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To: Ambulance Service Providers, EMS Training Centers and
Ambulance Service Medical Directors

From: Dan Williams, Chief
Wisconsin Emergency Medical Services Systems Section
Bureau of Local Health Support and EMS

**Re: Recommendations for 2005 AHA AED Guideline Transition
By Wisconsin EMS Programs**

The 2005 AHA CPR/AED Guidelines represent a new era in cardiac resuscitation including a significant change in rescuer performance and AED use from the previous 2000 Guidelines. There are significant hurdles in transitioning to these new guidelines. Training of all Wisconsin prehospital care providers to the 2005 AHA Guidelines may not occur until December 31, 2007. The process to upgrade current AEDs to be 2005 compliant will take an unknown amount of time. And in fact, not all AEDs are up-gradable.

The American Heart Association has released a policy letter stating "These new guidelines do not imply that care given based on earlier guidelines are either unsafe or ineffective, including the use of AEDs that are designed to conform to those earlier guidelines...the AHA encourages implementation of (and training for) life saving medical emergency response plans (including AED programs) to continue without interruption."

The Wisconsin State EMS Director and Physician Advisory Committee recommend the following to guide EMS services in transitioning to the 2005 AHA Guidelines. It is the intent of the State EMS Office to develop and disseminate a sample protocol by the end of the year that takes into account blending the new changes into a system that has been developed with other guidelines and protocols.

1. Regardless of the rescuer's AHA certification it is acceptable for the rescuer to follow the prompts and protocol programmed into whatever AED model is available at the scene of a cardiac arrest.
2. It is acceptable for EMS Medical Directors to develop protocols that allow EMTs and Medical First Responders to perform 2005 guideline compliant guidelines using AEDs programmed with 2000 guidelines.

3. All EMS services should develop an implementation plan with the goal to have all personnel trained to the 2005 guidelines and all AEDs upgraded to be 2005 guideline compliant by December 31, 2007. This implementation plan should include providing pediatric capable AED.
4. Fully Automatic AEDs (AEDs which analyze, charge, and deliver defibrillation without operator intervention or command) are NOT to be used in EMS AED programs. Semi-Automatic AEDs (devices which require the operator to command the device to deliver defibrillation) are safer for the rescuer and the only type of AED which will be approved by the State EMS Office for EMS AED programs.
5. EMS services should avoid the use of medical equipment, including AEDs, which do not have current manufacturer support regardless of the availability of "third service" support programs. EMS services should be budgeting for updating existing AEDs or purchasing new AEDs, remembering that AEDs have a service life of approximately 5 years. After that there is usually no manufacturer's warranty on reliability.

While the State EMS Office will be requesting AED information in the 2008 license renewal, the office should be notified as soon as possible if barriers are discovered that will prevent the AED program from meeting the December 31, 2007 goal. Technical assistance will be made available to assist services in meeting these goals. Services that are not 2005 compliant by June 30, 2008 may be allowed to continue to operate under the 2000 Guidelines if an acceptable transition plan is submitted to the State EMS Office.

Should you have any questions or concerns, please contact your appropriate Program Coordinator.