SOME DECISIONS REALLY ARE LIFE AND DEATH

SIX REASONS YOUR WORKPLACE NEEDS AN AED

Sudden cardiac arrest (SCA) occurs when an electrical malfunction of the heart causes it to suddenly stop beating properly. There are no warning signs and it can happen to anyone, anywhere. A victim's best chance of survival is immediate treatment with cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED).

As the manager of your building, facility or office, you're responsible for the safety of your employees. Do you have the necessary resources available in case of an emergency? Someone's life may depend on it. Here are six compelling reasons to install an AED in your workplace:



SCA can happen to anyone at any time

SCA doesn't discriminate. It can affect children and adults of all ages and isn't exclusive to those with a history of heart problems.

90% of out-of-hospital cardiac arrests are fatal

According to the American Heart Association (AHA), 10,000 cases of SCA happen at work each year². If employees aren't trained to act, a victim's chance of survival is very low. Rapid response, CPR and AED use are absolutely critical for a positive outcome.

70% of bystanders feel helpless during an SCA event³

Many witnesses aren't sure what to do. Others assume a peer will step in and act. But a victim's chance of survival drops nearly 10% every minute without intervention⁴. After 10 minutes, their chances are practically zero.

Immediately performing CPR and using an AED can double or triple a victim's chance of survival³

Good CPR chest compressions are essential for moving blood throughout the body and protecting vital organs. The AHA recommends a compression depth of 2-2.4 inches at a rate of 100-120 compressions per minute to deliver high-quality CPR. Only 50% of SCA victims will initially need a defibrillating shock, but all will need high-quality CPR. If treatment is administered right away, a victim's chance of survival can increase to about 60%².

Many workplaces aren't prepared to handle an SCA emergency

According to the American Heart Association, 55% of employees report that their companies don't offer first aid, CPR or AED training⁵. Furthermore, half said they couldn't even locate the AED in their workplace⁵. Training increases confidence during an SCA event, so the more your employees know ahead of time, the more they can do to help save a life.

SCA is a leading cause of unexpected death in the U.S.

More than 350,000 Americans were victims of SCA in 2016. The overall survival rate was just 12%1. Research shows a fivefold increase in survivability —from 5% to 24%—when an AED was used. Sadly, the same research shows that an AED is only available 2% of the time6.

SCA is unexpected and frightening, but it can be treated. Do your part to prepare your colleagues by offering CPR training and outfitting the workplace with ZOLL® AEDs. All ZOLL AEDs provide rescuers with real-time feedback to ensure the best possible CPR and will deliver a shock to the victim if necessary.

In matters of life and death, you can help save a life. Make ZOLL your AED rescue partner.

For help finding the right AED for your workplace, call 800-804-4356 or click here.

- ¹ How CPR is changing (and saving) lives." American Heart Association. http://bit.ly/2Km8GNQ Accessed 19 November 2018.
- ² Saving Sudden Cardiac Arrest Victims in the Workplace." Occupational Safety & Health Administration. https://www.osha.gov/Publications/3185.html Accessed 19 November 2018.
- ³ CPR Statistics." American Heart Association. http://cprblog.heart.org/cpr-statistics/ Accessed 20 November 2018.
- ⁴ Every Second Counts: Rural and Community Access to Emergency Devices." American Heart Association & American Stroke Association. http://bit.ly/2PJYSn7 Accessed 20 November 2018.
- ⁵ American Workers Unprepared for Workplace Cardiac Emergencies, Surveys Find." American Heart Association 2017 Jun 19. http://bit.ly/2FxELUa
- 6 CPR & First Aid: Emergency Cardiovascular Care." American Heart Association. https://bit.ly/2vS7480 Accessed 21 November 2018.
- ⁷ Weisfeldt ML, et al. J Am Coll Cardiol. 2010;55(16):1713–20.

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