



**DEC - 3 2001**

John D. Graham  
Administrator  
Office of Information and Regulatory Affairs  
Executive Office of the President  
Office of Management and Budget  
Washington, D.C. 20503

Dear Dr. Graham:

This is in response to your letter of September 18, 2001, regarding automatic external defibrillators (AEDs). The Occupational Safety and Health Administration agrees that employers in America's workplaces should be made more aware of this important lifesaving technology and should be encouraged to implement AED programs where appropriate. Thirteen percent of workplace fatalities reported to OSHA during the past two years were due to cardiac arrests.

Much work has already been done to promote the use of AEDs in the workplace. For instance, the Department of Health and Human Services and the General Services Administration have developed guidelines on the use of AEDs in the Federal workplace. Similarly, the American College of Occupational and Environmental Medicine (ACOEM), the professional organization representing occupational physicians, has also developed guidelines for workplace programs. I enclose a copy of these ACOEM guidelines for your reference.

As you know, emergency medical service personnel have historically provided the initial response and treatment of sudden cardiac arrest. When such personnel utilize AEDs, early defibrillation has been shown to be a safe and effective medical intervention.

Some groups, such as the American Heart Association, have proposed more far-reaching programs under which lay personnel - as opposed to trained emergency medical service personnel - would be given greater access to AEDs. In particular, as your letter and subsequent correspondence note, the American

Heart Association has proposed a public access defibrillation program which would encourage or require placement of defibrillators at readily accessible sites (*i.e.*, sites that permit a response time of five minutes or less) for use by trained lay personnel.

OSHA is aware of the American Heart Association proposal. However, there remain questions whether providing lay personnel with greater access to AEDs would actually save lives. The National Heart, Lung and Blood Institute of the National Institutes of Health, in collaboration with the American Heart Association, is currently studying the question whether or not trained volunteers can be as effective as EMS personnel. This study will be completed in 2003. We expect this study to provide important information regarding the effectiveness of the American Heart Association's proposed program.

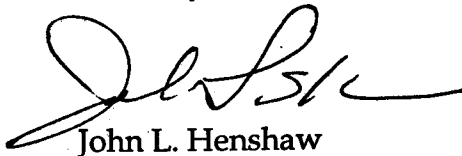
While it awaits the results of this study, OSHA will continue to consider issues related to AED use. For example, OSHA will continue to evaluate the cost of having AEDs in workplaces in effective numbers. As noted above, the American Heart Association suggests that AEDs are most effective when placed so that the response time is five minutes or less. If the American Heart Association is correct that AEDs are optimally effective when placed so that an AED can be found and utilized within five minutes, workplaces would require numerous AEDs, which would dramatically increase the cost of an effective AED program. Similarly, the ACOEM guidelines indicate that an AED program should be part of a more general worksite emergency response plan, and should include clearly defined medical direction and control. A program following the ACOEM guidelines would likely be much more costly than some advocates' estimates.

In summary, we agree with you that more widespread awareness of this promising lifesaving technique will encourage employers to give serious consideration to installing and using AEDs in their workplaces. OSHA is in the process of preparing a Technical Information Bulletin (TIB) and an information card outlining to employers the potential benefits of AEDs in the workplace. OSHA is also compiling a Technical Link page on AEDs to add to OSHA's web site. This page will reference the guidelines mentioned above, and other sources employers may wish to consult when determining the appropriateness of an AED program for their workplaces. The web page reference will also be included on the TIB and the information card to direct employers to this more extensive information source. In addition to placing the information on the

OSHA website which received over 340 million hits last year, OSHA will distribute the TIB and information card to all state plan partners and consultation programs and more than 125 trade, professional and union organizations for further dissemination.

We appreciate your interest in this important occupational safety and health issue. If you or your staff have any further questions or comments, please feel free to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "John L. Henshaw". The signature is fluid and cursive, with a long horizontal stroke at the end.

John L. Henshaw  
Assistant Secretary

Enclosure