

AEDs; Helping to Protect The Public

Sudden cardiac arrest can happen to anyone, anywhere, at any time. Making defibrillators easily accessible is essential to increase survivors across Nova Scotia. According to Heart & Stroke, tens of thousands of Canadian lives are lost yearly due to sudden cardiac arrest.

Sudden cardiac arrest is an “electrical problem” in the heart. The heart beats erratically and ineffectively and cannot pump blood through the body to keep vital organs alive. Most cardiac arrests occur outside of the hospital. Recognizing this emergency, calling 911, performing CPR, and using an automated external defibrillator (AED) as soon as possible will drastically increase someone’s chance of survival. In fact, the chance of survival declines by 7 to 10 percent with each passing minute without using an AED.

An automated external defibrillator (AED) is a portable computerized medical device that analyzes and identifies shockable heart rhythms, advising the rescuer of the need for defibrillation and then delivering a shock to restore a regular heart rhythm. An AED is easy and safe to use, using voice and visual prompts and only delivering a shock if needed.

With the placement of AEDs throughout sport and recreation facilities in Nova Scotia, valuable time, and potentially lives, will be saved in the event of a sudden cardiac arrest emergency.

Source: Nova Scotia Emergency Health Services
www.savelivesns.ca

AED Grant Program Application

Contact Information

Name _____

Facility Name _____

Position _____

Phone _____ Email _____

Address _____ City _____

Province _____ Postal Code _____

Facility Information

Of employees _____ # of volunteers _____

Of public members daily users _____

Of facility accessible hours daily _____

Briefly describe the type of activities that take place in your facility that make you a sport and recreation facility _____

Looking at the EHS AED Registry Map

(<https://nsgi.novascotia.ca/EHS-NS-Volunteer-AED-Map/>), where are the two nearest AEDs to you?

#1 _____

#2 _____

Required Documentation

Proof of Purchase Outline of staff training

Date _____

Signature _____

