



HSE NEWS

WORKING FOR YOU TO KEEP YOU SAFE

Latest HSE Statistics YTD

	2014	2015
Workplace fatalities		
Non-work related fatalities		
Non-accidental deaths (NADs)		
Lost Time Injuries (LTIs)		
All injuries (excluding first aid cases)		
Motor Vehicle Incidents (MVIs)		
Roll over - MVIs		
Serious MVIs		
Lost Time Injury Frequency (LTIF)		

Life Saving Rules Violations

YTD

Journey management	
Speeding/GSM	
Seatbelts	
Overriding safety device	
Working at heights	
Permit	
Confined space	
Lock out tag out	
Drugs and alcohol	
Gas testing	
Smoking	
Suspended Load	

Vehicle Class A/B Defect

YTD

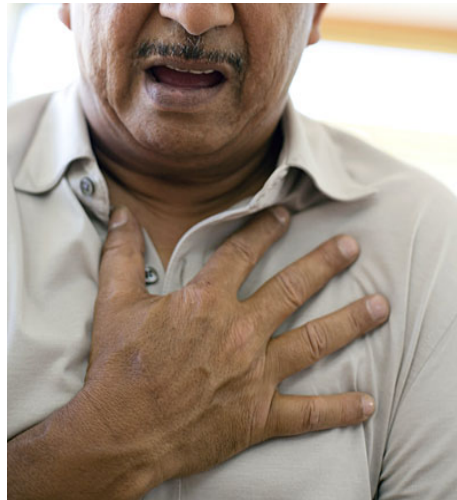
Class A	
Class B	

HSE TIP

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Important News



In the event of a cardiac arrest (the heart stops beating), the blood circulation shuts down, and without speedy intervention brain damage and death will follow. Cardio Pulmonary Resuscitation (CPR) performed by bystanders and first aiders is critically and urgently required. This will result in restoring circulation of oxygenated blood to the vital organs including the brain. However CPR will not on its own restart the heart, it is just a holding measure. There are a number of heart (beats) rhythms that may cause heart to stop. The main types are ventricular tachycardia, ventricular fibrillation, and asystole where the heart stops beating completely. Of these rhythms only,

What You Need to Know



the first two are treatable. The treatment comprises of passing an electric shock through the heart (defibrillation) to re-establish a normal rhythm. The defibrillation is conducted using Automatic External Defibrillator (AED), a portable electronic device that automatically diagnoses the potentially life threatening abnormal rhythms in a patient and able to correct to normal (sinus) rhythm and heart function. Modern AED are now fully automated and intuitive. They can be used by lay people with minimal training and Designated First Aiders (DFA) in conjunction with CPR. AED analyses the heart rhythm and instructs the responder what to do and when to press the button to deliver the electric shock.

There are compelling reasons for the requirement for defibrillation in 4-5 minutes after the heart stops and the sooner the shock is administered the more likely it is to be effective.

The chances of successful defibrillation using AED decrease by approximately 10% per minute, so after 10 minutes the chances of a success is almost Zero. In all cases the resuscitation should not be abandoned, unless directed by a medical professional.

Studies in UK and US have demonstrated success rate (survival) ranging from 26 to 70%. The success was mainly result from immediately **availability of AED**, witnessed **cardiac arrest**, **CPR** by bystanders or first aiders and the presence of a **treatable rhythm on the AED**.



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HSE Advice Note

It is a PDO requirement to administer first aid including defibrillation (AED) within 4 minutes. The 4 minute response time cannot be met if the defibrillator was only to be used by medical staff. This is why all Designated First Aiders are trained to deliver initial treatment including defibrillation within 4 minutes. This is followed by assessment and stabilization by a Medical Emergency Professional within one hour. Admission to and care at the nearest local hospital is expected within four hours.

GUIDELINE FOR DEPLOYMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED) IN A WORKPLACE

There is not a single "formula" to determine the appropriate number or location for AED deployment in a workplace.

Essential factors to consider when placing an AED include:

- There is low risk of a heart (cardiac) event for an office population as compared to work camp population where employees live as well as work on site. The risks increase several fold because of the number of hours on site. The greater the number of exposure hours the higher the likelihood of a cardiac event.
- The number of employees at site as well as health risks profile of the population, ethnicity and demographics are also essential factors.
- Work Areas: Facilities where strenuous work is carried out.
- Physical layout of facility: Large facilities with several separate buildings.
- Other considerations: large off-site conferences and special events such as large company social gatherings.

Criteria for AED site selection:

- A secure but easily accessible and visible publicized location away from the potential for tampering by illegitimate users or theft,
- A nearby telephone to call backup MER and security personnel,
- Possible locations include: security guard station/posts, large office building (main reception area, walls of main corridors, cafeteria), fitness facility, and assemble points,
- Remote locations such as large warehouses, industrial complexes and camps, oil rigs, carrier vessels, ambulances, corporate aircrafts, sports facilities, and in restricted access areas,
- AEDs are not intrinsically safe devices and it may not be possible to use them in all location or it may be necessary to have procedures for their safe use (e.g. gas testing prior to use).

