Use of Automated External Defibrillators (AEDs) by Respiratory Therapists

POSITION STATEMENT

According to the American Heart Association’s 2010 Guidelines for CPR and ECC, the combination of CPR and early access to defibrillation have been shown to significantly increase the odds of survival from a cardiac arrest (Heart and Stroke Foundation of Canada, 2013). Early defibrillation in the community setting is facilitated through widespread use of Automated External Defibrillators (AEDs), designed for use by a layperson. In a hospital or other health care setting, health care providers are held to their professional standards for any intervention and, because the use of a defibrillator involves the performance of a controlled act (the application of a form of energy), their use must be appropriately authorized. This position statement outlines the responsibilities for Respiratory Therapists when using an AED in a health care setting.
CAN RESPIRATORY THERAPISTS USE AEDS IN THE EVENT OF A CARDIAC ARREST?

Yes, provided that the proper authorization has been obtained. Authorization can exist either (1) through the use of an order and delegation or, should those not be available, (2) through the emergency exception of the Regulated Health Professions Act, 1991 (RHPA).

HOW TO AUTHORIZE THE USE OF AN AED

The use of an AED involves the application of a form of energy, which is listed as a controlled act in the Regulated Health Professions Act, 1991 (RHPA). This particular controlled act is not authorized to Respiratory Therapists (RTs) under the Respiratory Therapy Act, 1991, so the use of an AED can only be performed if authorized by:

1. An order and delegation, or;
2. Exercise of the emergency exception in the RHPA.

Ultimately, you must be authorized to use the AED one way or the other, yet the circumstances of each situation will dictate which would be most appropriate.

1. Order and Delegation

The preferred authorization mechanism is the combination of an order and delegation. Under this approach, the order serves to authorize the use of the AED (the application of energy) and the delegation transfers that authority to the RT. Ideally, this is done “in the moment” on a case-by-case basis, although this may not be practical in the urgency associated with the management of a cardiac arrest. As such, it is permissible to use a standing medical directive and delegation that would apply in these scenarios (i.e., an organization-wide medical directive and delegation that allows any RT who has been trained in the use of AEDs to apply them in specified situations, such as a cardiac arrest).

2. Emergency Exemption

There is an emergency provision in the RHPA that allows for an exception to the restriction on controlled acts. This exception assumes that performance of the controlled act in question is not carried out frequently and that it is truly an emergency. Further, it is important to distinguish between an unforeseen emergency and a “regular” emergency. This distinction is recognized in the Good Samaritan Act, 2001, which provides immunity from negligence lawsuits for health professionals who provide “emergency health care services or first aid assistance” at a place other than a hospital or health care facility, thereby implying that those are unforeseen emergencies, whereas the work they do in hospital and health care facilities are “regular” emergencies. The combination
of an order and delegation would be the most appropriate approach for managing “regular” emergencies, although clearly not all cardiac arrests are foreseeable. Therefore, it is acceptable for an RT to apply an AED under the emergency exception, yet only in circumstances where an order and delegation are not available.

APPLYING YOUR PROFESSIONAL JUDGEMENT

In any situation, each RT should exercise his/her professional judgement to ensure that use of an AED is both indicated and appropriate, that he/she has the knowledge and skills to use the AED appropriately and afterwards, as with any intervention, the use of the AED should be documented accordingly.

RESOURCES

Regulated Health Professions Act, 1991:
www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm

Respiratory Therapy Act, 1991:
www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r39_e.htm

Federation of Health Regulatory Colleges, Guide to Medical Directives and Delegation:
www.regulatedhealthprofessions.on.ca/EVENTSRESOURCES/medical.asp

Good Samaritan Act, 2001:
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_01g02_e.htm

The College of Respiratory Therapists of Ontario (CRTO), through its administration of the Regulated Health Professions Act and the Respiratory Therapy Act is dedicated to ensuring that respiratory care services provided to the public by its Members are delivered in a safe and ethical manner. The CRTO has developed this Position Statement, on the issue of AEDs by Respiratory Therapists and believes that the position outlined, and the guidance provided, serve both the interest of the public and the Members of the College, by ensuring that the appropriate health care providers who perform procedures involving controlled acts are authorized to do so in accordance with the legislation/regulations/policies and/or guidelines that govern their practice.