Table 1
CPR performance in two groups of lay rescuers guided by 112 dispatchers via audio or video calls Median (P25–P75).

<table>
<thead>
<tr>
<th></th>
<th>Audio CPR (n = 60)</th>
<th>Phone CPR (n = 22)</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median rates (bpm)</td>
<td>116.0 (104–120)</td>
<td>109.0 (90–122)</td>
<td>0.31</td>
</tr>
<tr>
<td>Median depth (mm)</td>
<td>49.0 (42–59)</td>
<td>48.0 (27–56)</td>
<td>0.35</td>
</tr>
<tr>
<td>Correct hand position (%)</td>
<td>59 (10–178)</td>
<td>47 (0–146)</td>
<td>0.18</td>
</tr>
<tr>
<td>Time to first comp. (s)</td>
<td>145 (127–172)</td>
<td>103 (96–118)</td>
<td>0.001</td>
</tr>
<tr>
<td>Hands Off (s)</td>
<td>0 (0–0.80)</td>
<td>6 (0–21)</td>
<td>0.0016</td>
</tr>
<tr>
<td>Unconscious recogn. (s)</td>
<td>39 (31–46)</td>
<td>27 (25–31)</td>
<td>0.0001</td>
</tr>
<tr>
<td>Open airway (s)</td>
<td>66 (55–76)</td>
<td>68 (56–70)</td>
<td>0.30</td>
</tr>
<tr>
<td>Recognition of no-breath. (s)</td>
<td>93 (79–106)</td>
<td>77 (69–85)</td>
<td>0.0016</td>
</tr>
</tbody>
</table>

Hands Off (s): Time interval (in s) starting after the first chest compression. (No-flow time) when chest compressions are stopped by the lay rescuer.

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Mazeas1, Frédéric Lapostolle 3, Tomislav Petrovic 1

1 ARLoD, Paris, France
2 SAMU 36, Châteauroux, France
3 SAMU 93, Bobigny, France

Background: Positive impact of public access automated external defibrillators (PA-AEDs) is directly related to their accessibility. Despite over 95,000 AED sold in last 5 years in France, only few emergency medical services (EMS) are able to use them. ARLoD® (Association for Census and Location of Defibrillators), independent and non-profit structure, was created to count, locate PA-AEDs and make information available to all EMS.

Material and methods: ARLoD® has developed database gathering comprehensive information upon PA-AEDs on French territory. Database is supplemented spontaneously or on demand through a web platform (www.defib-arlod.fr). Every input is verified, completed and confirmed before acknowledgement. Geoline®, specific web-based software, extracts information from database in two ways: (1) dispatcher enters address or GPS coordinates in a specific web interface (www.defib-arlod.fr/urgence) or (2) uses automated connector software linking directly Geoline® to EMS software. Real time checking displays available PA-AEDs around location. Optimal pathways and travel times are calculated (Fig. 1).

Results: Up today, ARLoD® database gathers around 9500 PA-AEDs. Confirmed PA-AEDs are known to be operational. Recently, real-time checking with Geoline® has allowed successful resuscitation in a 20-year old onlooker during a sport’s meeting. One minute after onset of cardiac arrest, EMS dispatcher sent rescue teams. Simultaneously, he told the witness to provide CPR and to find someone to fetch a PA-AED displayed by Geoline® (Fig. 2). First external electric shock (EES) was given 3 min later. 2 min later, a second EES made the patient return to spontaneous cardiac activity and breathing. 5 min later, rescuers arrived and put him on oxygen. Medical crew carried him to Intensive Care Unit after stabilization. He was discharged from hospital at day 10 without sequel.

Conclusion: By providing information to emergency professionals on the location of operational PA-AEDs the closest to the scene of a cardiac arrest, ARLoD® appears as an additional asset in the chain of survival.

References

http://dx.doi.org/10.1016/j.resuscitation.2013.08.093

Defibrillation

AP062

Integrating operational public access defibrillators in the chain of survival: Implementation and first uses

Louis Soulat 2,+, Bruno Thomas-Lamotte 1, Marcel Mazeas 1, Frédéric Lapostolle 1, Tomislav Petrovic 1

1 ARLoD, Paris, France
2 SAMU 36, Châteauroux, France
3 SAMU 93, Bobigny, France

Background: Positive impact of public access automated external defibrillators (PA-AEDs) is directly related to their accessibility. Despite over 95,000 AED sold in last 5 years in France, only few emergency medical services (EMS) are able to use them. ARLoD® appears as an additional asset in the chain of survival.

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