Christopher J. O'Brien

Cobrien7@hotmail.com

(203) 558-5817

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Sen. Gerratana, Rep. Ritter and Honorable Members of the Public Health Committee,

I first want to thank the committee for introducing SB 1050, An Act Concerning the Availability of Automatic External Defibrillators (AEDs) in Certain Health Care settings.

The bill addresses the current absence of defibrillators in places that the public would normally expect them to be – in facilities with full time nursing and medical staffs such as nursing homes, assisted living facilities and dialysis centers. These facilities house our state's most susceptible citizens who may suffer from cardiac arrest.

In the bill, the term "residential care facility" was suggested as language for the more commonly used term "nursing home". As pointed out in other testimony, the term "residential care facility" might include some facilities which do not include nursing staff. I am not sure if this term includes facilities which have nursing supervision or not, although I think the intent is to make sure that facilities with medical staff are the first to require AEDs. While I strongly advocate AEDs to be placed wherever possible, I think we may need to acknowledge that this measure could be burdensome for the smallest group home facilities (perhaps less than six residents) with partial or non-medical staff. Nursing home facilities are defined in Sec. 19a-521 of the state statutes.

Over the past 15 years AEDs have become a recognizable emergency tool. Early defibrillation provides the best chance of survival because CPR alone rarely revives a person in cardiac arrest. These devices are found in airports, shopping malls, schools and other public places. Some health clubs have them and more private businesses are voluntarily purchasing them. Teenage lifeguards and older citizens alike are trained in their use in community CPR classes statewide. Target stores market a $1400 model for purchase on their website. Clearly, educational efforts by the Red Cross, American Heart Association, and ambulance groups have stressed that the electrical shock from this machine is the most effective means to 'restart' a heart in lethal heart rhythms.

While we have done and continue to do an excellent job promoting these life savers in public buildings, we have overlooked the most obvious place to put them where cardiac emergencies occur every day: health care centers that serve as temporary and permanent centers for rehabilitation, assisted, and convalescent care. These facilities already have staffs of nurses, CNAs and other healthcare workers. Yet, in my 15 years as an EMT, I know of no facility

in my area which carries an AED. To put it bluntly, a citizen who collapses in the presence of a teenage lifeguard in a YMCA has a better chance of survival than surrounded by a team of LPNs, RNs and APRNs in a nursing home today.

Many facilities have CPR boards and suction units, but no AED. While community CPR training is inexpensive and includes an AED component, some refuse it. One colleague tells me that a facility once refused a donated AED "because it would cause a precedent." I don't know if this was a cost or legal concern, but common logic seems to be lost:

If you run a medical facility – you should expected to provide basic emergency medical care!

Let's examine the population we're talking about. Extended care facilities often have both convalescent care and rehabilitative care. The residents are usually older, and often have multiple health problems or are recovering from a specific illness or orthopedic surgery. All of these factors are risk factors for heart problems. Remember that sudden cardiac arrest is caused by an arrhythmia within the heart which disrupts blood flow and oxygen delivery to vital organs including the brain and heart tissue. Clots are one cause of arrhythmias. Persons who have had recent surgery are placed on anti-clotting medications such as Coumadin because of the increased risk. Residents of Assisted Living Facilities also often have various medical issues. Collectively, these institutions are important within our state's healthcare system. As you can imagine, emergencies occur at individual extended care facilities very frequently.

If health emergencies occur daily or nearly daily, and these facilities are staffed by nurses, it is reasonable for the lay person to assume that these facilities would be equipped with an AED. I hope that the legislature does not allow this oversight to continue. If there is nursing staff on site, then there should be an AED on site. This should be a standard of care statewide and I hope you can rectify this priority.

The Department of Public Health has initiated a "Heart Safe Community" initiative to promote public access of defibrillation statewide. Many towns in our state participate in this program by placing AEDs in schools and public buildings and increasing the number of CPR trained citizens. If we believe in preserving life- whether it is for a few more months or many more years – shouldn't we also require that our healthcare workers have access to these devices for our most at risk citizens? Certainly we owe that to our elder family members.

The states of Florida and Texas have recently enacted laws similar to this proposal. I hope that Connecticut will follow their example.

I hope you will pass this bill and I would be happy to answer any questions or guide you to the proper information.