular disease. Sudden Cardiac Arrest can come on suddenly, or in the wake of other symptoms, and it causes 40-50% of all cardiac related deaths worldwide. The public and the media often incorrectly equate cardiac arrest with a heart attack. A heart attack can cause the cardiac arrest but the two are not synonymous unlike a heart attack, cardiac arrest frequently has no early warning signs.

Cardiac arrest is a term used for sudden loss of blood flow resulting from failure of the heart to pump effectively. The signs and symptoms of sudden cardiac arrest includes sudden loss of consciousness, no breathing and no pulse. It is caused when the heart's electrical system malfunctions.

The American Heart Association (AHA) reports that sudden cardiac arrest subject of care who receives immediate Cardiopulmonary Resuscitation (CPR) and AED shock within 3 to 5 minutes have a much higher chance of survival. Every minute without CPR and AED the chance of survival drops by 10% and by the immediate application of CPR and AED has led to survival rate as high as 60 percent.

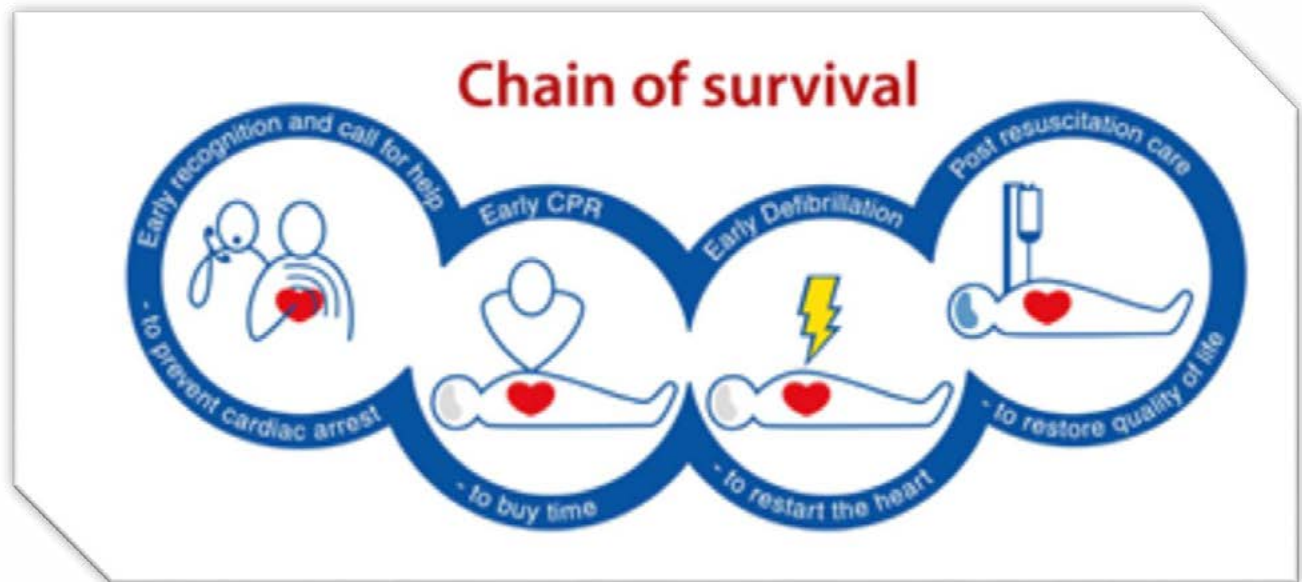


Figure 1. The chain of survival, emphasizing the importance of recognizing cardiac arrest, calling for help, starting CPR and using a defibrillator without delay.

Dubai Health Authority initiated the planning of Dubai Heart Safe City (DHSC) initiative in collaboration with various partners and stakeholders. Its main objective is to increase the number of effectively managed Sudden Cardiac Arrest (SCA) incidents by providing immediate and effective action by the nearest responder before the arrival of paramedics at the scene to deliver the appropriate care.

2. SCOPE

- 2.1. To address the design and operational structure surrounding the installation, retrieval and usage of AEDs in non-medical settings. The current guidelines must be utilized in

accordance with issued cardiopulmonary resuscitation (CPR) and emergency care guidelines.

3. PURPOSE

- 3.1. To provide guidance on requirements, placement, care and use and other components that may be required by establishments to ensure that an effective AED program is in place.
- 3.2. To sets out guidelines on the selection, location, monitoring, maintenance of AED Systems in all Workplaces and Public Spaces.

4. APPLICABILITY

- 4.1. These guidelines apply to public and private AED program destinations.

5. RECOMMENDATION ONE: TECHNICAL SPECIFICATIONS OF AED

- 5.1. AED must be of an uncluttered design that enables fast, efficient operation by a Potential responder in an intense emergency situations. [\(more details\)](#)
- 5.2. AED must provide clear rescue prompts or instructions to the Potential responder so that it is able to be used safely by non-medical personnel in noisy environments. [\(more details\)](#)
- 5.3. AED must be easily accessible and be portable (including, whether mounted on a wall, within a vehicle or elsewhere). [\(more details\)](#)
- 5.4. AED must be serviceable in both short and long term. [\(more details\)](#)
- 5.5. AED must be IP24 rated. [\(more details\)](#)

- 5.6. AED must have an automated self-test facility whereby it performs a daily automated self-test to confirm the operability of the electrodes (pads), cable, battery, and electrical circuitry. [\(more details\)](#)
- 5.7. AED must be able to record and store data including usage and cardiac rhythm information for download to a prescribed system or format. [\(more details\)](#)
- 5.8. AED must be approved by the Regulatory Authority. [\(more details\)](#)

6. RECOMMENDATION TWO: ESSENTIAL REQUIREMENTS OF AED

- 6.1. AED must have a first aid pack that contains pocket mask, wipes, razors and scissors. [\(more details\)](#)
- 6.2. AED must include a defibrillator information booklet, instruction and quick reference guide. [\(more details\)](#)
- 6.3. AED must have an AED battery supported by the manufacturer of the AED and be operationally warranted. [\(more details\)](#)

7. RECOMMENDATION THREE: ESSENTIAL SPECIFICATIONS FOR MONITORED AED

- 7.1. Monitored AEDs must have the ability to send automatic messages and signals from the AED to the Control Room in circumstances where the AED is:
 - 7.1.1. Not operable
 - 7.1.2. Removed from its enclosure
 - 7.1.3. Activated. [\(more details\)](#)

- 7.2. Vehicle mounted; or portable publicly accessible AEDs may also include GPS location tracking. [\(more details\)](#)

8. RECOMMENDATION FOUR: NON-ESSENTIAL SPECIFICATIONS OF AED

- 8.1. Subject to a risk/environmental assessment, the AED should:
- 8.1.1. Have non-polarised and interchangeable electrodes allowing the Potential Responder to place either electrode in the proper position on the body. [\(more details\)](#)
 - 8.1.2. Be fully automated once deployed and deliver a shock (if required) without requiring the Potential Responder to push a button.
 - 8.1.3. Have Pediatric capability: [\(more details\)](#)
 - a. The Pediatric defibrillator electrode pads that must be used when the patient appears to be less than 8 years old or 25 kg.
 - b. The reduced-energy paediatrics defibrillator electrode pads.
 - 8.1.4. Include easy to read backlit electronic text displays and gauges showing:
 - a. Elapsed rescue time.
 - b. Number of shocks administered.
 - c. A Cardiopulmonary Resuscitation (CPR) countdown.
 - d. Battery capacity.
 - e. The operational status of the battery and pad expiry:

9. RECOMMENDATION FIVE: INSTALLATION AND LOCATION OF AED

9.1. Installation

- 9.1.1. Duty Holders must ensure that deployed AEDs are installed strictly in accordance with the manufacturer's instructions and located in the Workplace, Public Space, a residential building, and common areas in accordance with the requirements of the current guidelines. [\(more details\)](#)

9.2. Location

- 9.2.1. AED must be clearly visible, located in a common area and easily accessible to members of the public without assistance from staff at the facility.
- 9.2.2. AEDs must not be located in positions where access could present a hazard to the Potential Responder.
- 9.2.3. Where practicable, AEDs should be located along normal paths of travel and near exits.
- 9.2.4. AED must be located where it is both secure and accessible with a nearby phone to call the EMS.
- 9.2.5. Reasonable steps must be taken by Duty Holders to ensure that deployed AEDs are located no more than one to two minutes away from a Potential Subject of care.
- 9.2.6. AED must be in a clear path and free from any obstacle.

- 9.2.7. AED must be protected by theft or tampering by placing it under the surveillance camera area.
- 9.2.8. AED must be placed under unlocked storage cabinet that activates lights or an audio alarm when the cabinet door is open and AED is removed. To help prevent tampering and ensure the AED is used only in emergency.
- 9.2.9. AED is recommended to be placed in an area where it can be supervised by one or more person.
- 9.2.10. Reasonable steps must be taken by Duty Holders to ensure that deployed AEDs are located no more than one to two minutes away from a Potential Subject of care.
- 9.2.11. AEDs deployed on Premises should:
 - a. Have their location clearly indicated and visible to all potential responders with the use of appropriate directional signage.
- 9.2.12. The requirements mentioned in the current guidelines may be waived if the accessibility of the AED will be impaired.

10. RECOMMENDATION SIX: PLACES THAT SHOULD HAVE AN AED

- 10.1. All Healthcare Facilities except for hospitals
- 10.2. Dubai Corporation for Ambulance Services
- 10.3. All Governmental, semi-governmental, and private Buildings

- 10.4. Residential Complexes
- 10.5. Shopping malls and Supermarkets
- 10.6. All amateur and professional sports clubs, Sports Centers, Stadiums, Golf fields, Gyms
- 10.7. Schools, Colleges, Universities
- 10.8. Airports and planes
- 10.9. Police and fire engines
- 10.10. Restaurants, Coffee Shops, Shisha Places, Bars, Dance Clubs & Discos, Game & Entertainment Centers
- 10.11. Hotels, Resorts and Spa
- 10.12. Worship houses
- 10.13. Beaches and Swimming pools
- 10.14. Trains, buses, water buses, Boats, trams, and Dubai Metro stations (Public Transportation system in Dubai).
- 10.15. Rural areas
- 10.16. Rescue Services

11. RECOMMENDATION SEVEN: AED PLACEMENT SET UP

- 11.1. Mounting heights: **(more details)**

- 11.1.1. According to the Americans with disability act (ADA) guidelines, the height to reach the handle of an AED in a public gathering place should be no more than 1.2 meter high from ground level. [\(more details\)](#)
- 11.2. The maximum side reach for an unobstructed approach to an AED is 1.37 meter. [\(more details\)](#)
 - 11.2.1. Actual horizontal and vertical dimensions and layout of the physical space:
 - a. In a horizontal direction within every 500-meter Radius, one AED will be installed.
 - b. In a vertical direction for every second floor, one AED will be installed near to the lift.
 - 11.2.2. AED and staff/residents/visitors ratio in every AED Program Designation should be 1:50.
 - 11.2.3. The AED program must obtain and install at least one AED in each designated AED response area.
- 11.3. Multiple placements in large areas or high traffic locations:
 - 11.3.1. Consider placing more than one AED at a location that covers a large area, has multiple buildings or floor or has a significantly high number of staffs or visitors. Each location should determine whether one AED would be able to provide timely for early defibrillation.

12. RECOMMENDATION EIGHT: MONITORING, MAINTENANCE AND TRAINING

12.1. Monitoring

- 12.1.1. All AED should be with 24/7 live monitoring system. [\(more details\)](#)
- 12.1.2. The Duty Holder is responsible for ensuring the ongoing functionality of deployed AEDs.
- 12.1.3. A Duty Holder may engage a service provider to carry out these responsibilities on its behalf. [\(more details\)](#)
- 12.1.4. Duty Holders are responsible for arranging for all deployed AEDs to be checked for functionality daily, 365 days a year in accordance with current guidelines. [\(more details\)](#)
- 12.1.5. Duty Holders must ensure that deployed AEDs are monitored electronically by a service provider operating a control room. [\(more details\)](#)
- 12.1.6. Duty Holders are responsible for ensuring that inspections and maintenance of AEDs are provided in accordance with the manufacturer's specifications. [\(more details\)](#)
- 12.1.7. It is essential that deployed AEDs and any accessories are always kept under warranty by ensuring that all parts and consumables do not exceed their warranty period. [\(more details\)](#)
- 12.2. Maintenance
 - 12.2.1. Daily checking of AED functionality must be carried out to detect device failure in accordance with current guidelines. A duty holder may engage a Service Provider to carry out maintenance responsibilities on its behalf. [\(more details\)](#)

- 12.2.2. In addition, both routine and annual on-site maintenance must be arranged by the Duty Holder for all deployed AEDs in accordance with manufacturer's instructions. [\(more details\)](#)
- 12.2.3. Duty Holders are responsible for immediately replacing defective AEDs. [\(more details\)](#)
- 12.2.4. AED parts and consumables must be replaced: [\(more details\)](#)
 - a. Before their expiry date.
 - b. After being used in an SCA.
 - c. In accordance with the manufacturer's instructions.
- 12.2.5. Notwithstanding any of the above, where a risk assessment determines that there is high risk in workplaces with fewer than 50 workers, then must ensure that deployed AEDs are monitored electronically by a Service Provider operating a control room.
- 12.3. Training
 - 12.3.1. Duty Holders should provide training on an annual basis. A Duty Holder may engage a Service Provider to carry out the responsibilities in current section on his/her behalf. [\(more details\)](#)
 - 12.3.2. Training should:
 - a. Meet the guidelines of the national resuscitation peak body.
 - b. Cover HeartSaver First Aid CPR AED training.
 - c. Be provided to a minimum of 10 Workers for each AED deployed.

- 12.3.3. Training should be conducted on-site at a time agreed with a Duty Holder's customer site contact or appointee. [\(more details\)](#)
- 12.3.4. Trainees should be:
 - a. Assessed on a theoretical and practical basis by certified trainers.
 - b. Issued statements of attainment upon successful completion of the training, such statements to be valid for 12 months.
 - c. Invited to provide feedback at the end of a training session.
- 12.3.5. Problems, issues and suggestions should be communicated to the Duty Holder's customer site contact or their appointee.

13. RECOMMENDATION NINE: EMERGENCY RESPONSE AND POST INCIDENT SUPPORT

13.1. General

- 13.1.1. Duty Holders should ensure that the requirements in current section are met for each AED System. A Duty Holder may engage a Service Provider to carry out these responsibilities on its behalf.

13.2. Emergency Response

- 13.2.1. The Control Room is responsible for providing back-up in response to an SCA and should:
 - a. Maintain and update details of the Emergency Verification Contact and the correct address for the ambulance service as required. [\(more details\)](#)

- b. Contact the Emergency Verification Contact upon an AED being accessed. If the emergency is verified, then the Control Room must call an ambulance.
 - c. Handle any emergency in accordance with the relevant standard for medical duress alarm response including emergency verification and dispatch of an ambulance to the location of an incident.
 - 13.2.2. Notwithstanding the responsibilities of the Control Room above, the Duty Holder is primarily responsible for ensuring an ambulance is called directly by the rescuers at the scene of an SCA.
 - 13.2.3. Nothing in current section detracts, or is intended to detract, from any legal obligation owed by the Duty Holder or rescuers, including but not limited to, a duty of care owed by the Duty Holder or the rescuers at the scene of an SCA.
- 13.3. Post Incident Support
 - 13.3.1. Each SCA must be overseen by a physician with experience in dealing with cardiac arrest emergencies.
 - 13.3.2. The physician referred to is not required to provide therapy to the subject of care. Their role is to support the Duty Holder or Service Provider in handling of post event matters including consultation and documentation of an SCA.

- 13.3.3. Following an SCA involving use of a deployed AED the Duty Holder must, to the extent allowed by relevant privacy legislation, ensure that:
- a. Consultation occurs with the rescuers involved within 24 hours of an SCA where a deployed AED was used.
 - b. An ECG report is extracted from the deployed AED. **(more details)**
 - c. A Post Incident form is properly completed within 24 hours of an SCA.
- 13.3.4. A post-incident debrief of trained rescuers should be arranged by the Duty Holder within 24 hours of an incident where the AED is used.

14. RECOMMENDATION TEN: RECORD KEEPING

- 14.1. A Duty Holder or Service Provider must manage the following key data and records:
- 14.1.1. AEDs: **(more details)**
- a. Equipment and consumables.
 - b. Manufacturer, model and serial number.
 - c. Warranty.
 - d. Pads serial number and expiry dates.
 - e. Spare pads serial number and expiry dates.
 - f. Battery serial numbers and expiry dates.
 - g. AEDs in Duty Holders with 50 or more workers must have electronic fault monitoring logs. **(more details)**
 - h. AEDs fewer than 50 workers and/or without access to power or

communications must have daily inspection logs. [\(more details\)](#)

14.1.2. Training:

- a. Trained rescuers.
- b. Contact details.
- c. Statements of attainment.
- d. Training expiry dates.

14.1.3. Emergency response:

- a. Address or location of SCA for ambulance personnel including the nearest cross street and any special instructions for remote locations without address.
- b. Emergency Verification Contact details including regular and after hours contact numbers for both a primary and secondary person.
- c. The location of the AED and any relevant information regarding hours of access to the Premises or access to remote location where the AED is located.

15. RECOMMENDATION ELEVEN: PROPER SIGNAGE FOR AED

- 15.1. The owners of designated premises must post signs alerting the public about the presence of an AED in the facility at the entrances to the facility. [\(more details\)](#)
- 15.2. Signage should be visible for the people for the easy identification for the location

- 15.3. The signs themselves need to be on contrasting color and contain a heart with a lightning bolt through it and contain the text AED.

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APPENDICES

APPENDIX 1 – DAILY AED INSPECTION LOG ([more details](#))

DAILY AED INSPECTION LOG																																																																																															
A Daily AED Inspection Log can be downloaded from Defibnet.com																																																																																															
Location of AED <input type="text"/>																																																																																															
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