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Word Count: 2571

Abstract Word Count: 272

The final version of this article is available in *Resuscitation* at:

<http://dx.doi.org/10.1016/j.resuscitation.2017.03.012>



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New signs to encourage the use of Automated External Defibrillators by the lay public

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Abstract

Introduction: Public Access Defibrillation – the use of Automated External Defibrillators (AEDs) by lay bystanders before the arrival of Emergency Medical Services – is an important strategy in delivering prompt defibrillation to victims of out-of-hospital cardiac arrest and can greatly improve survival rates. Such public-access AEDs are used rarely: one barrier might be poor understanding and content of current signage to indicate their presence. The aim of this project was to develop a sign, with public consultation, that better indicated the function of an AED, and an associated poster to encourage its use.

Methods: Two public surveys were undertaken, in July and December 2015, to investigate perceptions of the current AED location sign recommended for use in the UK and to produce an improved location sign and associated information poster.

Results: There were 1895 and 2115 respondents to the surveys. Fewer than half (47.9%, 895/1870) understood what the current location sign indicated. One of four design options for a location sign best explained the indication for (preferred by 56.0%, 1023/1828) and best encouraged the use of a public AED (51.8%, 946/1828). 83.5% (1766/2115) preferred



an illustration of a stylised heart trace to the lightning bolt used at present. From five wording options, 'Defibrillator – Heart Restarter' was the most popular (29.4%, 622/2115). An associated poster was developed using design features from the new location sign, findings from the surveys and expert group input regarding its content.

Conclusions: This is the first time that public consultation has been used to design a public AED location sign. Effective signage has the potential to help break down the barriers to more widespread use of AEDs in public places.

Keywords: Out-of-hospital cardiac arrest; Public Access Defibrillation; Automated External Defibrillators; community resuscitation

Introduction

Public Access Defibrillation – the use of Automated External Defibrillators (AEDs) by members of the lay public prior to the arrival of Emergency Medical Services (EMS) – is a proven strategy to provide prompt defibrillation to victims of cardiac arrest in the community [1]. Survival rates of 23.5 - 52.4% have been reported from national Public Access Defibrillation (PAD) schemes [2-6], and if defibrillation is performed within two minutes of collapse survival rates of more than 70% are possible [7].

Despite capital investment in PAD in England, survival rates following cardiac arrest outside hospital were 7-8% between 2011-2014 [8]. AEDs were used by bystanders in 2.3% of cases in 2014 [9], with similarly poor rates of AED use reported in other countries [2,4,10]. Many barriers to PAD relate to poor awareness of what PAD is, and where the



nearest public-access AED can be located [11-15]. Current signage used to indicate the location of a public-access AED may be one important factor in this. The current ILCOR sign (see <http://www.ilcor.org/data/letter-ILCOR-AED-sign.pdf> and Online Supplementary Material), and the similar version used in the UK (see <https://www.resus.org.uk/defibrillators/standard-sign-for-aeds/> and Online Supplementary Material), just indicate the location of an AED and provide no encouragement to use the device. Both signs were designed without any consultation with the potential users of the AED and in recent surveys just 39% [11] and 29.4% [13] recognised the ILCOR sign. Furthermore, the 'lightning bolt' symbol featured in the signs might actually inhibit potential users, as it is very similar to the signs used in many countries to warn about dangerous high-voltage electrical installations.

This project aimed to consult the public to: assess the impact of the AED location sign currently recommended for use in the UK, to develop a more effective location sign and to design a new information poster that might be placed alongside a public-access AED to encourage its use. This was a joint project between the Resuscitation Council (UK) and the British Heart Foundation.

Methods

a) AED location sign

First survey (July 2015): An online market research survey of a sample of the UK population was conducted to assess the impact of the current sign and to help identify the most important features required of such a sign. The survey was designed by the project



team and administered by the Toluna market research group (see www.toluna-group.com/choose-the-people). The target was to reach approximately 2000 respondents, representative of the UK population in terms of age, gender and geographical location.

Respondents were asked to choose the most appropriate wording to describe the purpose of the AED and to assess several key features of the current sign. Respondents were also encouraged to add free text to clarify their responses.

Finally, respondents were asked to assess four versions of an AED location sign (three draft new signs and the existing location sign). From this initial survey a draft version of a new sign was prepared. Such signage has to be compliant with criteria for safety signs defined by the Health and Safety Executive (HSE). The sign must be rectangular or square, feature a white pictogram on a green background, and have text in white letters that helps indicate the purpose of the sign [16].

Second survey (December 2015): A second survey of the public was undertaken to refine the design of the new sign. An online survey was conducted by YouGov, from a nationally representative sample in terms of age, gender, social class and type of newspaper read. More than 800,000 adults are registered with the YouGov panel and a sub-group of approximately 2000 people was requested for the survey (see <https://yougov.co.uk/about/panel-methodology/>). Respondents were asked to choose between two images that contained no words and then to choose between five possible wording options to describe the purpose of the sign.



The questions in the first market research survey were developed by the Customer Insight team at the British Heart Foundation, who have substantial previous experience in this field, and refined by the authors in face-to-face and electronic communications. The questions in the second survey were devised by CMS and further developed by the authors. The technical interface and clarity of questions for each online survey was tested by the authors before they were delivered, but there was no pilot phase with members of the public.

A sample size of 2,000 people was identified prior to both surveys being administered. This was based on the experience of the Resuscitation Council (UK) and British Heart Foundation of conducting such surveys with organisations (Toluna and YouGov) that are expert in this field. The sample was considered to be of a size large enough to provide a representative opinion of the entire population. The margin of error (or the random sampling error) on a sample of 2,000 people is 2.2% (information from YouGov), assuming a completely random sample. Further increases in sample size result in small and diminishing reductions in margin of error. The authors decided that online delivery of surveys was the most feasible option to reach that number of people with the time and resources available.

b) Information poster

The results of both surveys informed the design of an associated 'information' poster to be placed alongside the AED to encourage its use by bystanders. The final pictorial content and wording was finalised by an expert group, and approved by the Executive Committee of the Resuscitation Council (UK) and representatives of the British Heart Foundation. As



this was an adjunct to the main sign it was not required to follow the HSE guidance on safety signs and signals and could include more detailed instructions and wording to encourage the use of the AED.

Results

1. AED location sign

a) First survey

1895 people responded, but not all questions were answered by all respondents. 48.2% (763/1825) were male. 42.5% (771/1814) had received first-aid training; 45 of these (or 2.48% of the total) were medical professionals. Of those with no first aid training, 42.3% (441/1043) indicated that they would attempt CPR if necessary, and 51.5% (537/1043) would call the emergency services as their only action. Only 4.0% (75/1857) had witnessed the use of an AED; 57 of these (76.0%) had previous first aid training. 54.7% (1023/1870) of respondents reported having seen the current AED location sign recommended in the UK, but only 47.9% (895/1870) reported knowing what it indicated. Further demographic information is available in the Table in the Online Supplementary Material.

The respondents' choice for the best term to explain the purpose of the current sign from the options presented is shown in Table 1. Heart Restart Kit proved the most popular descriptive term, preferred by 39.8% (740/1857). Respondents' views to a number of statements regarding the design of the current AED location sign is shown in Table 2.



When presented with four versions of the AED location sign, one of the draft new designs (option 3, see Table 3) was clearly preferred to the others. A majority of respondents reported that it best illustrated the indication for AED use (56.0%, 1023/1828) and best encouraged AED use (51.8%, 946/1828). This was the draft new sign taken forward for the rest of the project.

b) Second survey

2115 people responded to the second survey; 48.1% (1017/2115) were male. Further demographic information is available in the Table in the Online Supplementary Material. When shown two versions of the sign without any text, 83.5% (1766/2115) preferred the version with a stylised heart trace and 16.5% (349/2115) preferred the version with a lightning bolt. Of five wording options, the term “Defibrillator – Heart Restarter” was the most popular (29.4%, 622/2114) (Table 4). Respondents were then shown their preferred wording option on the new location sign with a) their preferred image option and b) their non-preferred image option. Regardless of the option chosen, 80-83% preferred their wording choice with the heart trace rather than the lightning bolt graphic.

The final design, incorporating the heart trace graphic and the term “Defibrillator – Heart Restarter” – is presented in Figure 1.

Information on the total number of surveys delivered and the number of non-respondents was not available for either survey.



2. Associated AED information poster

The AED information poster was designed to complement the appearance of the new AED location sign. In addition, free-text responses collated during the market research survey had revealed two recurring themes:

- A need to indicate that AEDs are for public use, and that no previous training is required to use them
- A need to include step-by-step instructions for use of the AED

The final design of the poster features components of the proposed new AED location sign, together with encouraging wording and instructions compliant with current resuscitation guidelines (Figure 2).

Discussion

To the best of our knowledge, this project is the first to involve the lay public in the design of signage to indicate the location of an AED. The design chosen was the clear favourite among a number of options and much preferred to the current sign. It is hoped that more widespread use of the new signs will lead to better understanding of the purpose of PAD and increase the use of public-access AEDs.

Fewer than half those surveyed understood the meaning of the current AED location sign recommended in the UK. This is a finding supported by results from other surveys [11,13]. While the current sign was not perceived to actively discourage the use of an AED, it was



not felt to encourage or facilitate AED use. Doubt remained about who was allowed to use it. i.e. was it intended only for trained persons, staff at the site or first aid personnel? A lack of instructions was also seen to be a disadvantage (see Table 2).

The regulations governing such signs allow only limited graphics and wording [16]. Their design is intended to be simple yet clear. Any further information could only be communicated through a separate notice or sign – hence the design of the information poster to accompany the location sign.

There are a few important points to note about the optimisation of the new location sign. The second survey demonstrated a clear preference for the ‘heart-trace’ rather than the ‘lightning bolt’ graphic. Free-text comments were entered by 2010 respondents (data not shown) but oft-recurring concerns about the lightning bolt were that the sign might indicate something dangerous – especially as it resembled a very similar graphic seen on signs indicating an electrocution hazard. The heart-trace was seen as less intimidating or frightening.

Secondly, there was a clear preference for non-medical terminology. The term ‘heart restarter’ was more popular throughout than ‘AED’, ‘defibrillator’ or ‘public access defibrillator’. This was not expected, and was initially challenged by several UK resuscitation experts. The whole ethos of the project, however, was that this was to be a sign developed by the public for the public, with the aim of significantly improving on the current signs designed by resuscitation experts.



The associated information poster was also designed following extensive public feedback during the surveys, and it mirrored the design of the location sign. The project team ensured that the written information contained in the information poster was concise and consistent with current resuscitation guidelines.

Improving AED signage is clearly just one step in increasing the use of public-access AEDs. These AEDs are often not very prominent [17-18] and are therefore difficult to locate [12] [14-15] [19], and may not be truly accessible to members of the public [18] [20], particularly out-of-hours [21]. Better quality signs can potentially make a difference if they are placed where someone can see them, and indicate the location and function of an AED that is immediately accessible and ready for use. There are now increasing numbers of systems used to activate lay responders to cardiac arrests through mobile phone alerts, often linked to EMS dispatchers [22-25]. More and more people will be actively searching for available AED and this further augments the importance of clear and informative signage.

Capital investment in PAD, by itself, is not the answer to improving the use of AEDs in out-of-hospital cardiac arrests. Maximising the potential of *current* resources is needed to increase the use of an efficacious treatment and to save lives. Better signage has the potential to help with this.

The next steps for this project are for widespread dissemination of the signs. The signs will be made freely available online for reproduction and use by any organisation and individual who wants to use them. The signs will be publicised to interested resuscitation and first-aid bodies across the UK via e-mail, and co-ordinated press releases are planned



by the Resuscitation Council (UK) and British Heart Foundation. Further work will be needed to determine how widely the signs are being used, if the signs are understood and whether they do encourage the use of AEDs where they are installed.

Limitations

The testing was on a UK population and so the findings are particularly applicable to the UK. The sign could be used elsewhere in the world if desired, or a similar process involving public consultation might be employed to design other national signs.

The first survey was 'market research'. The questions were not externally validated: the authors decided upon acceptability and comprehension of the questions. In addition, there was no public piloting of either survey to test the suitability of the survey questions. A limited number of new designs were presented to the public and it is possible that other survey methods – for example, focus groups – might have resulted in different design options. The approach used was decided upon in order to reach a large number of people whose views might be more representative of the general population than a small focus group. It also ensured that the designs would ultimately comply with HSE regulations.

We aimed to recruit nationally representative samples. However, robust up-to-date information on the proportion of the UK population who have first-aid training, and the nature of that training (e.g. does it include CPR and AED, and how the training is delivered) is not available. Further, the exact definition 'first-aid training' was not fully defined in the first survey. It is possible that the survey is over- or under-represented in terms of those who have current CPR/AED training, but that information is not known. The



term 'medical professional' was also not fully described, although examples ("e.g. doctor, nurse or paramedic") were given.

The total number of surveys delivered and the number of non-responders were not available for either survey and so there is a substantial chance of a response bias. For example, it is possible that those responding were more likely than the general public to be trained in or have an interest in first aid. Nevertheless, the authors believe that this represents the most extensive work so far undertaken to design AED signs in full collaboration with members of the public for whom they are intended.

Conclusions

Effective use of AEDs placed in public locations requires several barriers to be overcome. A new AED location sign and associated information poster have been developed following surveys of the public. This may make a small but important contribution to improving awareness of AEDs, and when and how they should be used.

Acknowledgements

The authors wish to acknowledge the support of the members and staff of the Resuscitation Council (UK) and staff of British Heart Foundation who contributed to the design and review of the signs. The surveys were paid for jointly by the British Heart Foundation and Resuscitation Council (UK).

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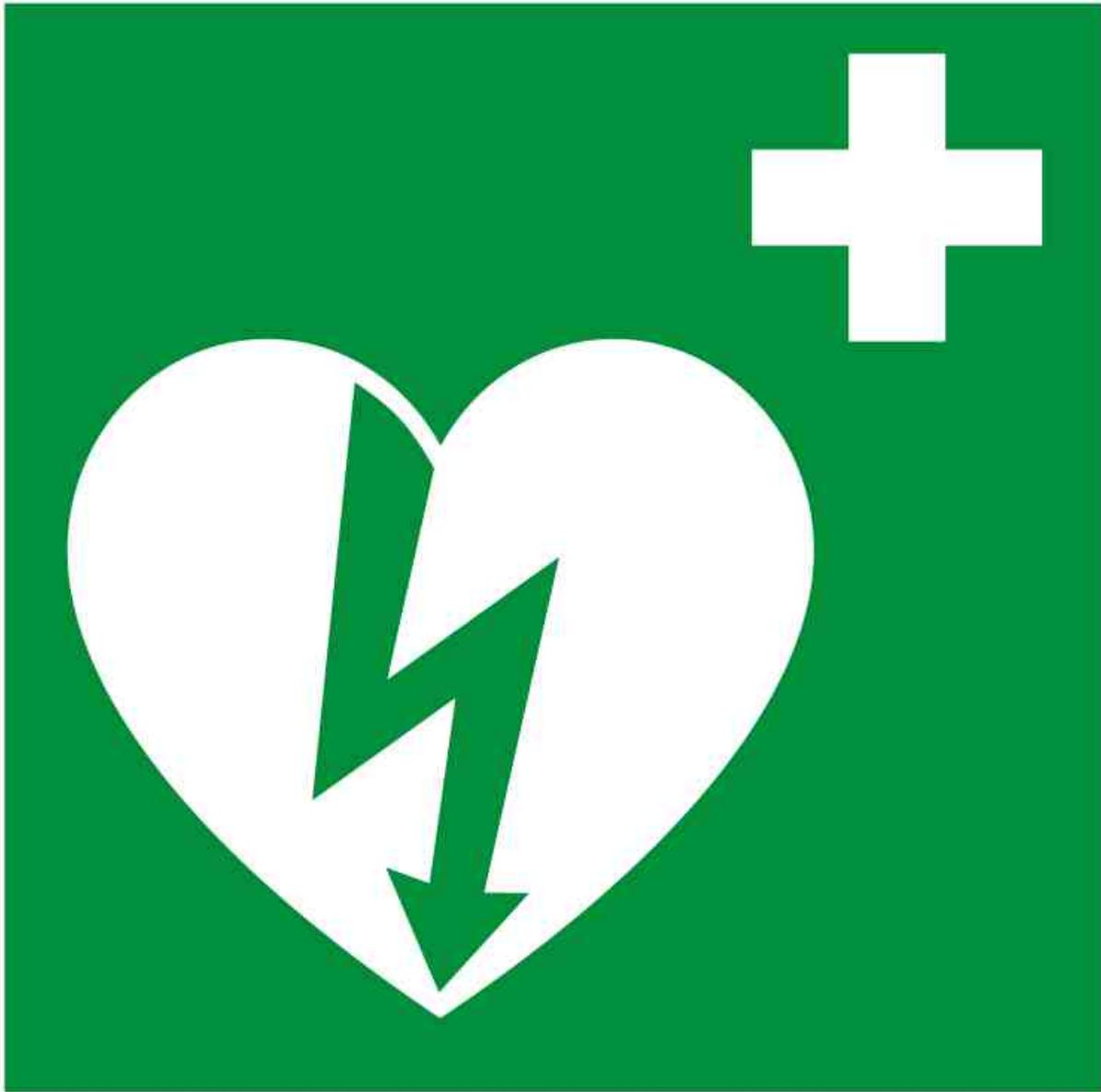


Figure 1: ILCOR AED location sign





Figure 2: Current Resuscitation Council (UK)-recommended AED location sign



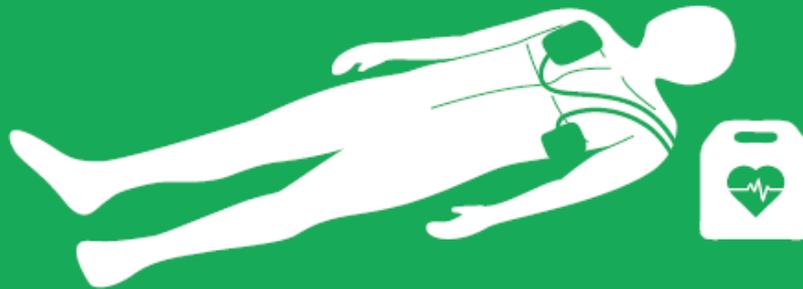


Figure 3: New AED location sign



Defibrillator Heart Restarter

Anyone can use it
No training necessary



For an unconscious person
NOT breathing normally



Call
999

Start
CPR

Switch on
defibrillator

Follow its
instructions

Figure 4: AED information poster



Table 1: Characteristics of respondents to both surveys

July 2015			December 2015		
Gender (n = 1825)			Gender (n = 2115)		
Male	41.8%	(763)	Male	48.1%	(1017)
Female	58.2%	(1062)	Female	51.9%	(1098)
Age (n = 1798)			Age (n = 2115)		
< 18 years	1.45%	(26)	18-24	12.0%	(254)
18-24	8.40%	(151)	25-34	14.9%	(315)
25-29	8.51%	(153)	35-44	17.9%	(379)
30-34	10.7%	(193)	45-54	19.6%	(414)
35-39	8.73%	(157)	55+	35.6%	(753)
40-49	19.9%	(358)			
50-59	20.0%	(359)			
60-70	14.0%	(252)			
71+	8.29%	(149)			
First Aid Training (n = 1814)			First Aid Training (n = 2115)		
Yes	42.5%	(771)	Yes	30.3%	(641)
No	57.5%	(1043)	No	69.7%	(1474)



Table 2: Preferred term for device indicated by current UK-recommended AED location sign

“Which term do you think is more user-friendly, best for general use and helps a person to understand the sign above?” (n=1857)		
PAD	5.92%	(110)
Public access defibrillator	28.7%	(533)
AED	2.21%	(41)
Automatic external defibrillator	8.72%	(162)
Defibrillator	14.0%	(260)
Heart Restart Kit	39.8%	(740)
Other name	0.59%	(11)



Table 3: Agreement with statements about current AED location sign (n = 1848)

“How much do you agree or disagree with each of the following statements about the [current PAD location] sign? This sign...”		
would put me off using it - it looks like I could hurt someone and/or myself	Agree strongly	3.95% (73)
	Agree	16.9% (312)
	Neither agree nor disagree	25.0% (462)
	Disagree	36.3% (670)
	Disagree strongly	17.9% (331)
tells me it should only be used by a medical professional	Agree strongly	5.84% (108)
	Agree	21.8% (402)
	Neither agree nor disagree	32.4% (598)
	Disagree	28.8% (532)
	Disagree strongly	11.3% (208)
tells me it should only be used by someone trained in first aid	Agree strongly	7.41% (137)
	Agree	32.2% (595)
	Neither agree nor disagree	30.1% (556)
	Disagree	21.8% (403)
	Disagree strongly	8.50% (157)
clearly explains how to use a defibrillator	Agree strongly	6.44% (119)
	Agree	12.0% (222)
	Neither agree nor disagree	25.6% (473)
	Disagree	33.1% (611)
	Disagree strongly	22.9% (423)
would encourage me to use a defibrillator if the need arose	Agree strongly	11.7% (216)
	Agree	30.3% (560)
	Neither agree nor disagree	35.2% (650)
	Disagree	17.9% (330)
	Disagree strongly	4.98% (92)
doesn't need any instructions included as it is obvious the defibrillator gives them	Agree strongly	7.41% (137)
	Agree	14.3% (264)
	Neither agree nor disagree	28.2% (521)
	Disagree	31.2% (577)
	Disagree strongly	18.9% (349)

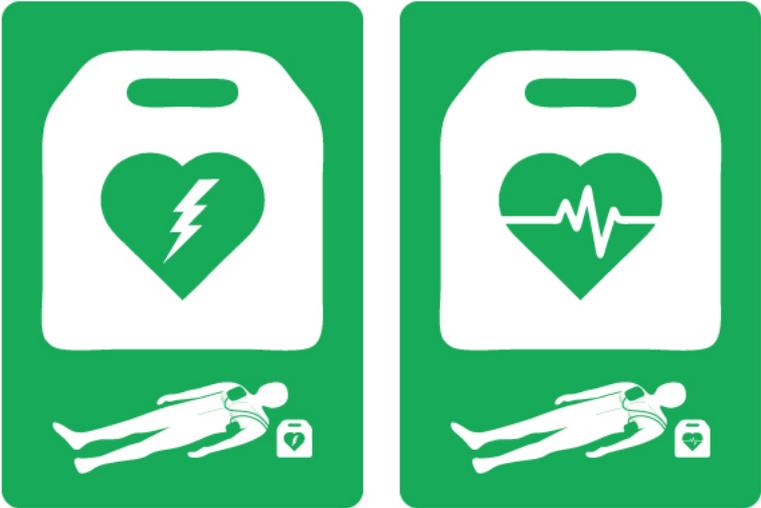


Table 4: Respondents views on potential designs for AED location sign (n = 1828)

			
1	2	3	4
Which of these alternative signs most clearly says that the equipment is for re-starting a person's heart?	1	10.2%	(186)
	2	17.8%	(325)
	3	56.0%	(1023)
	4	10.6%	(193)
	No preference	5.53%	(101)
Which one of these four images would best inspire people to use a public access defibrillator (PAD), if the need arose?	1	10.2%	(187)
	2	17.8%	(326)
	3	51.8%	(946)
	4	9.68%	(177)
	No preference	10.5%	(192)



Table 5: Design Preferences for new AED location sign

<p>Please imagine the following situation:</p> <ul style="list-style-type: none"> - A person has collapsed - They are lying on the floor, unconscious and not responding - They do not appear to be breathing - An ambulance has been called but it has not arrived yet - You have decided to help - There is a sign indicating the location of a piece of first aid equipment nearby 		
		
<p>If you had to choose, which ONE of the following signs would MOST encourage you to use this piece of first aid equipment? (n = 2115)</p>	Heart trace	83.5% (1766)
	Lightning bolt	16.5% (349)
<p>If you had to choose, which ONE of the following terms would MOST encourage you to use this device? (n = 2114)</p>	Defibrillator	17.5% (371)
	Heart Restart Kit	16.7% (354)
	Public Access Defibrillator	25.4% (536)
	Defibrillator – Heart Restarter	29.4% (622)
	Heart Restart Unit	10.9% (231)

