



SPEAKING POINTS FOR

**Terry Lake**

Health Minister

## **Launch of the ACT High School Defibrillator Training Program**

gymnasium  
Westsyde Secondary School  
855 Bebek Rd., Kamloops

Friday, November 13, 2015  
10:00 a.m. – 10:35 a.m.

**9:45 a.m. (arrival time)**  
**10:05 a.m. (speech)**

**Event Profile:**

On November 13, 2015 the Advanced Coronary Treatment (ACT) Foundation and partners will launch the ACT High School CPR and Defibrillator program in the 10 public secondary schools of School District No. 73 Kamloops/Thompson. More than 1,100 students from the communities of Barriere, Chase, Clearwater, Logan Lake and Kamloops will be empowered by their teachers with essential lifesaving skills every year. The media event is being held at the Westsyde Secondary School. Minister Stilwell attended a similar event in Nanaimo on November 6 and MLA Hamilton in Delta on November 9.

The ACT Foundation is the charitable organization, which is establishing free CPR and defibrillator training programs in high schools throughout B.C. and across Canada. ACT is working in partnership with BC Emergency Health Services paramedics and staff, lead community partner Interior Savings Credit Union, and health partners AstraZeneca Canada, Pfizer Canada and Sanofi Canada to bring this program to Kamloops School District secondary schools.

**Audience:**

The audience will consist of Westsyde high school students and stakeholder representatives. Media are invited.

**What does the audience want to hear?**

The importance of learning CPR and how to apply an AED, and support for the ACT Foundation's provincial program.

**Will anyone from the ministry be in attendance?**

No.

**Event Details:**

Include information about the location and any parking arrangements. There will be a podium with microphone for the speakers.

**Event Contact:**

Jennifer Edwards  
operations manager, ACT Foundation  
cell: 613-286-5260  
e-mail: [jedwards@actfoundation.ca](mailto:jedwards@actfoundation.ca)



**Key Messages:**

- Sudden cardiac arrest is a leading cause of death among adults in B.C. – this could be someone's father, mother, husband, wife, son or daughter, friend or loved one.
- Over 2,000 British Columbians die from sudden cardiac arrest every year. Anything we can do to reduce the number of deaths will make a difference in the lives of B.C. families.
- Evidence shows that survival rates from a sudden cardiac arrest can be increased by up to 75 per cent if a defibrillator is used within five minutes. The current survival rate for an out-of-hospital sudden cardiac arrest is only about five per cent.
- Government has provided \$2 million to support the Heart and Stroke Foundation's program to increase public access to defibrillators throughout British Columbia – helping to save lives with 750 automatic external defibrillators installed in busy public venues by 2017.
- The BC Public Access to Defibrillation registry is linked to the provincial ambulance dispatch system. When a bystander calls 9-1-1 for an ambulance, the dispatcher knows if an AED is available nearby and will assist the bystander to use the device on the cardiac arrest patient.

## **PARTICIPANTS**

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- Thomas Dinsdale, principal, Westsyde Secondary School
- Sandra Clarke, executive director, ACT Foundation of Canada
- Ammad Shorbaji, representative of Sanofi Canada
- Dr. Nick Balfour, medical director, BC Emergency Health Services
- Sophia Shin, representative of AstraZeneca Canada
- Peter Milobar, mayor of Kamloops
- Kathy Conway, representative of Interior Savings Credit Union
- Bill Hamblett, assistant superintendent, School District #73
- Dionne Newman, physical education teacher, Westsyde Secondary School

## **INTRODUCTION**

- Thank you, Sandra.

**[Acknowledge guests, audience members as appropriate.]**

- Before we begin, I would like to acknowledge the traditional territory of the Tk'emlups te Secwepemc First Nation **[Tay-come-loops tay She-KWEP-em]**.

## **IMPORTANCE OF LEARNING CPR**

- High school is a very exciting time ...– you are building greater independence, shaping your education towards potential career choices and progressing towards adulthood.
- This time also comes with greater maturity, which is why having the ACT High School CPR and Defibrillator Training program introduced in high school can mean a positive impact for the health and wellness of those in our community.

- As you know, the ACT Foundation program teaches teachers, who in turn, teach you how to do CPR and apply an AED during a sudden cardiac arrest.
- This training is an opportunity for you to learn and develop essential life skills – something you will carry with you throughout your life.
- And for some of you, what you learn in these workshops could also open a door of possibilities to future career interests – as a paramedic, police officer, firefighter, a physician, a nurse, a physical therapist or another medical professional.

- I know from my own personal experience the importance of knowing CPR.
- Like many of you, I enjoy playing soccer.
- During a game a few years ago, our team heard others call out for help, as one of the referees at another game had collapsed.
- Ambulances were on their way, but in the meantime we started CPR.
- Using CPR and a defibrillator in the first five minutes of a sudden cardiac arrest can increase survival rates up to 75 per cent.



- I'm pleased to share that the referee who experienced a sudden cardiac arrest made a full recovery.

## **IMPACT OF TRAINING**

- It is not an exaggeration to say that learning CPR and how to use an AED provides your community, family, friends, teammates or a stranger the greatest hope for survival.
- Each year, over 2,000 British Columbians die from sudden cardiac arrest, and it remains one of the leading causes of death among adults in the province.

- Given that the ACT Foundation's CPR and Defibrillator Training program reaches 44,000 students in BC each year – including over 1,100 in the Kamloops area – you can see the positive impact a program like this can have.
- You may already be aware the BC Public Access to Defibrillation – or PAD – program.
- Government has provided \$2 million to support the Heart and Stroke Foundation's program to increase public access to defibrillators throughout British Columbia – helping to save lives with 750 AEDs installed in busy public venues by 2017.

- Venues like community centres, parks and skating rinks.
- With your training, you will become part of this network of supports for sudden cardiac arrest victims.

## **CONCLUSION**

- I'd like to take this opportunity to thank several different groups in the room.
- To date, the ACT Foundation has trained 2.9 million youth across the country in CPR.

- This is an amazing number, and I thank you for your dedication to educating and empowering students to have these lifesaving skills.
- The High School CPR and Defibrillator Training program also has partners at the provincial and community level, as well as within the health sector, who have provided funding and personnel support.

**[If the minister wishes to acknowledge them separately, these include: BC Emergency Health Services, Interior Savings Credit Union and national health partners, AstraZeneca Canada, Pfizer Canada and Sanofi Canada.]**

- Lastly, I'd like to share my appreciation for the teachers, school staff and students who teach, support or participate in this program.
- Please remember – what you learn through the ACT program has the possibility to save someone's life – a father, mother, husband, wife, son, daughter, friend or loved one.
- The potential to use your knowledge and skills is a brave and powerful thing.
- Thank you.

From: [Abbott, Brendan HLTH:EX](#)  
To: [Muttersbach, Paige HLTH:EX](#)  
Subject: FW: FOR BRENDAN FOR REVIEW: ACT Foundation Kamloops - by thursday at 2pm, please  
Date: Wednesday, November 4, 2015 3:29:19 PM  
Attachments: [SN Lake ACT Foundation Kamloops Nov4 1225pm.docx](#)  
[ACT Foundation Kamloops NR draft.docx](#)

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I am going to give you the AED file to own...should be lots on the LAN, the most frequent issue seems to be the need to be consistent on how many units and dollars the heart and stroke foundation are providing by when.

Future news releases and speaking notes are headed your way when we receive them!

B

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From: Fischer, Jennifer HLTH:EX  
Sent: Wednesday, November 4, 2015 3:17 PM  
To: Abbott, Brendan HLTH:EX  
Cc: Duesterwald, Meghan HLTH:EX; Stewart, Sharon A HLTH:EX  
Subject: FOR BRENDAN FOR REVIEW: ACT Foundation Kamloops - by thursday at 2pm, please  
Hello Brendan,

Attached are the speaking notes for Minister Lake for the upcoming ACT Foundation CPR training event in Kamloops. GCPE has included the material you previously approved last week, so it hopefully makes reviewing quick and easy 😊

They've also included the ACT Foundation's news release as an FYI (their copy is a PDF without the minister's quote, so apologies for the plain style).

If I could have your **feedback by tomorrow, 1:00pm**, that would be greatly appreciated.

Thank you,

**Jennifer Fischer**

Risk and Issues Analyst

Issues and Risk Management

Health Services Policy and Quality Assurance Division

Telephone| 250 952-1977

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## **More than 1,100 students will be empowered with the lifesaving skills in Kamloops/Thompson School District Secondary Schools**

**Kamloops, BC 10:00 a.m.** – Today, the Advanced Coronary Treatment (ACT) Foundation, and partners will launch the ACT High School CPR and Defibrillator Program in the 10 public secondary schools of School District No. 73 Kamloops/Thompson. More than 1,100 students from the communities of Barriere, Chase, Clearwater, Logan Lake and Kamloops will be empowered by their teachers with essential lifesaving skills every year. The media event is being held at the Westsyde Secondary School, 855 Bebek Road, Kamloops, BC, V2B 6P1.

The ACT Foundation is the charitable organization that is establishing free CPR and defibrillator training programs in high schools throughout BC and across Canada. ACT is working in partnership with BC Emergency Health Services (BCEHS) paramedics and staff, lead community partner Interior Savings Credit Union, and health partners AstraZeneca Canada, Pfizer Canada and Sanofi Canada to bring this program to Delta School District secondary schools.

"Each year, over 2,000 British Columbians die from sudden cardiac arrest. Having more people with the knowledge and skills to use CPR and defibrillators means significantly greater survival rates for sudden cardiac arrest victims," said Health Minister Terry Lake. "The ACT program empowers young people with life-saving skills, which is part of building a stronger health system throughout British Columbia."

Funding will see participating secondary schools receive training equipment to enable teachers to train students including Automated External Defibrillator (AED) training units, AED training mannequins, and program set-up that will see all students graduate with the skills and knowledge to save lives. Secondary schools will also receive a defibrillator for on-site cardiac arrest emergencies.

### **Interior Savings Credit Union Quote**

With eight in 10 out-of-hospital cardiac arrests occurring at home or in public places, empowering youth with CPR training as part of their high school education will help increase citizen CPR response rates over the long term.

### **ACT's Board Member Quote**

To date, the ACT High School CPR Program has been established in 226 public standard secondary schools throughout British Columbia and approximately 281,000 students have already been empowered to save lives with CPR.

"Each and every year the ACT Foundation's CPR and AED program will enable approximately 44,000 students to gain the information, skills and confidence to save lives. These skills will assist them to help others throughout the rest of their lifetime. An investment worth our efforts," said Dr. William Dick, Interim Vice President, Medical Programs of BCEHS.

Early CPR, combined with early defibrillation, can increase survival rates for cardiac arrest victims by up to 75%, according to the Heart and Stroke Foundation.

"We are thrilled with the support from our partners," said Sandra Clarke, the ACT Foundation's Executive Director. "With it, we can enhance the CPR program in the Kamloops/Thompson School District secondary schools with the addition of the defibrillator component. These are lifesaving skills that students will be able to bring to their current and future families and communities."

To date, the ACT Foundation has set up the ACT High School CPR Program in more than 1,700 high schools nation-wide, empowering more than 2.9 million youth to save lives.

**About the ACT Foundation**

The ACT Foundation is the national charitable organization that is establishing the CPR and AED program in Canadian high schools. The program is built on ACT's award-winning community-based model of partnerships and support, whereby ACT finds local partners who donate the mannequins and AED training units that schools need to set up the program. Secondary school teachers then teach CPR and how to use a defibrillator to their students as a regular part of the curriculum, reaching all youth prior to graduation. ACT's partners who are committed to bringing the program to British Columbia are BC Emergency Health Services (BCEHS) and our national health partners, AstraZeneca Canada, Pfizer Canada and Sanofi Canada.

## MEETING MATERIAL

**Cliff #:** 1029231

**PREPARED FOR:** Honourable Terry Lake, Minister of Health

**TITLE:** Minister of Health Meeting on March 9, 2015 with the Heart and Stroke Foundation

**MEETING REQUEST/ISSUE:** Minister Lake meeting with the Heart and Stroke Foundation CEO, Ms. Adrienne Bakker and Mr. Mark Collison, Director, Advocacy & Stakeholder Relations to discuss the British Columbia Public Access to Defibrillation Program (BC PAD) and a possible partnership opportunity regarding the signs of stroke public awareness campaign.

**SHOULD MINISTRY STAFF ATTEND THIS MEETING:** Yes, Lynn Stevenson, Associate DM, and Doug Hughes, Assistant Deputy Minister, Health Services Policy and Quality Assurance Division.

### **BACKGROUND:**

The Heart and Stroke Foundation (the Foundation) is one of Canada's largest health charities. Over the last 60 years, the Foundation states they have invested more than \$1.39 billion in heart and stroke research, making them the largest contributor in Canada after the federal government.

Mr. Collison and Ms. Bakker wish to speak to the Minister about "possible measures that could potentially make it stronger, sustainable and accountable into the future."

The Foundation met with Minister's Office staff on February 5, 2015.

### **BC PAD**

A partnership between the Government of British Columbia and the Foundation supports the installation of up to 750 AEDs in a variety of public venues throughout BC over the next three years including community centers, arenas, and playing fields. In addition, public education campaigns are underway in an effort to increase awareness and support for this program.

The BC Ambulance Service (BCAS) supports the program by providing orientation for staff on how to correctly use and maintain the devices, and as a resource for when an AED is used on a sudden cardiac arrest patient.

BCAS has mapped all locations where an AED has been installed. When a bystander calls 9-1-1 for an ambulance, the dispatcher knows if there is an AED available at their location, and can assist the bystander to use the AED on the cardiac arrest patient.

### **Signs of Stroke Public Awareness Campaign - FAST**

In BC, stroke is the leading cause of acquired long-term disability, the third leading cause of death and a leading cause of dementia. An improved system of stroke care continues to be a Ministry priority. This includes efforts on both prevention and management of stroke and programs for optimal recovery and reintegration for people who have experienced stroke. It is also important that the public is aware of the urgency of stroke, recognize the signs and get to the hospital as soon as possible to receive time-sensitive treatments that may reverse the effects of stroke or minimize mortality, morbidity and disability.



According to the Foundation:

- only 44 percent of BC respondents can name two signs of stroke (2011)
- 31 percent of stroke patients do not arrive at hospital by ambulance therefore delaying treatment (2012)
- almost 60 percent of stroke patients arrive at hospital too late to be considered for tPA (within 4.5 hours) (2012)

The Foundation has developed a new national campaign to help Canadians recognize the signs of stroke and act FAST. Recognizing the signs of stroke and acting quickly can mean the difference between life and death, or the difference between a great recovery and a less successful outcome.

FAST, is being used in other countries to help individuals easily recognize the signs of a stroke.

To date, the Foundation advises they have invested over \$600,000 researching and developing the core elements of the campaign and are now asking provincial governments across Canada to partner with the Foundation to implement the core campaign in their respective provinces. The Foundation advises the Ontario provincial government has contributed \$1 million for the Ontario-based campaign.

The goals of the campaign are to:

1. increase the proportion of the Canadian population's awareness of two signs of stroke or more
2. decrease the median time (hours) from stroke symptom to presentation at emergency department

#### **FINANCIAL IMPLICATIONS:**

Since 2001, the BC government has provided more than \$14 million to the Foundation in support of heart attack and stroke prevention, educational and promotional activities, and other services.

The proposed BC-based FAST public awareness campaign is estimated to cost \$740,000, of which \$100,000 is to be provided by the Foundation. The Foundation is seeking a partnership with the Ministry and funding for the remaining \$640,000. An amount of \$500,000 in year-end funding has tentatively been allocated to the Foundation, subject to TB approval and appropriate communications activities.

#### **ADVICE:**

The Ministry supports the system improvement work the Foundation has undertaken including the campaign to raise public awareness of the signs of stroke. The Ministry's year-end grant approval process is still underway and the Foundation's request is under consideration.

Should the province agree to a partnership, the Foundation is proposing the Minister participate in an event in late May (June is Stroke Month) to announce and kick-off the campaign in BC.

In regards to BCPAD, it is not clear if Mr. Collison and Ms. Bakker intend to request additional government funding at this meeting.

The Ministry is also aware that Heart and Stroke Foundation has also promoted its interest in the Province introducing legislation that would make the placement of AEDs mandatory in all high-use facilities, and in provinces offering limited incentives for facilities considering installing an AED. [s.13](#)

**Program Area:** HSD

**Date:** March 5, 2015



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3/4/2015 5:14 PM	John, Rebecca HLTH:EX	Item Approved.

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2/18/2015 1:32 PM	Simonson, Kathy HLTH:EX	Item Created.

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3/3/2015 3:39 PM	Duesterwald, Meghan HLTH:EX	Document [1029231 - Minister meeting with Heart and Stroke Foundation re BCPAD - March 2015] Uploaded.
2/18/2015 2:13 PM	Bell, Lorina HLTH:EX	Document [meeting material template - updated] Uploaded.
2/18/2015 1:33 PM	Simonson, Kathy HLTH:EX	Document [Incoming - Heart and Stroke 1028301] Uploaded.
2/18/2015 1:32 PM	Simonson, Kathy HLTH:EX	Document [1029231 - Incoming - Minister Mtg March 9 with Heart and Stroke Foundation (x ref 1028301)] Uploaded.



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3/4/2015 1:26 PM	Rinta, Darcy HLTH:EX	Item sent to John, Rebecca.
3/3/2015 4:18 PM	John, Rebecca HLTH:EX	Item sent to Rinta, Darcy.
3/3/2015 3:41 PM	Duesterwald, Meghan HLTH:EX	Item sent to John, Rebecca.
2/18/2015 2:16 PM	Bell, Lorina HLTH:EX	Item sent to Duesterwald, Meghan.
2/18/2015 1:34 PM	Simonson, Kathy HLTH:EX	Item sent to HSD - Docs Coordinator.
2/18/2015 1:32 PM	Simonson, Kathy HLTH:EX	Item Created.

## DocumentPath

Upload Date	User	Title
3/3/2015 3:39 PM	Duesterwald, Meghan HLTH:EX	Document [1029231 - Minister meeting with Heart and Stroke Foundation re BCPAD - March 2015] Uploaded.
2/18/2015 2:13 PM	Bell, Lorina HLTH:EX	Document [meeting material template - updated] Uploaded.
2/18/2015 1:33 PM	Simonson, Kathy HLTH:EX	Document [Incoming - Heart and Stroke 1028301] Uploaded.
2/18/2015 1:32 PM	Simonson, Kathy HLTH:EX	Document [1029231 - Incoming - Minister Mtg March 9 with Heart and Stroke Foundation (x ref 1028301)] Uploaded.



For support, email [Hlth.eApprovals@gov.bc.ca](mailto:Hlth.eApprovals@gov.bc.ca).



**From:** [Evernden, Erica HLTH:EX](#)  
**To:** [Docs Processing HLTH:EX](#)  
**Cc:** [Casanova, Tamara HLTH:EX](#)  
**Subject:** FW: RUSH-due to MO today: 1029231  
**Date:** Thursday, March 5, 2015 5:02:02 PM

---

Hi –

See Sharon's response below.

Sincerely,

**Erica Evernden | Director, Planning and Division Operations**

Assistant Deputy Minister's Office/Client Relations, Issues Management and Support Services

Health Services Policy & Quality Assurance Division | Ministry of Health

Phone: 250.952.1125 | Fax: 250.952.1052

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---

**From:** Stewart, Sharon A HLTH:EX  
**Sent:** Thursday, March 5, 2015 5:00 PM  
**To:** HSD Documents Coordinator HLTH:EX; Duesterwald, Meghan HLTH:EX  
**Cc:** Evernden, Erica HLTH:EX  
**Subject:** RE: RUSH-due to MO today: 1029231  
tPA = tissue plasminogen activator

Thrombolytic drugs such as tPA are often called clot busters. tPA is short for tissue plasminogen activator and can only be given to patients who are having a stroke caused by a blood clot (ischemic stroke). It can stop a stroke by breaking up the blood clot. It must be given as soon as possible and within 4½ hours after stroke symptoms start.\* Receiving tPA can reduce the severity of a stroke and reverse some of the effects, helping you recover more quickly.

In some cases, tPA cannot be used and other treatments are required.

---

**From:** HSD Documents Coordinator HLTH:EX  
**Sent:** Thursday, March 5, 2015 4:40 PM  
**To:** Duesterwald, Meghan HLTH:EX  
**Cc:** Evernden, Erica HLTH:EX; Stewart, Sharon A HLTH:EX  
**Subject:** FW: RUSH-due to MO today: 1029231  
DPU is asking the following please advise.

"On the Heart & Stroke one, what is tPA?•almost 60 percent of stroke patients arrive at hospital too late to be considered for tPA (within 4.5 hours) (2012)"

**Lorina Bell**

A/Documents Coordinator

Health Services Policy and Quality Assurance Division, Ministry of Health

PO BOX 9638 STN PROV GOVT | Victoria, BC | V8W 9P1

(250) 952-1529 | [Lorina.Bell@gov.bc.ca](mailto:Lorina.Bell@gov.bc.ca)

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**From:** [Simonson, Kathy HLTH:EX](#)  
**To:** [Jukes, Shaina HLTH:EX](#); [Martin, Rhiannon HLTH:EX](#)  
**Cc:** [HLTH Ministers Office; Docs Processing HLTH:EX](#); [Foran, Grace E HLTH:EX](#); [Casanova, Tamara HLTH:EX](#); [O'Callaghan, Jacqueline HLTH:EX](#); [Marsh, Jania HLTH:EX](#); [Andrachuk, Andrea HLTH:EX](#); [Stearn, Anne HLTH:EX](#)  
**Subject:** 1029231 - Minister Meeting March 9 with Heart and Stroke Foundation x ref 1028301  
**Date:** Thursday, March 5, 2015 4:47:43 PM  
**Attachments:** [image001.gif](#)  
[1029231 - Minister meeting with Heart and Stroke Foundation re BCPAD - March 2015.docx](#)

---

Hi Shaina & Rhiannon:

Attached is material provided by HSD and approved by Sharon Stewart obo Doug Hughes and by Manjit Sidhu, ADM.

Thanks so much,  
Kathy Simonson

Program Coordinator / Documents Processing Unit / Deputy Minister's Office / Ministry of Health  
5-2 1515 Blanshard St, Victoria BC V8W 3C8  
Telephone 250 952-1811

[kathy.simonson@gov.bc.ca](mailto:kathy.simonson@gov.bc.ca)

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**From:** Martin, Rhiannon HLTH:EX  
**Sent:** Monday, February 2, 2015 8:50 AM  
**To:** Martin, Rhiannon HLTH:EX  
**Subject:** FW: Meeting with Minister Lake

---

**From:** Martin, Rhiannon HLTH:EX  
**Sent:** Thursday, January 29, 2015 11:49 AM  
**To:** 'Mary Stambulic'  
**Cc:** Jukes, Shaina HLTH:EX  
**Subject:** RE: Meeting with Minister Lake

Morning Mary,

Thanks for forwarding your request to me. We will review the request in our office and be in touch with you at a later date.

Thanks,

**Rhiannon Martin** | Administrative Assistant

Honourable Terry Lake

Minister of Health

PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2

Phone: 250-953-3547 | Fax: 250-356-9587 | [Hlth.Health@gov.bc.ca](mailto:Hlth.Health@gov.bc.ca)

---

**From:** Mary Stambulic [<mailto:MStambulic@hsf.bc.ca>]  
**Sent:** Thursday, January 29, 2015 11:39 AM  
**To:** Martin, Rhiannon HLTH:EX  
**Subject:** FW: Meeting with Minister Lake  
Good morning Rhiannon!

As Shaina is away, I thought I would forward to you our meeting request so that it can be placed in the hopper with the others.

Many thanks!

Mary

---

**From:** Mary Stambulic  
**Sent:** Thursday, January 29, 2015 11:28 AM  
**To:** 'Jukes, Shaina HLTH:EX'  
**Subject:** RE: Meeting with Minister Lake  
Good morning Shaina and hope all is well.



I am writing to reopen our meeting request with Mark and our CEO Adrienne Bakker to discuss the BC PAD Program and our new signs of stroke campaign. Adrienne has booked time to be in Victoria on February 26<sup>th</sup> – would it be possible to meet then? She would be available to meet in the early morning if that helps.

Warmest regards,  
Mary

---

**From:** Jukes, Shaina HLTH:EX [<mailto:Shaina.Jukes@gov.bc.ca>]

**Sent:** Wednesday, October 22, 2014 8:36 AM

**To:** Mary Stambulic

**Subject:** RE: Meeting with Minister Lake

Thank you Mary,

Since we don't have Minister Lake's schedule for February yet I cannot commit anything yet but if you submit a request once all the dates are confirmed we will work to fit this in.

I will close off the request we have at this time.

All the best,

Shaina

*Shaina Jukes*

*Administrative Coordinator to the Honourable Terry Lake*

*Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2*

*Phone: 250-953-3547 | Fax: 250-356-9587 | [HLth.Health@gov.bc.ca](mailto:HLth.Health@gov.bc.ca)*

---

**From:** Mary Stambulic [<mailto:MStambulic@hsf.bc.ca>]

**Sent:** Tuesday, October 21, 2014 4:39 PM

**To:** Jukes, Shaina HLTH:EX

**Subject:** RE: Meeting with Minister Lake

Thanks Shaina.

Upon reflection and discussion with Adrienne, we're wondering if it would be better use of the minister's time if we book this meeting in February instead when we have our MLA Breakfast and Health Fair in Victoria at the Legislature. The dates that we are looking at that are already on hold for us by Melissa and Jared are the following:

1. Thursday, February 19, 2015
2. Tuesday, February 24, 2015
3. Thursday, February 26, 2015

Would it be possible to have a meeting with the minister after the breakfast and before QP on any of the dates above if he is available? As he is such a strong supporter of the foundation, we were also wondering if he might be available to attend the breakfast and say a few words. As these dates are on hold for us, any of them that works best for the minister would work for us (although the 26<sup>th</sup> would probably work best for us).

And thank you again for confirming Minister Wilkinson for the Canadian Cardiovascular Congress. We are very excited about having him speak at this event.

Regards,

Mary

---

**From:** Jukes, Shaina HLTH:EX [<mailto:Shaina.Jukes@gov.bc.ca>]

**Sent:** Tuesday, October 21, 2014 11:40 AM

**To:** Mary Stambulic

**Subject:** FW: Meeting with Minister Lake

Hi Mary, I am just following up on the below request.

## Shaina Jukes

Administrative Coordinator to the Honourable Terry Lake  
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2  
Phone: 250-953-3547 | Fax: 250-356-9587 | [Hlth.Health@gov.bc.ca](mailto:Hlth.Health@gov.bc.ca)

---

**From:** Jukes, Shaina HLTH:EX  
**Sent:** Friday, October 17, 2014 2:25 PM  
**To:** 'mstambulic@hsf.bc.ca'  
**Subject:** FW: Meeting with Minister Lake  
Hi Mary, Sorry I forgot s.22 please see below email.  
Shaina

## Shaina Jukes

Administrative Coordinator to the Honourable Terry Lake  
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2  
Phone: 250-953-3547 | Fax: 250-356-9587 | [Hlth.Health@gov.bc.ca](mailto:Hlth.Health@gov.bc.ca)

---

**From:** Jukes, Shaina HLTH:EX  
**Sent:** Friday, October 17, 2014 2:23 PM  
**To:** 'MCollison@hsf.bc.ca'  
**Subject:** FW: Meeting with Minister Lake  
Good afternoon Mark, I am following up on your email sent back in May requesting a meeting with Minister Lake to discuss the BC PAD Program. Minister Lake will be in Vancouver on November 13<sup>th</sup> and is available for a meeting from 2:45pm – 3:15pm. Please let me know if this time will work for you and I will follow up with confirmed details.  
All the best,  
Shaina

## Shaina Jukes

Administrative Coordinator to the Honourable Terry Lake  
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2  
Phone: 250-953-3547 | Fax: 250-356-9587 | [Hlth.Health@gov.bc.ca](mailto:Hlth.Health@gov.bc.ca)

---

**From:** Mark Collison [<mailto:MCollison@hsf.bc.ca>]  
**Sent:** Thursday, May 29, 2014 1:53 PM  
**To:** Jukes, Shaina HLTH:EX  
**Cc:** Loiacono, Sabrina HLTH:EX; Anna Marie Tandoc  
**Subject:** Meeting with Minister Lake  
Hi Shaina,

I would like to request a meeting with Minister Lake and my CEO, Adrienne Bakker and myself to discuss the BC PAD Program and possible measures that we could potentially take to make it stronger, sustainable and accountable into the future.  
The meeting could be either in Victoria or Vancouver – whatever is most convenient for the Minister. It is not urgent and could just be sometime over the summer or even in the early fall depending on everyone's availability.  
Thank you for consideration of this request and we look forward to the opportunity to meet.

Regards,

Mark

**Mark Collison**, MPA  
Director, Advocacy & Stakeholder Relations | BC & Yukon  
Heart and Stroke Foundation

T Victoria Office: 250.592.8040 | Vancouver Office: 778.372.8030 | E [mcollison@hsf.bc.ca](mailto:mcollison@hsf.bc.ca)  
[heartandstroke.ca](http://heartandstroke.ca)

**MAY IS LEAVE A LEGACY MONTH.** What will your legacy be? By including the Foundation in your will, you'll support life-saving heart disease and stroke research – and give your family and friends a brighter future. Learn [how to start planning your gift by Will](#).



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From: [Casanova, Tamara HLTH:EX](#)  
To: [Evernden, Erica HLTH:EX](#)  
Cc: [Foran, Grace E HLTH:EX](#); [Docs Processing HLTH:EX](#); [Marsh, Jania HLTH:EX](#); [O'Callaghan, Jacqueline HLTH:EX](#)  
Subject: 1029231 - Incoming - Minister Mtg March 9 with the Heart and Stroke Foundation (x ref 1028301)  
Date: Wednesday, February 18, 2015 1:16:49 PM

---

Hi,

The MO has confirmed the above noted Minister meeting with the Heart and Stroke Foundation. Details are below.

**Date:** Monday, March 9th

**Time:** 10:30 to 11:00 am

**Location:** s.15

**Agenda Items:**

- Discuss BC Public Access to Defibrillation Program; and
- New signs of stroke campaign

**Participants:**

- Adrienne Bakker, CEO
- Mark Collison, Director of Advocacy and Stakeholder Relations

Calendar invites will be sent to Lynn and Doug to attend. Please advise if any additional staff will need to be included.

**Materials:** DocsProcessing will assign formally for materials as per usual process. Due date for final materials to the MO is Thursday, March 5.

Please don't hesitate to give me a call if there are any concerns.

Many thanks,

Tamara

**Tamara Casanova** | Executive Operations | Office of the Deputy Minister | Ministry of Health | P:  
250.952.1908 | C: 250.217.3655 | F: 250.952.1909 | [tamara.casanova@gov.bc.ca](mailto:tamara.casanova@gov.bc.ca)

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**From:** [Bush, Donna HLTH:EX](#)  
**To:** [Muttersbach, Paige HLTH:EX](#)  
**Subject:** FW: Qs FOR DARCY&BRENDAN -- PAD release - by Monday noon please  
**Date:** Thursday, September 4, 2014 3:01:20 PM  
**Attachments:** [DRAFT - NR - PAD Program - West Kelowna.docx](#)  
[2014HLTH0051-000708.pdf](#)

---

Take a look at what was publicly released for this as I have no idea where they landed on the numbers.

From what I saw of what Meghan put in there, I don't think it's accurate.

Thanks for your help with this!

Donna

Manager, Provincial and Specialized Services

Tel: 250 952-2176

---

**From:** Chu, Mary HLTH:EX  
**Sent:** Friday, August 15, 2014 11:04 AM  
**To:** Bush, Donna HLTH:EX; Rinta, Darcy HLTH:EX; Abbott, Brendan HLTH:EX  
**Cc:** Stewart, Sharon A HLTH:EX  
**Subject:** Qs FOR DARCY&BRENDAN -- PAD release - by Monday noon please  
Hi all,

**Donna** - thanks for flagging the discrepancy – once you mentioned it, I remembered the issue of the 800 vs 750 number from May.

I've found the May 26 news release final version, attached, which references 750. Thanks also for linking in to the death on Haida Gwaii and response time, which we've been following.

**Brendan** – given Donna's comment, I'm looping you in, to make sure there isn't anything in the wording on this NR that needs a closer look from your perspective.

**Darcy** - Donna let me know you are back on Monday Aug. 18, so I am cc-ing you on this, as I understand from Donna that you usually review these. Please confirm for us that the 750 # is in fact the correct number!

Thanks,

Mary

**Mary Chu**

Risk & Issues Analyst | Issues & Risk Management Branch

Health Services Policy & Quality Assurance Division | Ministry of Health

Telephone | 250 952-1977 | BB 250 217 6582

Email | [Mary.Chu@gov.bc.ca](mailto:Mary.Chu@gov.bc.ca)

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**From:** Bush, Donna HLTH:EX  
**Sent:** Friday, August 15, 2014 10:21 AM  
**To:** Chu, Mary HLTH:EX  
**Subject:** FW: FOR DONNA FOR REVIEW: -- PAD release - by Monday noon if possible  
Hi Mary,

I am not the one who usually reviews these so if there was a decision about which number to us (750 vs. 800) then that's fine, I just wanted to point out the discrepancy between what I saw in May and this document.

Also, we should probably keep in mind the recent death on Haida Gwaii due to cardiac arrest and the ambulance response time.

Someone in the media may make that connection.

<http://www.theprovince.com/health/Death+waited+hour+paramedics+puts+spotlight+rural+ambulance+service/10105268/story.html>

Donna

Manager, Provincial and Specialized Services

Tel: 250 952-2176

---

**From:** Chu, Mary HLTH:EX  
**Sent:** Thursday, August 14, 2014 2:37 PM  
**To:** Bush, Donna HLTH:EX  
**Cc:** Stewart, Sharon A HLTH:EX  
**Subject:** FOR DONNA FOR REVIEW: -- PAD release - by Monday noon if possible  
Hi Donna,

Any concerns with the draft NR attached and below? Apparently it uses a template GCPE has seen before.

Please let me know whether it's do-able for you to get back to me by **Monday noon** on this one. (Another one for Courtenay should be coming our way as well.)

Thanks very much,

Mary

**Mary Chu**

Risk & Issues Analyst | Issues & Risk Management Branch

Health Services Policy & Quality Assurance Division | Ministry of Health

Telephone | 250 952-1977 | BB 250 217 6582

Email | [Mary.Chu@gov.bc.ca](mailto:Mary.Chu@gov.bc.ca)

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### **Gellatly Nut Farm Regional Park Ready to Help Save a Life**

KELOWNA - For many residents, the Gellatly Nut Farm Regional Park is a popular destination in Kelowna. Today, the park has received a special addition that may save a life of a visitor.

An Automated External Defibrillator (AED) was donated by the Heart and Stroke Foundation to the Gellatly Nut Farm Regional Park as part of the BC Public Access to Defibrillation (PAD) Program. The BC PAD Program is a partnership between the Heart and Stroke Foundation and the provincial government. The initiative supports the installation of 750 AEDs in public venues, such as community centres, arenas, recreation centres, playing fields and parks, throughout B.C. by 2017.

The Heart and Stroke Foundation and BC Ambulance Service (BCAS) have partnered to implement the BC PAD Program; BCAS paramedics provide on-site orientation and on-going program oversight for the BC PAD AED. BCAS has also linked the BC PAD AED Registry with the ambulance dispatch system. This registry will enable a bystander who calls 9-1-1 to be directed by a BCAS dispatcher to the nearest AED. BCAS dispatchers can also assist bystanders to apply an AED during a medical emergency.

"Sudden cardiac arrest is one of the leading causes of death in B.C. and the PAD program recognizes that people of all walks of life, backgrounds and abilities can assist a sudden cardiac arrest victim by performing CPR and applying an AED," said Premier Christy Clark, MLA for Westside-Kelowna. "By learning these skills and having access to this equipment, citizens can help make our province a healthier, safer place to live."

"Sudden cardiac arrest can strike anyone at any time and the use of an AED combined with CPR can significantly increase chances of survival," said Health Minister Terry Lake. "That is why our government is working with the Heart and Stroke Foundation to ensure more communities will have access to this potentially lifesaving equipment."

The Gellatly Nut Farm Regional Park has received the donated BC PAD AED and venue staff participated in an overview about the device, led by local BCAS paramedic Stephen Williamson and learned the chain of survival – Call 9-1-1, Do CPR and Use an AED. Staff can now recognize and respond to sudden cardiac arrest.

"My goal with the BC PAD Program orientation session is to empower bystanders to feel confident performing CPR and using an AED during a medical emergency," said Williamson. "We want as many people as possible to understand that early intervention gives sudden cardiac arrest patients their best shot at survival and that the ability to save someone's life is in their hands."

"We're placing AEDs where there is the greatest chance they'll save a life," said Shelley Parker, Resuscitation Manager, BC & Yukon, Heart and Stroke Foundation. "Through this program, we will donate hundreds of AEDs to public places across the province, such as the Gellatly Nut Farm Regional Park, and give bystanders the tools to help someone suffering a sudden cardiac arrest."

Sudden cardiac arrest strikes suddenly and affects people of all ages. BCAS attends between 2,400-2,800 cardiac arrest calls each year. Fewer than 12 per cent of people who have a cardiac arrest survive. Without immediate help, someone in sudden cardiac arrest will suffer brain damage within three minutes, and after 12 minutes, it's unlikely they'll survive.

Evidence shows the CPR coupled with defibrillation, or an electrical shock to the heart, increases the survival rate for sudden cardiac arrests which occur in public settings. An AED is a safe, portable device anyone can use to deliver an electric shock to restart a heart in sudden cardiac arrest. The AED reads the heart rhythm and only delivers a shock if needed.

For more information the PAD Program, visit: [www.BCPADProgram.ca](http://www.BCPADProgram.ca). To learn more about AEDs and sudden cardiac arrest, please visit: [www.aedinyourhands.ca](http://www.aedinyourhands.ca).

**About BC Ambulance Service** - BCAS operates under the authority of BC Emergency Health Services (BCEHS) to provide residents and healthcare professionals with access to pre-hospital emergency and patient transfer services. BCAS is recruiting paramedics in many rural communities throughout the province. Please visit [www.bcas.ca](http://www.bcas.ca) for more information about our employment opportunities.

**About the Heart & Stroke Foundation** - The Heart & Stroke Foundation, a volunteer-based health charity, leads in eliminating heart disease and stroke and reducing their impact through the advancement of research and its application, the promotion of healthy living, and advocacy.

Healthy lives free of heart disease and stroke. Together we can make it happen. [www.heartandstroke.bc.ca](http://www.heartandstroke.bc.ca)

-30-

#### **Media Contact:**

Lisa Pilling  
BC Ambulance Service  
250-356-0449





HEART &  
STROKE  
FOUNDATION

**PAD**

PUBLIC ACCESS TO  
DEFIBRILLATION  
PROGRAM **AED**

## NEWS RELEASE

For Immediate Release  
August 20, 2014

Heart and Stroke Foundation  
BC Ambulance Service

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**Comment [DB1]:** A May 2014 news release and Q&A references 800 units by 2017.

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-30-

#### **Media Contact:**

Lisa Pilling  
BC Ambulance Service  
250-356-0449

From: [Casanova, Tamara HLTH:EX](#)  
To: [Evernden, Erica HLTH:EX](#)  
Cc: [Foran, Grace E HLTH:EX](#); [Docs Processing HLTH:EX](#); [Marsh, Jania HLTH:EX](#)  
Subject: Minister meeting (Date TBD) with the Heart and Stroke Foundation re: Public Access Defibrillation (PAD) Program  
- Staff and materials required ( x ref # 1011009)  
Date: Wednesday, August 13, 2014 3:42:24 PM  
Attachments: [FW Meeting with Minister Lake.msg](#)

---

Hi Erica,

The MO has advised that Minister Lake has committed to meet with the Heart and Stroke Foundation in the fall and will require ministry staff to attend and background materials.

As this meeting will likely be scheduled in October, DocsProcessing will assign due dates accordingly and can adjust if required. I will let you know the date/time as soon as possible.

Please advise if there are any concerns at this time. The incoming material is attached for your reference.

Many thanks,

Tamara

**Tamara Casanova** | Executive Operations | Office of the Deputy Minister | Ministry of Health | P: 250.952.1908 | C: 250.217.3655 | F: 250.952.1909 | [tamara.casanova@gov.bc.ca](mailto:tamara.casanova@gov.bc.ca)

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From: [Jukes, Shaina HLTH:EX](#)  
To: [Kline, Victoria HLTH:EX](#)  
Subject: FW: Meeting with Minister Lake  
Date: Thursday, May 29, 2014 2:03:06 PM  
Attachments: [image001.gif](#)

---

For cliffing please.

## Shaina Jukes

*Administrative Coordinator to the Honourable Terry Lake  
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2  
Phone: 250-953-3547 | Fax: 250-356-9587 | [Hlth.Health@gov.bc.ca](mailto:Hlth.Health@gov.bc.ca)*

---

**From:** Mark Collison [<mailto:MCollison@hsf.bc.ca>]  
**Sent:** Thursday, May 29, 2014 1:53 PM  
**To:** Jukes, Shaina HLTH:EX  
**Cc:** Loiacono, Sabrina HLTH:EX; Anna Marie Tandoc  
**Subject:** Meeting with Minister Lake

Hi Shaina,

I would like to request a meeting with Minister Lake and my CEO, Adrienne Bakker and myself to discuss the BC PAD Program and possible measures that we could potentially take to make it stronger, sustainable and accountable into the future.

The meeting could be either in Victoria or Vancouver – whatever is most convenient for the Minister. It is not urgent and could just be sometime over the summer or even in the early fall depending on everyone's availability.

Thank you for consideration of this request and we look forward to the opportunity to meet.

Regards,

Mark

**Mark Collison**, MPA  
Director, Advocacy & Stakeholder Relations | BC & Yukon  
Heart and Stroke Foundation  
T Victoria Office: 250.592.8040 | Vancouver Office: 778.372.8030 | E [mcollison@hsf.bc.ca](mailto:mcollison@hsf.bc.ca)  
[heartandstroke.ca](http://heartandstroke.ca)

**MAY IS LEAVE A LEGACY MONTH.** What will your legacy be? By including the Foundation in your will, you'll support life-saving heart disease and stroke research – and give your family and friends a brighter future. Learn [how to start planning your gift by Will](#).



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## NEWS RELEASE

For Immediate Release  
2014HLTH0051-000708  
May 26, 2014

Ministry of Health  
Heart and Stroke Foundation  
BC Ambulance Service

### **More funding for defibrillator access will help save lives**

VICTORIA – From the soccer pitch to the swimming pool, sudden cardiac arrest can happen anywhere, at any time. That's why the government of British Columbia is investing an additional \$1 million in partnership with the Heart and Stroke Foundation to expand the Public Access to Defibrillation program and help save lives.

The additional funding will support the placement of more automated external defibrillators (AEDs), for a total of up to 750 AEDs in a variety of public venues throughout B.C., including community centres, arenas, recreation centres, playing fields, libraries and sports centres.

"You have the power to save a life in your hands, by using a defibrillator combined with CPR," said Health Minister Terry Lake. "Today's announcement is about giving the right tools to people in the right places so they can be used quickly to save a life."

The Ministry of Health and the Heart and Stroke Foundation originally each contributed \$1 million to the program. The program officially launched in February 2013. The foundation will be fundraising to match the Province's \$1-million contribution, for a total of \$4 million supporting the program.

The program will donate one or more automated external defibrillators to every municipality in British Columbia, depending on population size. Currently, 175 AEDs have been placed in 82 communities throughout the province.

"With even more AEDs in communities, it will become that much easier for British Columbians to use the essential steps to save lives by calling 9-1-1, doing CPR, and using an AED," said incoming CEO Adrienne Bakker of BC & Yukon, Heart and Stroke Foundation. "We're proud to be leaders in providing AEDs and CPR to communities. Together, we're creating survivors."

The program also is a partnership with the BC Ambulance Service, which supports the venues receiving an AED by providing orientation for staff and volunteers on how to correctly use and maintain the devices. BC Ambulance Service has also linked the AED registry with the ambulance dispatch information system, which maps all of the locations in the province where AEDs have been installed. When a bystander calls 9-1-1 for an ambulance, the dispatcher will know if an AED is available at the location, and will assist the bystander to use the AED on the cardiac arrest patient.

"BCAS paramedics and dispatch staff provide assistance to hundreds of sudden cardiac arrest patients each year. We see that early use of CPR and an AED use can greatly improve the survival rate of friend, family member, co-worker or community member who is experiencing a sudden cardiac arrest. Learning CPR and how to use an AED are life-saving skills everyone



should have,” said Dr. William Dick, vice-president of medical programs, BC Emergency Health Services.

The current survival rate for an out-of-hospital sudden cardiac arrest is only about 5%. Evidence shows that when CPR and AEDs are used together in the first few minutes during a sudden cardiac arrest, survival rates can be increased up to 75%. An AED is a safe, portable device anyone can use to deliver an electric shock to restart a heart in sudden cardiac arrest. The AED reads the heart rhythm and only delivers a shock if needed.

Sudden cardiac arrest is when the heart suddenly and unexpectedly stops beating, stopping blood from flowing to the brain or other vital organs. Without immediate help, a victim of sudden cardiac arrest will suffer brain damage within three minutes. After 12 minutes, survival is unlikely.

**Learn more:**

Watch Health Minister Terry Lake share the importance of AEDs and CPR:  
[https://www.youtube.com/watch?v=0rPsPg\\_L3Zc](https://www.youtube.com/watch?v=0rPsPg_L3Zc)

For more information on the PAD Program, AEDs or sudden cardiac arrest, visit:  
[www.BCPADProgram.ca](http://www.BCPADProgram.ca)

A backgrounder follows.

**Media Contacts:**

Kristy Anderson  
Media Relations Manager  
Ministry of Health  
250 952-1887 (media line)

Lisa Pilling  
Communications Officer  
BC Ambulance Service  
250 356-0449

Erika Callowhill  
Director, Marketing & Communications  
BC & Yukon, Heart and Stroke Foundation  
778 372-8015

---

Connect with the Province of B.C. at: [www.gov.bc.ca/connect](http://www.gov.bc.ca/connect)

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## BACKGROUND

For Immediate Release  
2014HLTH0051-000708  
May 26, 2014

Ministry of Health  
Heart and Stroke Foundation  
BC Ambulance Service

### **Heart attack or sudden cardiac arrest?** What's the difference?

#### **What is sudden cardiac arrest?**

- A sudden cardiac arrest occurs when the heart stops beating and the victim is no longer breathing.
- Sudden cardiac arrest can be caused by heart disease, drowning, stroke, electrocution, suffocation, drug overdose, motor vehicle accident or other injury.
- It can strike anyone, of any age, at any time. It does not discriminate.
- AEDs combined with CPR can save the life of someone experiencing sudden cardiac arrest by using an electrical shock to restart the heart.

#### **What is a heart attack?**

- A heart attack is a 'plumbing problem' where a blockage in a blood vessel interrupts the flow of blood to the heart causing death of heart muscle tissue.
- When somebody has a heart attack, they usually feel pain in their chest first.
- AEDs do not work on people having heart attacks. There is no disruption of the heart's electrical system during a heart attack. If someone tries to use an AED, they will not harm the victim, because the AED makes shock delivery decisions based upon the victim's heart rhythm, and will defibrillate only a shockable rhythm.

#### **Media Contacts:**

Kristy Anderson  
Media Relations Manager  
Ministry of Health  
250 952-1887 (media line)

Lisa Pilling  
Communications Officer  
BC Ambulance Service  
250 356-0449

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778 372-8015

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## INFORMATION BULLETS

**Cliff #1006595**

**Subject: Request for an update on where we are with the analysis for PAD legislation**

**Bullets:**

- The Heart and Stroke Foundation of BC and Yukon has been advocating for several years for the Ministry of Health (the Ministry) to pursue new legislation to clarify civil liability concerns for individuals who use Automated External Defibrillators (AEDs) in emergency situations.
- As Ministry staff have not been asked to pursue legislative changes in this regard, the most current message approved by the Minister of Health on this subject was provided below by government communications.

Excerpt from Qs and As in relation to BC Ambulance Service Vital Link Award ceremonies for April 4, 2014. Full Qs/As are attached within e-approvals.

**Q12: Is the Province considering implementing legislation around this?**

- At this time, making defibrillators mandatory in all highly used facilities is not something we are actively considering.
- I understand that some provinces offer limited incentives for facilities that install defibrillators and this may be something we discuss going forward.
- Our government encourages sports centres, arenas and other municipal facilities where people exercise to have portable defibrillators on site. However, at this time it remains a facility-specific decision.

**Q13: Is government considering legislation to protect people who use defibrillators?**

- Legislation currently exists that protects British Columbians who are helping someone who is in need.
- In B.C., the *Health Professions Act* exempts volunteers providing emergency medical aid from any prohibitions in the act.
- In addition, the *Good Samaritan Act* would apply if a bystander were to use an AED to assist someone. This means that the bystander would not be liable unless his or her actions were grossly negligent.
- If an individual is trained to provide this lifesaving service as part of their employment, different statutory requirements may apply, including the *Health Professions Act* or the *Emergency Health Services Act*.

**Program ED/Branch/Division:** Michele Lane, ED, Health Services Policy and Quality Assurance Division

**Date:** April 2, 2014

# QUESTIONS AND ANSWERS

## BC Ambulance Service Vital Link Award

Ministry of Health  
Apr. 4, 2014

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### Q1: What is the BCAS Vital Link Award?

- The BCAS Vital Link Award is presented to citizens who are involved in saving a life through successful cardiopulmonary resuscitation (CPR) efforts.
- This award is presented to Minoru Aquatic Centre lifeguards Kai Favrholt, Leah Wait and Mitchell Beavis who used CPR and an AED to save the life of Mr. Simon Tsang.
- The BCAS Vital Link Award is presented to British Columbians throughout the province.

### Q2: What is sudden cardiac arrest?

- A sudden cardiac arrest occurs when the heart stops beating and the victim is no longer breathing.
- Sudden cardiac arrest can be caused by heart disease, drowning, stroke, electrocution, suffocation, drug overdose, motor vehicle accident or other injury.
- For every one minute that passes without returning the heart to a normal rhythm, the survival rate of a cardiac arrest victim decreases by as much as 10 per cent.
- In B.C., the current survival rate for an out-of-hospital sudden cardiac arrest is only about 12 per cent. When CPR and defibrillators are used together in the first few minutes during a cardiac arrest, survival rates increase up to 75 per cent.

### Q3: What is cardiopulmonary resuscitation (CPR)?

- CPR uses chest compressions to keep blood circulating through the heart and brain for a person who has stopped breathing or whose heart has stopped beating.
- CPR can be administered by anyone who has had basic training or is being coached by someone who is trained (BC Ambulance Service dispatcher, for example).



#### **Q4: Where can you learn CPR?**

- British Columbians interested in learning CPR can take a course through the Canadian Red Cross ([www.redcross.ca](http://www.redcross.ca)) or St. John's Ambulance ([www.sja.ca](http://www.sja.ca)); who both provide regularly scheduled public first aid courses in many B.C. communities.

#### **Public Access to Defibrillation program**

#### **Q4: What is the Public Access to Defibrillation program?**

- The Heart and Stroke Foundation's Public Access to Defibrillation program supports the installation of 450 automated external defibrillators in public venues, including community centres, arenas, recreation centres, pools, playing fields, parks and senior's centres throughout B.C. over the next two years. To date, more than 150 automatic external defibrillators have been placed in over 82 B.C. communities.
- The public venues are where large numbers of people gather on a regular basis, and the program is a partnership with the BC Ambulance Service who helps train the staff at the venues receiving an automated external defibrillator and provides support when an AED is used on a sudden cardiac arrest patient.
- The BC Ambulance Service has also created a program registry linked to 9-1-1, which ensures 9-1-1 dispatchers have the information they need to assist emergency callers in the community.
- This program helps provide immediate medical help for victims of sudden cardiac arrest.

#### **Q5: What are automated external defibrillators (AEDs)?**

- AEDs are portable, easy-to-use devices that read the heart's rhythm and only deliver a shock if needed. If a shockable rhythm is detected, the bystander is instructed to press a button to deliver a shock, helping the heart return to a normal rhythm.
- If no shockable rhythm is detected, the AED will not administer a shock and the bystander is instructed to perform cardiopulmonary resuscitation while paramedics are en route.

#### **Q6: Does government support this program financially?**

- In 2013, government contributed \$1 million to this program, with the other \$1 million coming from the Heart and Stroke Foundation.



**Q7: How are the spaces that are receiving defibrillators selected?**

- The program will donate one or more automated external defibrillators to every municipality in British Columbia, depending on population size.
- The Heart and Stroke Foundation is working with local governments to identify priority locations where large numbers of people gather on a regular basis.

**Q8: Was the AED used by the lifeguards part of this program?**

- No. AEDs have been placed in many public pools already through the Lifesaving Society.
- Minoru Park, Gary Point Park, King George Park and West Richmond Pitch and Putt do however have AEDs through the Public Access to Defibrillation program.

**Q9: Have you had any saves through the Public Access to Defibrillation program?**

- Yes. There was one save in late 2013 [in Duncan at the Cowichan Aquatic Centre]. Unfortunately, the individual died several days later.

**Q`10 How many defibrillators have been installed to date and in how many communities?**

- To date, more than 150 AEDs have been installed in over 82 communities.

**Q11: What is the role of the BC Ambulance Service in this program?**

- The program is a partnership with the BC Ambulance Service, which supports the venues receiving an automated external defibrillator (AED) by providing orientation for staff on how to correctly use and maintain the devices and as a support resource for when an AED is used on a sudden cardiac arrest patient.
- BC Ambulance Service has also created a registry linked to the ambulance dispatch information system, which maps all of the locations across the province where AEDs have been installed.
- When a bystander calls 9-1-1 for an ambulance, the dispatcher knows if there is an AED available at their location, and can assist the bystander to use the AED on the cardiac arrest patient.



**Q12: Is the Province considering implementing legislation around this?**

- At this time, making defibrillators mandatory in all highly used facilities is not something we are actively considering.
- I understand that some provinces offer limited incentives for facilities that install defibrillators and this may be something we discuss going forward.

- Our government encourages sports centres, arenas and other municipal facilities where people exercise to have portable defibrillators on site. However, at this time it remains a facility-specific decision.

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- If an individual is trained to provide this lifesaving service as part of their employment, different statutory requirements may apply, including the Health Professions Act or the Emergency Health Services Act.

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SETTINGS
SUPER USER

## ITEM HISTORY

Enter the Item Number of the history you want to view and then hit Enter on your keyboard.

Item Number  
1007383

### Selected Item

Date Completed	Item Number	Subject
4/2/2014	1007383	RUSH - MLA Moira Stilwell re Heart and Stroke and AED Awareness

### Approvals

Date Approved	User	Title
3/31/2014 9:44 AM	Nisbet, Corinna HLTH:EX	Item Approved.

### Comments

Comment Date	User	Title
4/2/2014 11:35 AM	Howe, Beverley A HLTH:EX	Program staff have advised that this assignment will be dealt with by GCPE directly to MO. Closing.
4/2/2014 11:15 AM	Perez De Tagle, Michael HLTH:EX	to docs processing for closing
4/1/2014 5:17 PM	John, Rebecca HLTH:EX	I have discussed with GCPE Carlene Thistle Walker. As there is conflict in information they are also producing she will take care of this with MO.
4/1/2014 4:25 PM	Rinta, Darcy HLTH:EX	As discussed.
3/31/2014 4:31 PM	John, Rebecca HLTH:EX	fact check assignment
3/31/2014 3:55 PM	Sanderson, Geoffrey HLTH:EX	To Rebecca for action/assign
3/31/2014 3:18 PM	Perez De Tagle, Michael HLTH:EX	Rush request - I think it might fall under Kirk Eaton's area. Thx
3/31/2014 3:08 PM	Simonson, Kathy HLTH:EX	Please assign to staff for rush info. Thx.
3/31/2014 11:40 AM	Griffiths, Kaitlyn HLTH:EX	FCS advised it is not theirs.
3/31/2014 11:38 AM	Griffiths, Kaitlyn HLTH:EX	Docs, staff have advised this is not PPH afterall, we think it should go to FCS or HSPQA. Thanks.
3/31/2014 9:44 AM	Nisbet, Corinna HLTH:EX	RUSH - Please assign asap.
3/31/2014 9:38 AM	Griffiths, Kaitlyn HLTH:EX	Corinna, rush due today (Mar 31) or first thing tomorrow morning (as Arlene is going to Van tomorrow).
3/31/2014 9:31 AM	Simonson, Kathy HLTH:EX	Pls assign as urgent. MO requesting to receive material by Apr 2; due date is Tues Apr 1st. Thx.

### Path

Path Date	User	Title
4/2/2014 11:35 AM	Howe, Beverley A HLTH:EX	Item completed with the reason Completed.
4/2/2014 11:15 AM	Perez De Tagle, Michael HLTH:EX	Item sent to DPU - Docs Processing.
4/1/2014 5:17 PM	John, Rebecca HLTH:EX	Item sent to HAD - Docs Coordinator.
4/1/2014 4:25 PM	Rinta, Darcy HLTH:EX	Item sent to John, Rebecca.
3/31/2014 4:31 PM	John, Rebecca HLTH:EX	Item sent to Rinta, Darcy.
3/31/2014 3:55 PM	Sanderson, Geoffrey HLTH:EX	Item sent to John, Rebecca.
3/31/2014 3:18 PM	Perez De Tagle, Michael HLTH:EX	Item sent to Sanderson, Geoffrey.
3/31/2014 3:08 PM	Simonson, Kathy HLTH:EX	Item sent to HAD - Docs Coordinator.
3/31/2014 11:38 AM	Griffiths, Kaitlyn HLTH:EX	Item sent to DPU - Docs Processing.
3/31/2014 9:44 AM	Nisbet, Corinna HLTH:EX	Item sent to Herman, Matt.
3/31/2014 9:38 AM	Griffiths, Kaitlyn HLTH:EX	Item sent to Nisbet, Corinna.
3/31/2014 9:31 AM	Simonson, Kathy HLTH:EX	Item sent to Griffiths, Kaitlyn.
3/31/2014 9:30 AM	Simonson, Kathy HLTH:EX	Item Created.

### DocumentPath

Upload Date	User	Title
3/31/2014 3:19 PM	Perez De Tagle, Michael HLTH:EX	Document [1007383 - Template - DM Assignments - MO-MLA Bullets] Uploaded.

3/31/2014 9:36 AM

Griffiths, Kaitlyn HLTH:EX

Document [1007383 MLA Sitwell req for Bullets re Heart and Stroke 2MS - AED] Uploaded.

3/31/2014 9:30 AM

Simonson, Kathy HLTH:EX

Document [1007383 - RUSH - MLA Stilwell - Heart and Stroke 2MS] Uploaded.

For support, email [Hlth.eApprovals@gov.bc.ca](mailto:Hlth.eApprovals@gov.bc.ca).


**From:** [Griffiths, Kaitlyn HLTH:EX](#)  
**To:** [Docs Processing HLTH:EX](#)  
**Cc:** [Cowan, Darynn HLTH:EX](#)  
**Subject:** 1007383 - RUSH - MLA Stilwell - Heart and Stroke 2MS  
**Date:** Monday, March 31, 2014 9:21:22 AM  
**Attachments:** [image001.gif](#)

---

Yes, this would be a PPH issue.

Thanks,

*Kaitlyn Griffiths*  
Documents Coordinator  
Assistant Deputy Minister's Office  
Population and Public Health  
Ministry of Health  
4-2, 1515 Blanshard Street  
Victoria BC V8W 3C8

 **Phone:** 250-952-1447

 **Email:** [Kaitlyn.griffiths@gov.bc.ca](mailto:Kaitlyn.griffiths@gov.bc.ca)



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**From:** Docs Processing HLTH:EX  
**Sent:** March-31-14 9:08 AM  
**To:** Griffiths, Kaitlyn HLTH:EX  
**Cc:** Cowan, Darynn HLTH:EX; Docs Processing HLTH:EX  
**Subject:** RUSH - MLA Stilwell - Heart and Stroke 2MS

Please confirm that I should assign this rush assignment to PPH.

Thanks so much,

Kathy Simonson

Program Coordinator / Documents Processing Unit / Deputy Minister's Office / Ministry of Health  
5-2 1515 Blanshard St, Victoria BC V8W 3C8

Telephone 250 952-1811

[kathy.simonson@gov.bc.ca](mailto:kathy.simonson@gov.bc.ca)

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**From:** Alaimo, Marie HLTH:EX  
**Sent:** March-28-14 3:36 PM  
**To:** Docs Processing HLTH:EX



Cc: Casanova, Tamara HLTH:EX; Foran, Grace E HLTH:EX  
Subject: Re: MLA Stilwell - Heart and Stroke 2MS

Sorry I meant Wednesday April 2nd :)  
M

Sent from my BlackBerry 10 smartphone on the TELUS network.

---

From: Alaimo, Marie HLTH:EX  
Sent: Friday, March 28, 2014 3:28 PM  
To: Docs Processing HLTH:EX  
Cc: Casanova, Tamara HLTH:EX; Foran, Grace E HLTH:EX  
Subject: Fw: MLA Stilwell - Heart and Stroke 2MS

Can we please have the below fact-checked by Wednesday April 3rd?  
Thanks!  
Marie

Sent from my BlackBerry 10 smartphone on the TELUS network.

**AED Awareness is one of the examples of the many effective advocacy programs spearheaded by the Heart and Stroke Foundation.**

**It is a portable device that can deliver an electric shock to help someone suffering cardiac arrest.  
These devices are safe to use and have already saved many lives.**

**The Heart and Stroke Foundation is building a network of AEDs across Canada.**

**You probably have seen them at rec centres, arenas and workplaces across the province.**

**The goal is to eventually make sure all Canadians have the knowledge and confidence to save someone's life by**

**performing CPR and using an AED.**

**Sudden cardiac arrest kills more than 2,000 British Columbians every year and can strike without warning. When someone goes into cardiac arrest, their heart stops pumping blood to their body.**

**Without oxygen and nutrients from blood, the person's brain and organs will be seriously damaged within three minutes.**

**After 12 minutes, the person is unlikely to survive.**

**But if you know CPR and have access to an AED, you can make a real difference.**

**The survival rate of someone suffering from cardiac arrest improves by 75 per cent — if they are given CPR and an AED is able to get their heart beating again.**

**Honourable Speaker, I encourage all Members of the House to do their part to raise awareness about AEDs.**

**The Heart and Stroke Foundation — in partnership with our government — is donating 450 AEDs to communities across British Columbia.**

**That is something I'm sure we all agree is great news.**

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**From:** [Sanderson, Geoffrey HLTH:EX](#)  
**To:** [Muttersbach, Paige HLTH:EX](#); [Bush, Donna HLTH:EX](#)  
**Subject:** Attachment to 1006595  
**Date:** Thursday, September 4, 2014 3:28:37 PM  
**Attachments:** [1640489f11.docx](#)

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attachment to those bullets. thx.

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## NEWS RELEASE

For Immediate Release  
2014HLTH0051-000708  
May 26, 2014

Ministry of Health  
Heart and Stroke Foundation  
BC Ambulance Service

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"BCAS paramedics and dispatch staff provide assistance to hundreds of sudden cardiac arrest patients each year. We see that early use of CPR and an AED use can greatly improve the survival rate of friend, family member, co-worker or community member who is experiencing a sudden cardiac arrest. Learning CPR and how to use an AED are life-saving skills everyone



should have,” said Dr. William Dick, vice-president of medical programs, BC Emergency Health Services.

The current survival rate for an out-of-hospital sudden cardiac arrest is only about 5%. Evidence shows that when CPR and AEDs are used together in the first few minutes during a sudden cardiac arrest, survival rates can be increased up to 75%. An AED is a safe, portable device anyone can use to deliver an electric shock to restart a heart in sudden cardiac arrest. The AED reads the heart rhythm and only delivers a shock if needed.

Sudden cardiac arrest is when the heart suddenly and unexpectedly stops beating, stopping blood from flowing to the brain or other vital organs. Without immediate help, a victim of sudden cardiac arrest will suffer brain damage within three minutes. After 12 minutes, survival is unlikely.

**Learn more:**

Watch Health Minister Terry Lake share the importance of AEDs and CPR:

[https://www.youtube.com/watch?v=0rPsPg\\_L3Zc](https://www.youtube.com/watch?v=0rPsPg_L3Zc)

For more information on the PAD Program, AEDs or sudden cardiac arrest, visit:

[www.BCPADProgram.ca](http://www.BCPADProgram.ca)

A backgrounder follows.

**Media Contacts:**

Kristy Anderson  
Media Relations Manager  
Ministry of Health  
250 952-1887 (media line)

Lisa Pilling  
Communications Officer  
BC Ambulance Service  
250 356-0449

Erika Callowhill  
Director, Marketing & Communications  
BC & Yukon, Heart and Stroke Foundation  
778 372-8015

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## BACKGROUND

For Immediate Release  
2014HLTH0051-000708  
May 26, 2014

Ministry of Health  
Heart and Stroke Foundation  
BC Ambulance Service

### **Heart attack or sudden cardiac arrest?** What's the difference?

#### **What is sudden cardiac arrest?**

- A sudden cardiac arrest occurs when the heart stops beating and the victim is no longer breathing.
- Sudden cardiac arrest can be caused by heart disease, drowning, stroke, electrocution, suffocation, drug overdose, motor vehicle accident or other injury.
- It can strike anyone, of any age, at any time. It does not discriminate.
- AEDs combined with CPR can save the life of someone experiencing sudden cardiac arrest by using an electrical shock to restart the heart.

#### **What is a heart attack?**

- A heart attack is a 'plumbing problem' where a blockage in a blood vessel interrupts the flow of blood to the heart causing death of heart muscle tissue.
- When somebody has a heart attack, they usually feel pain in their chest first.
- AEDs do not work on people having heart attacks. There is no disruption of the heart's electrical system during a heart attack. If someone tries to use an AED, they will not harm the victim, because the AED makes shock delivery decisions based upon the victim's heart rhythm, and will defibrillate only a shockable rhythm.

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**From:** [Henry, Effie HLTH:EX](#)  
**To:** [Sanderson, Geoffrey HLTH:EX](#)  
**Subject:** platform committment  
**Date:** Tuesday, July 16, 2013 1:59:03 PM  
**Attachments:** [Govt Platform Commitment AEDs.docx](#)  
**Importance:** High

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Pl store on LAN

From: [Meldrum, Erica HLTH:EX](#)  
To: [Collins, Teri HLTH:EX](#); [Marr, Ann HLTH:EX](#); [Henry, Effie HLTH:EX](#); [Seller, Leigh Ann HLTH:EX](#)  
Cc: [Korabek, Barbara HLTH:EX](#); [McDonald, Alana G ABR:EX](#); [Wilson, Mark GCPE:EX](#); [Sanderson, Geoffrey HLTH:EX](#); [Very, Carole HLTH:EX](#)  
Subject: URGENT - Information Required For July 15 Exec Committee Meeting: Papers for Item 5.2 - Platform Commitments  
Date: Friday, July 12, 2013 8:40:09 AM  
Attachments: [HLTH OPP Commitments \(May 2013 Master w divs id-d\).xlsx](#)  
[HLTH Gov Commitments \(Master May 2013 with divs id-d\).xlsx](#)  
Importance: High

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Good Morning Everyone –

A discussion on Platform Commitments has been placed on the July 15 Executive Committee meeting.

The Deputy's office has asked us to update the Government and Opposition Commitments that we supplied in May. If you made any changes, please highlight the information in yellow so we can see what has been changed and run this through Barbara.

If there are any changes, errors or omissions they are due to the DMO **today by 12 noon**. If the commitments that relate to your area do not require updating please let me know that as well.

I have also attached the Minister's mandate letter as this may affect some of the wording we included in May.

If you have any questions or concerns please let me know.

Thanks very much.

Sincerely,  
**Erica Evernden**

A/Manager, Executive Operations

Assistant Deputy Minister's Office | Health Authorities Division | Ministry of Health

Phone: 250.952.1125 | Fax: 250.952.1052

6-2, 1515 Blanshard Street, Victoria, BC V8W 3C8

**Government Platform Commitment:****BC Public Access to Defibrillation (PAD) Program****Background / Context:**

- The BC Public Access to Defibrillation (PAD) Program is a partnership between the Heart & Stroke Foundation and the provincial government. The initiative supports the installation of 450 AEDs in public venues, such as community centres, arenas, recreation centres, playing fields and parks, throughout B.C. over the next two years.
- BC Ambulance Service is also compiling a registry linked to the ambulance dispatch information system, which will map all of the locations in the province where AEDs have been installed.
- When a bystander calls 9-1-1 for an ambulance, the dispatcher will know if an AED is available at the location, and will assist the bystander to use the AED on the cardiac arrest patient.
- The Heart & Stroke Foundation and BC Ambulance Service (BCAS) have partnered to implement the BC PAD Program; BCAS paramedics provide on-site orientation and on-going program oversight for the BC PAD AED. BCAS has also linked the AED Registry with the ambulance dispatch system. This registry will enable a bystander who calls 9-1-1 to be directed by a BCAS dispatcher to the nearest AED. BCAS dispatchers can also assist bystanders to apply an AED during a medical emergency.
- Sudden cardiac arrest strikes suddenly and affects people of all ages. BCAS attends between 2,400-2,800 cardiac arrest calls each year. Fewer than 12 per cent of people who have a cardiac arrest survive. Without immediate help, someone in sudden cardiac arrest will suffer brain damage within three minutes, and after 12 minutes, it's unlikely they'll survive.
- Evidence shows the CPR coupled with defibrillation, or an electrical shock to the heart, increases the survival rate for sudden cardiac arrests which occur in public settings. An AED is a safe, portable device anyone can use to deliver an electric shock to restart a heart in sudden cardiac arrest. The AED reads the heart rhythm and only delivers a shock if needed.

**Analysis:**

- Create another \$2-million partnership between the provincial government and the Heart and Stroke Foundation to provide 450 automated external defibrillators (AEDs) in venues across the province such as community centres, arenas, recreation centres, playing fields and sports centres.

**Pros:**

- AEDs may help to prevent a death from stroke or heart attack
- 
- 

**Cons:**

- \$2M in one-time funding required -- could be done at year-end. Represents potential cost pressure to MoH as current budget assumptions assume a reduction in grants.



NR

Gov Commitment					
Commitment Identifier	Ministry	Platform Commitment (Source)	Policy Considerations	Fiscal Considerations	Legislative Considerations

G136 HAD	HLTH	<p>Create another \$2-million partnership between the provincial government and the Heart and Stroke Foundation to provide 450 automated external defibrillators (AEDs) in venues across the province such as community centres, arenas, recreation centres, playing fields and sports centres.</p> <p>Page 65</p>	No policy considerations; a funding issue.	\$2M in one-time funding required -- could be done at year-end. Represents potential cost pressure to MoH as current budget assumptions assume a reduction in grants.	None being considered
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NR



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# Saving Lives

## Public Access to Defibrillators Program



# Sudden cardiac arrest strikes suddenly and affects people of all ages

- Sudden cardiac arrest (SCA) doesn't discriminate; it can strike **anyone, anywhere, anytime**
- SCA is one of the leading causes of death among adults in North America and can in some cases affect children
- Over 2000 British Columbians die from sudden cardiac arrest every year
- Two thirds of SCAs occur without previous history of heart disease



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# SCA means the heart unexpectedly and abruptly quits beating



- In SCA, the heart is no longer able to pump blood to the rest of the body
- This is usually caused by an abnormal heart rhythm called ventricular fibrillation, or VF
- SCA is not a heart attack, which is a 'plumbing problem' where a blockage in a blood vessel interrupts the flow of blood to the heart causing an infarction
- In an SCA, VF (or the abnormal rhythm) occurs when the electrical signals that control the pumping ability (contractions) of the lower chambers of the heart (ventricles) suddenly become rapid and chaotic
- The ventricles begin to quiver and can no longer pump blood from the heart to the rest of the body
- During VF it is often possible to shock the heart back into a normal rhythm using an AED



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# The only treatment for VF is early defibrillation by electric shock

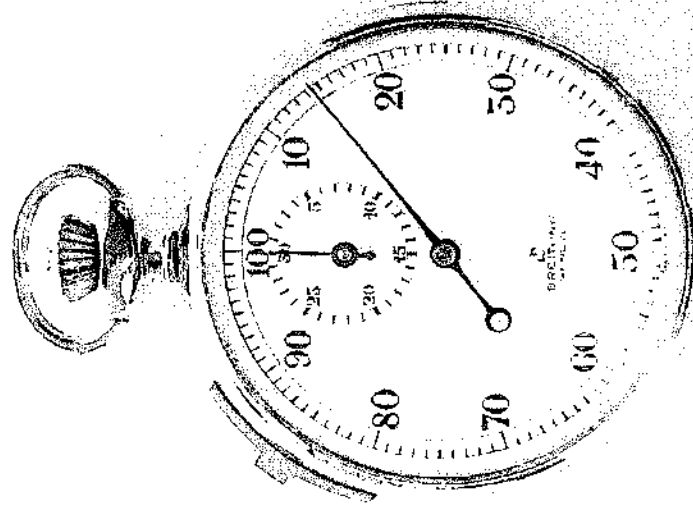
- An AED is a small, portable, easy to use device that can tell if the heart has stopped beating effectively
- An AED is capable of identifying life threatening rhythms causing cardiac arrest that can be converted by electrical shocks to a normal rhythm
- AEDs are completely safe and will ONLY shock a shockable (or correctable) rhythm
- If no shockable rhythm is detected, no shock can be given and the provider must perform CPR until advanced life support arrives



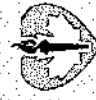
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# For each minute that passes without defibrillation, a person's chance of survival decreases by about 10%



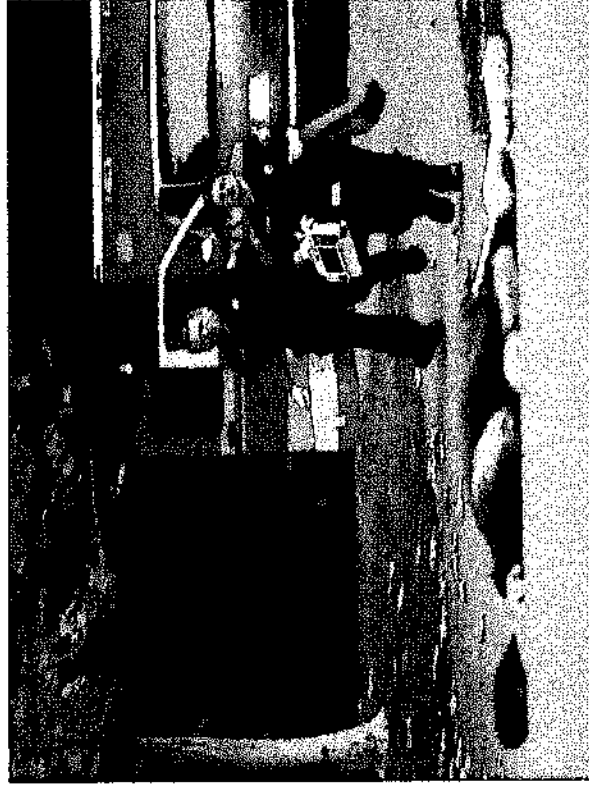
- Studies have shown that an SCA victim in VF has a 75% chance of survival if defibrillated within 3 minutes of a collapse
- Every minute a person in VF is not defibrillated, their chance of survival decreases by 7-10%
- After 10 minutes, very few SCA victims survive
- The average survival rate for an out-of-hospital SCA is only 5%



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# In many situations, people are dying in public spaces before first responders can arrive



- Nearly 80% of SCAs happen outside a hospital
- It often takes 9 minutes or more for first responders to arrive → *BC median response time is 9.3 minutes*
- Often, members of the public stand by, watching helplessly
- In BC, 37% of the population live in small, rural communities and unincorporated areas where EMS response times are significantly longer



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# 95% of people suffering an SCA outside a hospital will not survive

- The Chain of Survival consists of a series of seven links that give the victim of a medical emergency the best chance of living
- All links in the Chain of Survival are important to reduce death and disability from heart disease and stroke
- Early defibrillation is perhaps the most key link in the Cardiac Chain of Survival
- Many trials have shown the success of using AEDs in community settings with trained responders – in most cases tripling (or even better) survival rates



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# Solution: Increase public access to AEDs in public places



- By placing AEDs in public spaces we can strengthen the Chain of Survival and help increase the survival rates (up to 75%) of SCA victims who collapse in public places
- This has been demonstrated in many jurisdictions, most recently in Ontario where they have documented the number of lives saved over the past few years; they are now at over 30  
*→ now HTH  
 CPRers  
 Cent HTH  
 school*
  - Victims who receive early defibrillation in conjunction with bystander CPR:
    - Arrive at the hospital in better condition and have shorter hospital stays
    - Are more likely to be discharged from the hospital to home rather than a care facility
- Placing AEDs in public places is a proactive and preventative step to safer and better prepared communities



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# The Heart and Stroke Foundation is working to save lives by placing AEDs in public locations across BC

- The Heart and Stroke Foundation has developed a Public Access to Defibrillator (PAD) Program model to help save the lives of British Columbians
- It is a robust program developed over one year, based on:
  - an evidence review of peer-reviewed literature
  - consultation with medical and AED program experts
  - key learnings from respected PAD Program researchers
  - best practices of successful programs across North America



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# Through the PAD Program we will place AEDs in high traffic, and strategic public locations

- Three year program targeting:
  - all BC recreation facilities and community centres in Year 1 = approximately 200 AEDs
  - high traffic parks, beaches, libraries, and other priority public venues in Year 2 = approximately 200 AEDs
  - high activity BC secondary schools or in Year 3 = approximately 250 AEDs



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# AEDs also need to be placed in rural and remote communities

- In some remote communities, organized rescue response times are much longer than the median response time of 9.3 minutes
- We need to close the gap on emergency services response time
  - Many communities between 10-30,000 residents have no PAD programs
  - volunteer fire departments in smaller communities are less likely to have an AED
  - very few First Nations reserves have AEDs and a formal emergency response program



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# The BC PAD program will safely and effectively save lives

Through the BC PAD Program we are:



Public Education/  
Awareness

1. Developing and implementing an awareness campaign about AEDs and where British Columbians can expect to find them



AED Placement/  
Deployment

2. Creating protocols to ensure standard installation, deployment and signage, making it easy to recognize and use them



AED Training

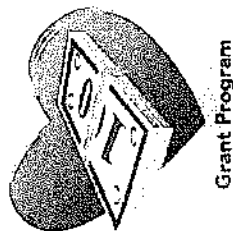
3. Offering training as part of broader lifesaving training initiatives; people who receive AED training will also receive bystander CPR training as that is an important and essential part of a SCA rescue



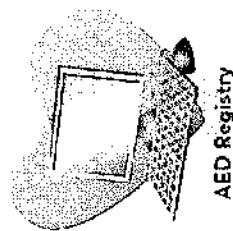
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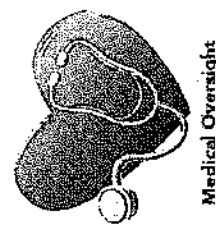
# The BC PAD program will safely and effectively save lives



4. Setting up a grant program to help place AEDs in public places at a lower cost



5. Linking with 9-1-1 dispatch through an AED registry to inform callers if an AED is available at their location. Eventually, the registry will also to send maintenance reminders, and collect data to help refine the PAD program



6. Ensuring venues with PAD Program AEDs are adequately supported by trained medical professionals



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# We will work with government to establish appropriate legislation to enable the PAD program



- We will also seek AED-related legislation requiring strategic public spaces to have AEDs on site and clarifying that AED users are exempt from liability under the *Good Samaritan Act*
- The Manitoba Legislature passed *The Defibrillator Public Access Act* on June 9<sup>th</sup>, 2011
- The Act allows the government to designate premises in which owners will be required to install AEDs that are accessible to the public and will also be required post clear signage indicating where AEDs are located and how to use them. It also clarifies liability of users.
- All AEDs must also be registered with an AED registry

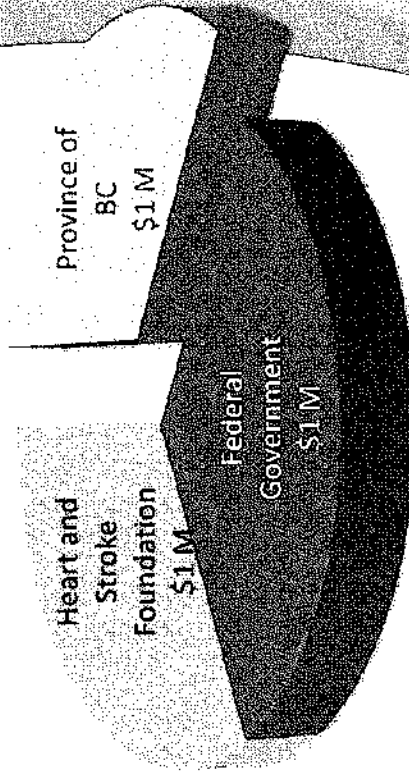


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# We are seeking your support

To start saving lives today, we respectfully request:

- A \$300,000 grant to the Heart and Stroke Foundation to contribute to the development and implementation of the BC Public Access to Defibrillators Program
- A \$700,000 grant to the Heart and Stroke Foundation to administer a grant program for the purchase and installation of defibrillators in target PAD Program priority locations along with the necessary training
- Development of BC legislation similar to Manitoba's Defibrillator *Public Access Act* to enable access and uptake of the BC PAD Program



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**With your support,  
we can start saving lives today**



**Contact:**  
Mark Collison, Director of Advocacy  
Heart and Stroke Foundation  
[mcollison@hsf.bc.ca](mailto:mcollison@hsf.bc.ca)



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# BC Public Access to Defibrillators Program

Public Access Defibrillation (PAD) programs focus on coordinating the placement of Automated External Defibrillators (AEDs) in strategic locations throughout the community where there is a chance someone could suffer a sudden cardiac arrest.

Sudden cardiac arrest (SCA) occurs when the heart unexpectedly stops beating effectively. SCA is a major cause of death in British Columbia. It can happen at any age. It can happen anywhere and anytime, but it usually happens in the home, workplace, or community, away from the advanced life support available in the hospital.

In sudden cardiac arrest, the heart no longer pumps blood to the brain. Without the oxygen and nutrients supplied by the blood, brain cells begin to die within minutes, and death soon follows. Cardiopulmonary resuscitation (CPR) can help maintain oxygenation and blood circulation, but unless defibrillation is performed quickly, survival is unlikely.

For a few minutes before the heart stops completely, it usually goes into a rhythm called ventricular fibrillation (VF), a quivering of the heart muscle. During VF, it is often possible to shock the heart back into a normal rhythm with a device called an Automated External Defibrillator (AED). The AED analyzes the heart's electrical activity through pads applied to the chest and determines if a shock is needed. The window of opportunity for using an AED is small – defibrillation is more successful if performed within three minutes of the cardiac arrest. Studies show that the chances of survival decrease 7 - 10% with every minute that passes after the arrest.

Through the BC Public Access to Defibrillators Program currently in development, The Heart and Stroke Foundation is working to provide prompt defibrillation to victims of sudden cardiac arrests in public places, including recreation and community centres, swimming pools, arenas, busy parks and beaches and larger secondary community, also known as high activity, schools.

## The Cardiac Chain of Survival

Early defibrillation is a key link in the Chain of Survival™. The Chain of Survival™ consists of a series of seven links that give the victim of a medical emergency the best chance of living:

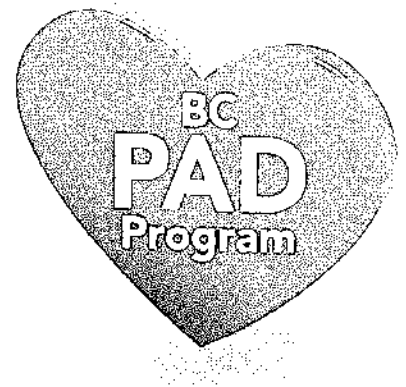
### Chain of Survival™



All links in the Chain of Survival™ are important to reduce death and disability from heart disease and stroke. The Chain of Survival™ is only as strong as its weakest link. The success of each link depends on the link immediately before and after. Recognizing the warning signals of cardiac arrest and reacting by rapid notification of the Emergency Medical Services system (by calling 9-1-1 or other emergency response number), helps to get an AED to the victim quickly and reduce delay to defibrillation.

## The Need for a PAD Program in British Columbia

Unfortunately in British Columbia early defibrillation is seldom available to victims in public places. Public AED placement is sparse, and the median Emergency Medical Services response time is 9.3 minutes. By placing AEDs in public spaces across the province we can strengthen the Chain of Survival and help up to 75% of SCA victims survive. SCA victims who receive early defibrillation have shorter recovery times and are more likely to lead healthy, productive lives.



Sudden cardiac arrest strikes without warning, killing 35-45,000 Canadians each year — that's one person every 12 minutes.

Sudden cardiac arrest doesn't discriminate. It can strike anyone at any time in any place. Even people who are young, healthy, and in can survive. To survive cardiac arrest, and without access to an AED, they are unlikely to survive.



Less than 5% of individuals who suffer a SCA out of hospital survive. Survival rates fall by 7-10% for every minute that passes without defibrillation.

Public access to AEDs will help save lives.

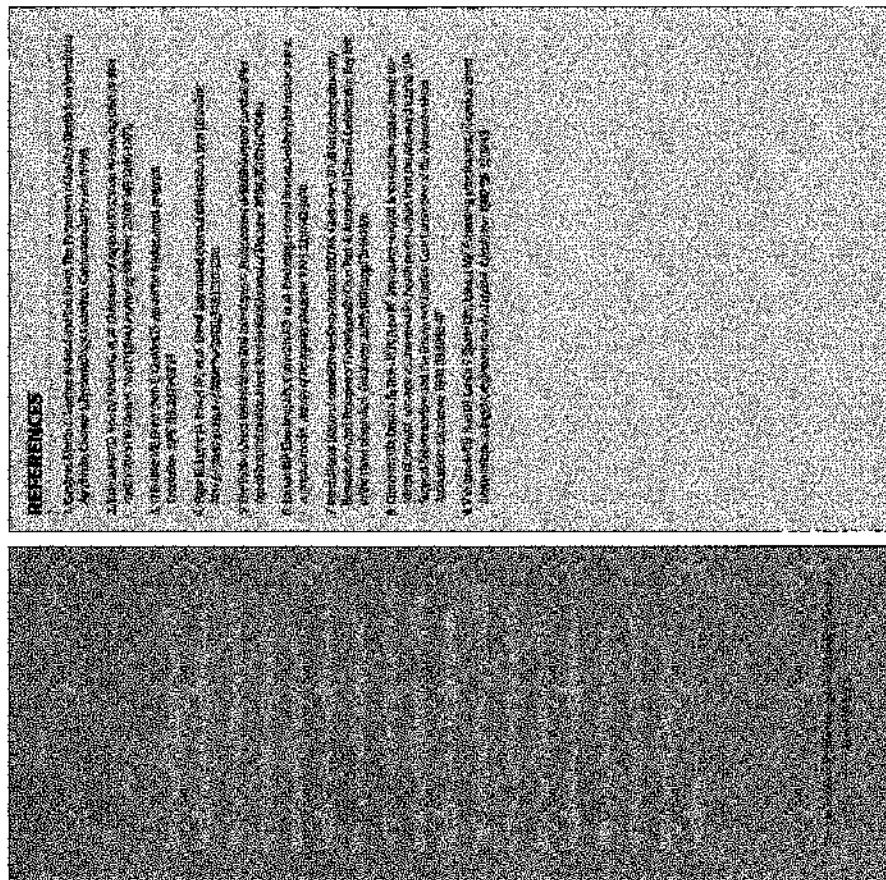


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# Position Statement

## PUBLIC ACCESS TO AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)



### REFERENCES

1. Canadian Council on Learning. *Heart and Stroke: The Foundation of Health Canada's Strategy for Cardiovascular Disease Prevention*. Ottawa: Canadian Council on Learning; 2006.
2. The Canadian Heart and Stroke Foundation. *Heart and Stroke: The Foundation of Health Canada's Strategy for Cardiovascular Disease Prevention*. Ottawa: Canadian Council on Learning; 2006.
3. The Canadian Heart and Stroke Foundation. *Heart and Stroke: The Foundation of Health Canada's Strategy for Cardiovascular Disease Prevention*. Ottawa: Canadian Council on Learning; 2006.
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10. The Canadian Heart and Stroke Foundation. *Heart and Stroke: The Foundation of Health Canada's Strategy for Cardiovascular Disease Prevention*. Ottawa: Canadian Council on Learning; 2006.



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# Position Statement

## PUBLIC ACCESS TO AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

### FACTS

- Cardiac arrest is the heart. Arrest means stop. Sudden cardiac arrest is the sudden and unexpected loss of heart function in a person.
- Signs of cardiac arrest include: no breathing, no movement or response to initial rescue breaths, and no pulse.
- In Canada, 35 000 to 45 000 people die of sudden cardiac arrest each year.
- An automated external defibrillator (AED) is a device containing sophisticated electronics used to identify cardiac rhythms, and to deliver a shock to correct a dangerous electrical activity in the heart. An AED will only advise the individual using the device to deliver a shock if the heart is in a rhythm which can be corrected by defibrillation.
- AEDs are safe, easy to use, and can be used effectively by trained medical and non-medical individuals. Trained responders have effectively used AEDs in many public settings, including: casinos, airport terminals, and airplanes.<sup>1,2</sup> Trained laypersons can use AEDs safely and effectively.<sup>3</sup>
- An AED is an efficient and effective means of achieving rapid defibrillation in both the out-of-hospital and in-hospital setting.
- For every one minute delay in defibrillation, the survival rate of a cardiac arrest victim decreases by 7 to 10%. After more than 12 minutes of ventricular fibrillation, the survival rate of adults is less than 5%.
- Currently there is insufficient evidence to support a recommendation of whether or not to use AEDs for children less than 1 year of age.
- Across Canada, some provinces regulate the use of AEDs, while other provinces do not. Information about individual provincial regulations can be obtained from the provincial Heart and Stroke Foundation offices.



Revised August 2006

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## Position Statement

### PUBLIC ACCESS TO AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

#### RECOMMENDATIONS

The Heart and Stroke Foundation of Canada recommends that:

1. Have widespread access to automated external defibrillators.
2. Be trained and encouraged to apply cardiopulmonary resuscitation (CPR) and AED skills when needed.
3. Who are targeted responders be authorized, trained, equipped and directed to operate an AED if their responsibilities require them to respond to persons in cardiac arrest.

#### Governments:

4. Establish provincial legislations or legislation to ensure immunity of the overseeing physician and responders from liability including gross negligence or willful misconduct.

#### Training Agencies:

5. Ensure that AED programs meet or exceed guidelines for AED and CPR training established by the Heart and Stroke Foundation of Canada (HSFC).
6. Consider the use of a medical director for instruction or instructor Trainer courses. A medical director may not be required for AED provider courses.

#### Pre-hospital Planners and Providers:

7. Advocate for strengthening the Chain of Survival<sup>®</sup> and ensure access to AEDs by responders in all Canadian communities. In the future, efforts to expand the use of AEDs by the general public may be warranted.

#### BACKGROUND INFORMATION

Arrhythmias (abnormal heart rhythms) such as ventricular fibrillation cause most sudden cardiac arrests. Early defibrillation is the intervention that is most likely to improve survival rates. The time between the onset of cardiac arrest and the use of an AED is the major determinant for success of the resuscitation attempt. While CPR helps to maintain circulation and ventilation in a victim of cardiac arrest for a short period of time, it is unlikely to convert ventricular fibrillation to a normal heart rhythm. Restoring a normal heart rhythm requires defibrillation to be provided within a few minutes of the arrest. If an AED is immediately applied to a victim of cardiac arrest due to ventricular fibrillation, the likelihood of survival is high.



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## Position Statement

### PUBLIC ACCESS TO AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

Defibrillation is a key link in the Chain of Survival<sup>®</sup>. The Chain of Survival<sup>®</sup> consists of a series of seven links that give the victim of a medical emergency the best chance of living. These links are:

- Healthy choices.
- Early recognition.
- Early access to emergency care.
- Early CPR.
- Early defibrillation.
- Early advanced cardiac care.
- Early rehabilitation.

All links in the Chain of Survival<sup>®</sup> are important in reducing death and disability from heart disease and stroke.

The Chain of Survival<sup>®</sup> is only as strong as its weakest link. The success of each link depends on the link immediately before and after. Recognizing the warning signs of cardiac arrest and reacting by rapid notification of the EMS system by calling 9-1-1 or other emergency response number, helps to get the AED to the victim quickly and reduce delay in defibrillation.

Almost all clinical studies have shown that bystander CPR can help to improve survival rates. Bystander CPR is the best treatment that a cardiac arrest patient can receive until a defibrillator and advanced medical care arrive. CPR training teaches Canadians how to recognize the signals of a heart attack and cardiac arrest, how to react, and how to provide CPR until EMS arrive, shortening the time to defibrillation.

#### Early Defibrillation

##### Targeted Responders in the Community

HSFC recommends that targeted responders be authorized, trained, equipped, and directed to operate an AED safely and effectively. A targeted responder is any person who, as a part of their job description as a professional primary health care provider or a professional first responder, has the duty to respond to a medical emergency. Targeted responders may include any healthcare provider or any first responder whose occupation or volunteer activities demand proficiency in the knowledge and skills of basic life support (BLS).

##### Lay Responders

Lay responders in facilities with a high likelihood of a cardiac arrest event (i.e. every 2 years) can also be effective. The Public Access Defibrillation (PAD) trial demonstrated a doubling of survival rates from 15% to 30% in facilities with high likelihood and with trained staff always available. All facilities with a high likelihood of cardiac arrest should incorporate AED programs into their comprehensive emergency response plans.

##### In-hospital

The concept of early defibrillation can be applied to the in-hospital resuscitation setting. The goal of early defibrillation in-hospital is a

collapse-to-shock interval of less than 3 minutes in all areas of the hospital and ambulatory care facilities. AED technology poses unique opportunities for in-hospital resuscitation. Hospitals are encouraged to examine their policies and procedures for cardiac arrest and resuscitation to determine if use of AEDs within the hospital setting could reduce time to defibrillation. It is always when professionals are trained in advanced cardiac life support, are not immediately available, AED training should be provided as a basic skill for healthcare providers. AEDs should remain readily available in strategic areas throughout hospitals to help reduce the time from collapse to defibrillation.

#### Unique Situations

Current data suggests that AEDs are an effective intervention for sudden cardiac arrest, and may be an effective intervention in settings where there is a high likelihood of cardiac arrest such as airports, casinos, commercial aircraft cabins and in other settings where large numbers of high-risk adults may be located.<sup>24</sup>

Defibrillation is effective only if performed shortly after cardiac arrest. Urban and rural communities need to determine the degree to which they are capable of getting an AED to a victim of cardiac arrest in time for resuscitation efforts to be effective, and consider placement of AEDs where the chance of ambulance response is low, such as on ferries or airplanes.

#### Access to Defibrillation

HSFC encourages widespread access to AEDs in Canada. In some provinces, enabling legislation and regulatory changes may be required. HSFC recommends that early defibrillation programs operate within systems which:

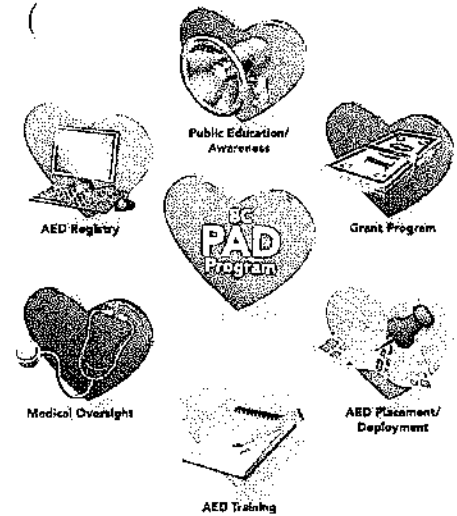
- integrate basic life support and/or advanced cardiac life support training with AED training, as appropriate.
- integrate the provision of AEDs within the health care system and establish linkages with the EMS system.
- consider the response time of the local EMS system when acquiring and placing AEDs in a community and/or workplace.
- place the program within the medical oversight of a physician and ensure immunity of the responding physician and responders from liability.
- establish a system of quality assurance to include the review of all clinical events when an AED is used.
- include a mechanism for data collection, evaluation and reporting on outcomes.
- train with respect to defibrillation, for training and re-training.
- ensure public awareness of the role of early defibrillation in cardiac arrest, etc.
- receive training from an accepted and recognized training agency.



www.heartandstroke.ca

## Overview of the BC PAD Program

The PAD Program model was designed based on an evidence review of peer-reviewed literature; a series of interviews with experts in BC and across Canada; key research data from respected researchers such as the Resuscitation Outcomes Consortium; the best practices of successful programs across North America; and in consultation with the team at the Heart and Stroke Foundation.



### AED Placement/Deployment

The Heart and Stroke Foundation is developing a multi-phased PAD Program focused on strategically placing AEDs in all BC recreation and community facilities in year one, broadening to other high traffic public sites such as parks, beaches, and libraries year two, and in high activity BC secondary schools in the program's third year. AEDs will also be placed in rural, remote communities where organized rescue response times are longer. The goal of the program is to make AEDs commonplace in public spaces across BC.



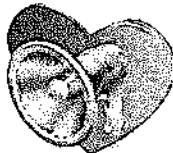
### AED Training

The PAD program will help people become familiar with AED use and through training will teach them how easy it is to open an AED and follow the voice prompts during a rescue. People who receive AED training will also learn bystander CPR.



### AED Registry

A priority of the PAD Program is to link with 9-1-1 dispatch to inform callers if an AED is available at their location. The registry would serve as a database system that keeps track of where AEDs are placed. Eventually, the registry would not only track AED locations, but also to send maintenance and training reminders, and collect data to help refine the PAD program.



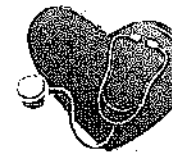
### Awareness and Education

Through the PAD Program, HSF is developing and implementing an awareness campaign about AEDs and where British Columbians can expect to find them. Protocols will ensure standard installation and signage, making it easy to recognize AEDs.



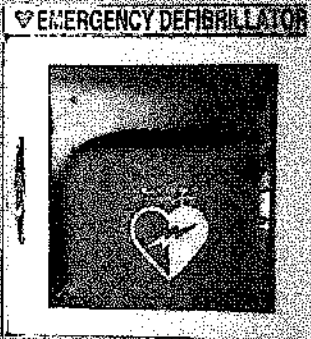
### Grant Program

A grant program may help place AEDs in public places at a lower cost. The average AED package costs approximately \$3500.00. The program administrators will receive and evaluate applications from target locations and provide financial support to acquire an AED.



### Medical Oversight

Trained medical professionals will be responsible for overseeing the development of a venue's SCA response plans, handling and analyzing AED data after an SCA, debriefing venue staff and others following an SCA, and consulting with venue staff about the AED, as required.



**An Automated External Defibrillator (AED)** is a safe and easy-to-use portable device used to deliver lifesaving electric shocks to SCA victims. An AED will only shock a shockable heartbeat. A bystander or trained professional can simply attach the pads to a person's chest and push the button when alerted by the AED. The AED demonstrates what to do throughout every step using voice prompts and on-screen instructions, including how to perform CPR.

The Heart and Stroke Foundation is working with the government to establish legislation:

- requiring all public places to have AEDs onsite
- to protect responders from liability while using an AED.

For more information, please contact the Manager of Patient Programs at: 604-737-3415.



SAVES AREN'T ALWAYS MADE BY THE GOALIE  
JUST ASK JIRI FISCHER

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**HEART &  
STROKE  
FOUNDATION**

*Finding answers. For life.*

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## **Perry, Nancy L HLTH:EX**

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**From:** Andrachuk, Andrea HLTH:EX  
**Sent:** Thursday, October 8, 2015 12:11 PM  
**To:** Jukes, Shaina HLTH:EX  
**Cc:** Wade, Debbie HLTH:EX; McCormick, Erika HLTH:EX; Docs Processing HLTH:EX  
**Subject:** FW: Minister Mtg Oct 15 Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison (Cliff 1040923)  
**Attachments:** 1040923 - Mtg Material - Minister mtg Heart and Stroke Foundation, Adrienne Bakker, CEO, Mark Collison.docx; AED Placement as of 15AUG31.pptx; BC PAD Program Status Report March 31 2015 FINAL.PDF; 1039359 - Bullets re Urging Installation of AEDs in all Schools in BC (M....docx

Hi Shaina,

Here is also, the material attached from our AED gap analysis to include this explanation:

Staff in our Healthy Living Branch connected with Heart and Stroke Foundation and have provided the attached most recent report on progress.

HSF has approx. 150-200 AEDs available to distribute to schools through partnering with school districts and they have been working with MED on how best to connect with School Districts to extend the BC PAD Program into select schools in the province. <sup>s.13</sup>

s.13

MoH provided \$1M in 2011/12 and another \$1M in 2013/14 to HSF for this program.

Many thanks,

**Andrea Andrachuk** | Manager/Executive Operations  
Office of the Deputy Minister  
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

**From:** Docs Processing HLTH:EX  
**Sent:** Thursday, October 8, 2015 11:53 AM  
**To:** Jukes, Shaina HLTH:EX  
**Cc:** HLTH Ministers Office; Docs Processing HLTH:EX; Foran, Grace E HLTH:EX; Andrachuk, Andrea HLTH:EX; Stearn, Anne HLTH:EX; Benbow, Nicole C HLTH:EX; Henshall, Julia HLTH:EX; Michell, Jennifer HLTH:EX  
**Subject:** Minister Mtg Oct 15 Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison (Cliff 1040923)

Hi Shaina:

Attached is material prepared for the above noted Minister's meeting, by Health Services Policy Division and Population & Public Health. It has been approved by Arlene Paton, ADM, Sharon Stewart, ED and by our Finance Division. Andrea has reviewed on Grace's behalf.

Thanks so much,

Kathy Simonson  
Program Coordinator / DPU / Deputy Minister's Office / Ministry of Health  
5-3 1515 Blanshard St. Victoria BC V8W 3C8  
Telephone 250 952-0998

[kathy.simonson@gov.bc.ca](mailto:kathy.simonson@gov.bc.ca)

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## **MEETING MATERIAL**

**Cliff #:** 1040923

**PREPARED FOR:** Honourable Terry Lake, Minister of Health

**TITLE:** Minister of Health Meeting with the Heart and Stroke Foundation

**MEETING REQUEST/ISSUE:** At the request of the Heart and Stroke Foundation, Minister Lake will meet with Ms. Adrienne Bakker, CEO and Mr. Mark Collison, Director, Advocacy & Stakeholder Relations. The agenda will be regarding funding for year two of the signs of stroke public awareness campaign – FAST, and their BC Public Access to Defibrillation program.

**SHOULD MINISTRY STAFF ATTEND THIS MEETING:** Yes; Lynn Stevenson, Associate Deputy Minister, Arlene Paton, ADM, Population and Public Health.

### **BACKGROUND:**

The Heart and Stroke Foundation (the Foundation) is one of Canada's largest health charities. Over the last 60 years, the Foundation states they have invested more than \$1.39 billion in heart and stroke research, making them the largest contributor in Canada after the federal government.

The Foundation's mission is to prevent disease, save lives and promote recovery. Their vision is a world where Canadians live healthy lives free of heart disease and stroke. The Foundation is committed to having the greatest tangible impact in improving the health of Canadian families every day.

The Ministry continues to partner or liaise with the Foundation on the following programs and projects:

### **Signs of Stroke Public Awareness Campaign – FAST**

The Foundation launched a new campaign to teach Canadians how to quickly recognize the signs of a stroke. Simplified from the previous five signs of stroke, the new campaign is based on the FAST schema (Face – is it drooping? Arms – can you raise both? Speech – is it slurred or jumbled? Time – to call 911 right away).

The Foundation wants to reach as many people as possible – particularly younger people, as stroke rates among 20-40 year olds are rising. Knowing the signs and calling 911 means an individual can receive treatment quickly. This is critical as "time is brain" when having a stroke and data shows that many people are uncertain of when to act. One-third of all those having a stroke in Canada wait too long for help and the longer people delay, the worse the outcome.

In BC, stroke is the leading cause of acquired long-term disability, the third leading cause of death and a leading cause of dementia. An improved system of stroke care continues to be a Ministry priority. This includes efforts on both prevention and management of stroke and programs for optimal recovery and reintegration for people who have experienced stroke. It is also important that the public is aware of the urgency of stroke, recognize the signs and get to the hospital as soon as possible to receive time-sensitive treatments that may reverse the effects of stroke or minimize mortality, morbidity and disability.

According to the Foundation:

- Only 44 percent of BC respondents can name two signs of stroke (2011).
- Thirty one percent of all those having a stroke do not arrive at hospital by ambulance therefore delaying treatment (2012).
- Almost 60 percent of stroke patients arrive at hospital too late to be considered for tPA (tissue plasminogen activator) (within 4.5 hours) (2012).

On May 26, 2015, the Minister participated in an event at the legislature hosted by the Foundation which offered education regarding FAST and risk factors for stroke. Government funding to support the awareness campaign was announced at the event.

Ministry staff confirmed with Stroke Services BC (a program of the Provincial Health Services Authority) that they are not aware of any issues relevant to the meeting.

#### **BC Public Access to Defibrillation (PAD) Program**

- The BC PAD program is a partnership between the Foundation, the BC Government and BC Emergency Health Services to place automated external defibrillators (AEDs) in public places. AEDs deliver a shock that helps restore normal heart rhythm in people who are suffering sudden cardiac arrest.
- As part of the BC PAD program, AEDs placed in public places province-wide are registered with a central registry. The BC PAD Registry allows 911 dispatchers to direct callers to the nearest AED.
- As of September 30, 2015, 370 AEDs have been placed in various public venues in BC communities (see attachment “BC Public Access to Defibrillators Program” for information on number of AEDs placed by venue type).
- Phase II of the PAD Program will focus on expanding the criteria for AED placement to include other public places like schools, ferry terminals, and BC parks. The Heart and Stroke Foundation is advocating for government to introduce legislation that will make AEDs mandatory in public spaces.

- On August 20, 2015, Mr. Jim Iker, President of the British Columbia Teachers' Federation sent a letter addressed to Ministers Bernier and Lake to advocate for the installation of AEDs in all schools in BC, based on evidence that early defibrillation significantly increases the survival rate of victims in cardiac arrest. s.13

s.13

#### **Informed Dining:**

- The Informed Dining program was developed in collaboration with the Foundation and they have remained a key partner since 2011 when the program was first launched.
- Sixty two brands and over 2,000 restaurant outlets in BC have fully implemented the program, including 22 national chains.
- The Foundation is facilitating a comprehensive evaluation of the program and a full report is expected by fall 2015.
- The Foundation supports the foundational concept of the program but wishes to see it strengthened by removing consumer barriers to accessing nutrition information (i.e. upon request) and implementing menu labelling.

#### **Healthy Eating:**

- The Foundation was a member of the Healthy Eating Leadership Council, which provided input into the update of the healthy eating strategy (still in development). Moving forward, the Foundation will continue to be an important partner in the implementation phase.

#### **Physical Activity:**

- The Foundation was a key member of the BC Physical Activity Leadership Table, which provided input into the development of the physical activity strategy and will be an important partner in the implementation phase.

#### **Tobacco Control:**

- Ministry liaises with the Foundation (along with the Clean Air Coalition, Canadian Cancer Society, and BC Lung Association) for briefings on tobacco control initiatives.

**Healthy Communities:**

- The Ministry is a member of a partnership initiative with the Foundation to develop curriculum and deliver training that will enable Environmental Health Officers and other health professionals to develop the competency required to effectively work with local governments to advance healthy built environments. Other partners involved in this project include the five regional health authorities, Provincial Health Services Authority (PHSA), the Union of BC Municipalities and the Canadian Institute of Transportation Engineers.

**FINANCIAL IMPLICATIONS:**

Since 2001, the Ministry of Health and the PHSA have combined to provide the Foundation with approximately \$14.9 million to support heart attack and stroke prevention, educational and promotional activities, and other related initiatives. This funding includes \$2 million from the Ministry to support public access to AEDs (\$1 million in 2011/12 and \$1 million in 2013/14). PHSA funding includes \$1.25 million from 2011/12 to 2014/15 to the Foundation, to support the Informed Dining initiative.

The proposed BC-based FAST public awareness campaign is estimated to cost \$740,000, of which \$100,000 will be supported by the Foundation. In March 2015, the Foundation requested the Ministry of Health provide the remaining \$640,000. The Ministry of Health provided \$500,000 to the Foundation in March 2015, to support FAST.

**ADVICE:**

The Ministry of Health supports the system improvement work the Foundation has undertaken, including the campaign to raise public awareness of the signs of stroke.

We look forward to continuing our partnership with the Foundation and all the good work it does to support British Columbians in making healthy lifestyle choices.

**Program Areas:** HSD, PPH, FCS

**Date:** October 8, 2015

# BC Public Access to Defibrillators Program – Phase II AED Placement





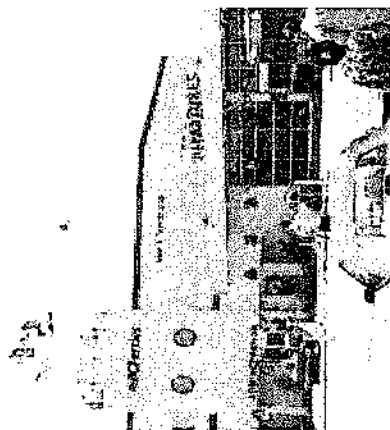
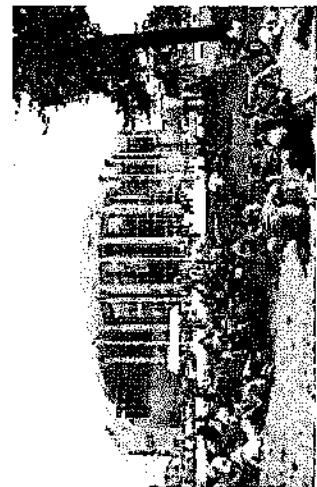
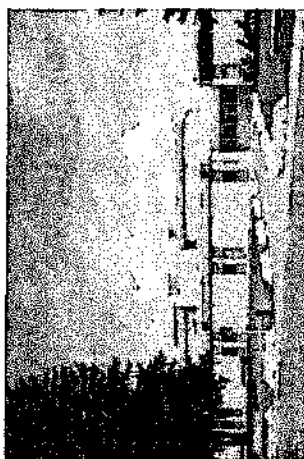
# Number of AEDs Placed by Venue Type

as of September 30, 2015

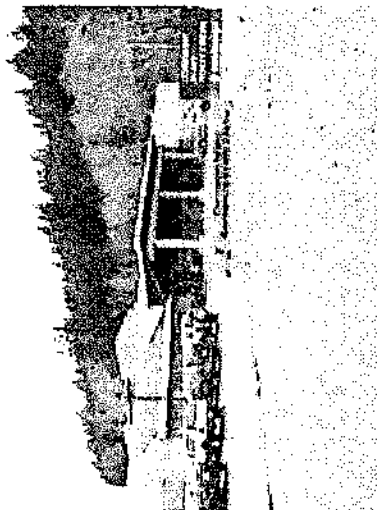


Community centers and halls (including Boys and Girls Club and legion)	91
Arenas and curling rinks	42
Libraries	40
Municipal facilities (such as municipal halls, campgrounds, information visitor centres, airports, train station)	39
Recreation centers (including bowling lanes, BMX track)	34
Senior centers and complexes	22
Pools	18
Busy municipal or regional district parks & beaches	15
Busy playing fields	12
Municipal golf courses	12
Medical or community health clinics (including medical transportation buses)	12
Miscellaneous (church halls, animal shelters, university SUBs)	12
Cultural venues (art galleries, theatres, museums, Aboriginal Friendship Centresx2)	13
Busy day use provincial parks	8
<b>TOTAL PLACED TO DATE</b>	<b>370</b>

# Phase II Placement



- 450 AEDs over next 2 years
- Criteria expanded to include other public places like select schools, ferry terminals, BC parks, transit and Aboriginal friendship centres
- Public awareness campaign ongoing



# BC Public Access to Defibrillation Program

## An Interim Report Prepared for the Ministry of Health



### Progress as of March 2015

#### Background

- Over 2000 British Columbians die from a sudden cardiac arrest (SCA) each year.
- Most SCAs happen outside of hospitals and in public places where they are witnessed.
- SCA means the heart unexpectedly and abruptly quits beating because of abnormal heart rhythms.
- An AED is a safe and easy-to-use portable device that delivers lifesaving electric shocks that treats these abnormal rhythms. An AED in conjunction with CPR doubles the rate of survival from a SCA.
- With \$1 million from the Heart and Stroke Foundation and \$2 million from the Ministry of Health, AEDs were made available in public places through the BC Public Access to Defibrillation Program.
- Comprehensive and based on best evidence and practice, program components include:
  - AED placement and deployment (logistics)
  - Program oversight (pre and post-event support)
  - Public awareness and education
  - AED training
  - AED registry that is integrated into 911 dispatch and that sends maintenance reminders to registered sites
- The BC PAD Program was launched on February 7, 2013 and placement of AEDs started in March using a well-structured web based deployment tool.
- Venue recipients were selected from a list of sites suggested by local municipal government officials who were provided with recommended site criteria by the Foundation. AEDs were initially distributed based on municipal population size.

#### Placements

- As of December 31, 2014, 255 AEDs have been placed in 143 towns and cities – 88% of municipalities.
- Some communities indicated that they already had a PAD program in place; a few opted not to participate in the program and some did not respond to the municipal survey.
- See table below for the number of AEDs placed by venue type.
- See Appendix A for a list of deployments by community.
- See Appendix B for the number of AEDs placed by regional district, electoral district and health authority.

Number of AEDs Placed by Venue Type as of December 31, 2014	
Venue Type	Number
Community centres (including a Boys and Girls Club and legion)	58
Arenas and curling rinks	43
Libraries	39
Recreation centres (including municipal lanes)	27
Municipal facilities (such as municipal halls, campgrounds, information visitor centres, airports and train stations)	19
Busy parks and beaches	15
Senior centres	14
Pools	13
Busy playing fields	12
Municipal golf courses	8
Cultural venues (such as art galleries, museums, theatres)	7
<b>TOTAL</b>	<b>255</b>

### Program Oversight and Training – Our BC PAD Champions

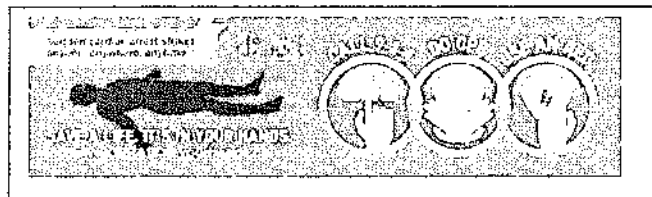
- In partnership with BC Emergency Health Services, paramedic volunteers receive an e-learning facilitator training workshop in order to deliver orientation sessions to sites.
- To date, 183 facilitators have been trained.
- BC PAD Champions have delivered CPR and AED training to about 1200 people in communities across the province.
- In addition to facilitating orientation sessions, many of our champions have embraced the BC PAD Program by visiting potential venues in their communities and by promoting the program through their work and leisure activities.
- BC PAD Champions will steward their AED venues for a period of at least three years.

### Public Education & Awareness

- A public awareness campaign was launched in February 2013 at the same time the program was announced at the Vancouver Central Library.
- See figure below for an example of the media buy purchased in transit buses across the province, Lower Mainland transit stations, and ads in washrooms.



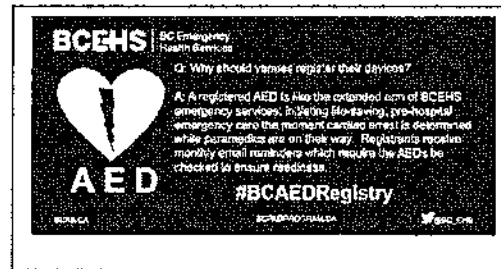
- As well, a video based, interactive program was also developed to support the campaign (see <http://www.aedinyourhands.ca/do-you-know-what-to-do.php>) and promoted through social media.
- There were additional, smaller promotions used to continue to raise awareness about the importance of bystander CPR and use of an AED. These included outdoor advertising (Granville Street banners from 16<sup>th</sup> Avenue to 41<sup>st</sup> Avenue from September 2014 to date), print-media resources (100,000 book marks in all BC libraries – see figure below), free CPR/AED training events, and corporate engagement through the Heart and Stroke Foundation philanthropy division.



### BC AED Registry

- As a component of the BC PAD Program, a database of all AEDs deployed through the program was created. This database allows users to enter AED information and to receive monthly maintenance and expiry notices for disposable accessories such as pads and batteries. This registry allows 911 dispatchers to see where active AEDs are located. They in turn are able to pass along this information to a bystander faced with a sudden cardiac arrest.

- In November 2014, BCEHS officially launched the BC AED Registry opening up the existing data base to any site in BC that has an AED. Press releases from BCEHS, the Minister of Health's office, and the Foundation supported the launch.
- To date, there are 408 registered AEDs. Of these, 260 are "active" and 148 are "inactive." Inactive indicates that a site has not kept up with their monthly maintenance checks and as a result, the system deactivates them.
- In addition, the Heart and Stroke Foundation was able to get agreement from all AED manufacturers to promote the registry through their BC distributors. This will be done through PDF flyers that can be emailed or printed (see figure below).



#### Financial Update

- Funding for the BC PAD program includes an initial investment of \$1 million from the Foundation that was generously matched by the provincial government in 2012.
- In 2014, the Province provided an additional \$1 million that the Foundation is currently fundraising against to match.
- The table below shows that the Foundation has spent almost \$1.4 million since September 2012 to December 2014 on developing and administering the program, equipment packages and CPR/AED orientation training. The equipment package includes an AED, pads (2 sets adult, 1 set pediatric), battery, carrying case, wall cabinet with signage and mounting hardware, responder kit, user toolkit, and CPR Anytime™ kits. Training provided is for up to six venue staff and / or volunteers.
- The Foundation is on track for spending the remaining \$1.6 million on additional AED placements of up to 450 by January 2016 and 750 devices by January 2017 as well as other planned public awareness and education activities.

Category	F12	F13	F14	F15 Q1	Total
Program development & administration	\$122,794	\$339,729	\$31,228	\$33,678	\$527,429
Equipment	--	\$263,069	\$241,320	\$47,037	\$551,426
Training	--	\$7,711	\$12,986	\$4,067	\$24,764
TOTAL	\$122,794	\$830,726	\$312,325	\$87,258	\$1,353,103
AEDs Placed	--	73	154	28	255
FUNDS REMAINING					\$1,646,897
Note: Based on Heart and Stroke Foundation's fiscal year of September 1 to August 31. F15 financial data for first quarter only.					

#### Successes

- Anecdotal reporting has been received on the deployment of BC PAD AEDs from a number of venues.
- To date we have recorded three official saves:
  1. December 2013 – a man collapsed while working out on a treadmill at the Cowichan Valley Aquatic Centre. Staff responded, performed CPR and used the BC PAD AED to save his life. Unfortunately



due to a pre-existing medical condition, he died two weeks later after suffering another cardiac arrest in hospital.

2. January 2015 – a woman collapsed while playing canasta at the Dogwood Pavilion in Coquitlam. Staff responded, performing CPR and using the AED to save her life. She was awake and alert when first responders arrived on the scene.
3. January 2015 – a man collapsed while curling at the Peace Arch Curling Centre in White Rock. Staff responded, performing CPR and using the AED to save his life. He was awake and alert when fire and ambulance arrived on the scene.

#### **Moving Forward**

- The next phase of AED placement includes researching additional venues.
- Criteria will be expanded to include hub schools, train stations, bus depots, provincial government front line access centres, and transit stations in addition to returning to municipalities who had provided more sites than were originally allocated.
- An electronic application form is now being used so that venue information can be easily gathered, reviewed, and entered into the Foundation's deployment program.
- With the approaching two-year anniversary of the first deployments, the Foundation plans on contacting sites to confirm their commitment to the BC PAD Program and remind them to maintain their active status in the BC AED Registry.

**APPENDIX A**  
**BC PAD AEDs Installed to December 31 2014**

Count	Site Name	Municipality	Placement Month/Year
1	Pinetree Community Centre	Coquitlam	March 2013
2	Pitt Meadows Seniors Centre	Maple Ridge	March 2013
3	Ocean Park Library	Surrey	March 2013
4	Kent Street Activity Centre	White Rock	March 2013
5	Walnut Grove Community Centre	Langley	March 2013
6	Glen Pine Pavilion	Coquitlam	March 2013
7	Aldergrove Kinsmen Community Centre	Aldergrove	March 2013
8	Reach Gallery	Abbotsford	March 2013
9	Matsqui Centennial Auditorium	Abbotsford	April 2013
10	Victoria Hall	Coquitlam	April 2013
11	Tsawwassen Arts Centre	Delta	April 2013
12	Hope District Hall	Hope	April 2013
13	Langley Centennial Museum	Langley	April 2013
14	Willoughby Community Centre	Langley	April 2013
15	Mission Rotary Sports Park	Mission	April 2013
16	North Shore Neighbourhood House	North Vancouver	April 2013
17	Lynn Canyon Park and Ecology Centre	North Vancouver	April 2013
18	Parksville Civic and Technology Centre	Parksville	April 2013
19	Penticton Museum / Library	Penticton	April 2013
20	Minoru Park	Richmond	April 2013
21	Guildford Library	Surrey	April 2013
22	Surrey City Centre Library	Surrey	April 2013
23	West Kelowna Seniors' Centre	West Kelowna	April 2013
24	Hugh Boyd Park	Richmond	April 2013
25	Comox Lake Camp Grounds	Cumberland	May 2013
26	Kimberley Library	Kimberley	May 2013
27	Port Theatre	Nanaimo	May 2013
28	Northlands Golf Course	North Vancouver	May 2013
29	North Vancouver District Public Library	North Vancouver	May 2013
30	Port Hardy Civic Centre	Port Hardy	May 2013
31	Garden City Park	Richmond	May 2013
32	Sparwood Seniors Drop in Centre	Sparwood	May 2013
33	Gleneagles Golf Course	West Vancouver	May 2013
34	Anmore Village Hall	Anmore	June 2013
35	Campbell River Airport	Campbell River	June 2013
36	Chase Community Hall	Chase	June 2013
37	Fire Hall Centre for the Arts	Delta	June 2013
38	Ladner Community Centre	Delta	June 2013
39	Gold River Golf Course	Gold River	June 2013
40	Kinsmen Beach	Invermere	June 2013
41	Merritt Civic Centre	Merritt	June 2013
42	City of Powell River Airport	Powell River	June 2013

43	Steveston - London Park	Richmond	June 2013
44	Valemount Visitor Information Centre	Valemount	June 2013
45	Vancouver Central Library	Vancouver	June 2013
46	Oakridge Library	Vancouver	June 2013
47	Kitsilano Library	Vancouver	June 2013
48	Cameron Recreation Complex	Burnaby	July 2013
49	Bonsor Recreation Complex	Burnaby	July 2013
50	Mount 7 Recreation Complex	Golden	July 2013
51	Kitimat Snowflake Seniors Centre	Kitimat	July 2013
52	Forrest Fields	Ladysmith	July 2013
53	Heritage Park - Mission	Mission	July 2013
54	District of Port Edward Community Centre	Port Edward	July 2013
55	Prince George and District Senior Citizens Activity Centre Society	Prince George	July 2013
56	Saanich Fairgrounds	Saanichton	July 2013
57	Kelsey Recreation Centre	Sayward	July 2013
58	Tahsis Recreation Centre	Tahsis	July 2013
59	Mount Pleasant Library	Vancouver	July 2013
60	Joe Fortes Library	Vancouver	July 2013
61	Kerrisdale Library	Vancouver	July 2013
62	McPherson Outdoor Pool	Burnaby	Aug 2013
63	Central Park Outdoor Pool	Burnaby	Aug 2013
64	Cowichan Aquatic Centre	Duncan	Aug 2013
65	Lund Community Centre	Lund	Aug 2013
66	Port Alice Community Centre	Port Alice	Aug 2013
67	Revelstoke Community Centre	Revelstoke	Aug 2013
68	Richmond Pitch and Putt	Richmond	Aug 2013
69	Tumbler Ridge Golf Course	Tumbler Ridge	Aug 2013
70	Collingwood Library	Vancouver	Aug 2013
71	Fraserview Library	Vancouver	Aug 2013
72	Recreation Complex	Vernon	Aug 2013
73	Zeballos Community Hall	Zeballos	Aug 2013
74	Semiin Valley Golf Course	Cache Creek	Early Sept 2013
75	Texada Island Seniors Centre	Gillies Bay -Texada Island	Early Sept 2013
76	Golden Aquatics Center	Golden	Early Sept 2013
77	Cowichan Lake Seniors Centre	Lake Cowichan	Early Sept 2013
78	Willoughbrook Recreation Centre	Langley	Early Sept 2013
79	North Vancouver City Library	North Vancouver	Early Sept 2013
80	Gyro Centre	Port Alberni	Early Sept 2013
81	King George Park	Richmond	Early Sept 2013
82	Terra Nova Rural Park	Richmond	Early Sept 2013
83	Anders Hall	West Kelowna	Early Sept 2013
84	Ambleside Par 3	West Vancouver	Early Sept 2013
85	Fuller Lake Arena	Cherninus	Late Sept 2013
86	Landing Sports Centre	Chilliwack	Late Sept 2013
87	Northern Rockies Regional Recreation Centre	Fort Nelson	Late Sept 2013

88	C.H. Foote Memorial Arena	Fraser Lake	Late Sept 2013
89	Claude Parish Memorial Arena	Houston	Late Sept 2013
90	New Westminster Public Library	New Westminster	Late Sept 2013
91	Pemberton Community Centre	Pemberton	Late Sept 2013
92	Haywire Bay Regional Park	Powell River	Late Sept 2013
93	Princeton Curling Club	Princeton	Late Sept 2013
94	Garry Point Park	Richmond	Late Sept 2013
95	Centennial Park	Saanichton	Late Sept 2013
96	Squamish Public Library	Squamish	Late Sept 2013
97	Fleetwood Library	Surrey	Late Sept 2013
98	Cloverdale Library	Surrey	Late Sept 2013
99	Taylor Arena	Taylor	Late Sept 2013
100	Marpole Library	Vancouver	Late Sept 2013
101	Kensington Library	Vancouver	Late Sept 2013
102	Abbotsford City Hall	Abbotsford	Oct 2013
103	Drylands Arena	Ashcroft	Oct 2013
104	The Barriere Ridge	Barriere	Oct 2013
105	Centennial Pavilion	Coquitlam	Oct 2013
106	Pinewood Leisure Centre	Delta	Oct 2013
107	Skeena Ice Arena	Hazelton	Oct 2013
108	Kaslo Arena	Kaslo	Oct 2013
109	Costin Hall	Lantzville	Oct 2013
110	Oliver Community Centre	Oliver	Oct 2013
111	Glenwood Centre	Port Alberni	Oct 2013
112	Riverside Community Centre	Princeton	Oct 2013
113	Semiahmoo Library	Surrey	Oct 2013
114	Strawberry Hills Library	Surrey	Oct 2013
115	South Hill Library	Vancouver	Oct 2013
116	Firehall Library	Vancouver	Oct 2013
117	Schubert Centre	Vernon	Oct 2013
118	Centennial Arena	White Rock	Oct 2013
119	Stewart Arena	Stewart	Oct 2013
120	Place Maillardville Community Centre	Coquitlam	Nov 2013
121	Comox Valley Sports Centre	Courtenay	Nov 2013
122	Pomeroy Sport Centre	Fort St. John	Nov 2013
123	Fruitvale Memorial Hall	Fruitvale	Nov 2013
124	Golden and Area Arena	Golden	Nov 2013
125	City Centre Park - Eagle Ridge Dryfloor Arena	Langford	Nov 2013
126	Village Train Station	Pemberton	Nov 2013
127	Revelstoke Forum	Revelstoke	Nov 2013
128	Newton Library	Surrey	Nov 2013
129	Strathcona Library	Vancouver	Nov 2013
130	Hastings Library	Vancouver	Nov 2013
131	Vernon & District Performing Arts Centre	Vernon	Nov 2013
132	Okanagan Boys and Girls Club	Vernon	Nov 2013
133	Centennial Park Leisure Centre	White Rock	Nov 2013

134	Abbotsford Curling Club	Abbotsford	Feb 2014
135	Hassen Arena	Armstrong	Feb 2014
136	Barriere Curling Club	Barriere	Feb 2014
137	Canal Flats Arena	Canal Flats	Feb 2014
138	47 Mile Sports Complex	Clinton	Feb 2014
139	Island Savings Centre	Duncan	Feb 2014
140	Golden Curling Club	Golden	Feb 2014
141	Lillooet Curling Club	Lillooet	Feb 2014
142	Shulus Community Arena	Merritt	Feb 2014
143	Royal City Curling Club	New Westminster	Feb 2014
144	Powell River Curling Club	Powell River	Feb 2014
145	Prince George Golf & Curling Club	Prince George	Feb 2014
146	Prince Rupert Curling Club	Prince Rupert	Feb 2014
147	Richmond Curling Club	Richmond	Feb 2014
148	Salmo Curling Club	Salmo	Feb 2014
149	Tunnel Town Curling Club	Tsawwassen	Feb 2014
150	Marpole Curling Club	Vancouver	Feb 2014
151	Williams Lake Curling Club	Williams Lake	Feb 2014
152	Howard Phillips Community Hall	Masset	Feb 2014
153	Multi Purpose Building	Port Clements	Feb 2014
154	Armstrong Curling Club	Armstrong	Feb 2014
155	Delta Thistle Curling Club	Delta	Feb 2014
156	Elkford Curling Club	Elkford	March 2014
157	Fort Forum Arena	Fort St. James	March 2014
158	Granisle Curling Club	Granisle	March 2014
159	Hudson's Hope Arena	Hudson's Hope	March 2014
160	Invermere Curling Club	Invermere	March 2014
161	Rolf Zeis Memorial Arena	Lac La Hache	March 2014
162	Mackenzie Recreation Centre	Mackenzie	March 2014
163	Merritt Curling Centre	Merritt	March 2014
164	Riondel & District Curling Club	Riondel	March 2014
165	Sicamous Curling Club	Sicamous	March 2014
166	Smithers Curling Club	Smithers	March 2014
167	Peace Arch Curling Centre	White Rock	March 2014
168	Bowen Island Public Library	Bowen Island	April 2014
169	Falkland Community Hall	Falkland	April 2014
170	Singh Street Soccer Bowl	Kamloops	April 2014
171	Kamloops Airport	Kamloops	April 2014
172	Kerry Park Sportsfield Complex	Mill Bay	April 2014
173	Beban Four Fields	Nanaimo	April 2014
174	The Gathering Place	Port Coquitlam	April 2014
175	Summerland City Hall	Summerland	April 2014
176	West Point Grey Library	Vancouver	April 2014
177	Champlain Heights Library	Vancouver	April 2014
178	Campbell River City Hall	Campbell River	May 2014
179	Chetwynd Municipal Office	Chetwynd	May 2014



180	Dogwood Pavilion	Coquitlam	May 2014
181	Tournament Capital Ranch	Kamloops	May 2014
182	Langford Lanes	Langford	May 2014
183	Langley Seniors Recreation & Resource Centre	Langley	May 2014
184	Lillooet Rec Centre	Lillooet	May 2014
185	Sonora Community Centre	Osoyoos	May 2014
186	Qualicum Beach Seniors Activity Centre	Qualicum Beach	May 2014
187	Municipal Hall	Queen Charlotte	May 2014
188	Sun Peaks Sports Field	Sun Peaks	May 2014
189	Telkwa Senior's Centre	Telkwa	May 2014
190	Dunbar Library	Vancouver	May 2014
191	Rutledge Field	West Vancouver	May 2014
192	Terrace Public Library	Terrace	May 2014
193	Dutch Lake Community Centre	Clearwater	May 2014
194	Kensington Outdoor Pool	Burnaby	June 2014
195	Robert Burnaby Outdoor Pool	Burnaby	June 2014
196	Dawson Creek Municipal Public Library	Dawson Creek	June 2014
197	Valley Seniors Organization	Duncan	June 2014
198	Edgewater Community Hall	Edgewater	June 2014
199	Lions Pool	Enderby	June 2014
200	Fourth Street Place	Peachland	June 2014
201	Robert Hope Pool	Port Coquitlam	June 2014
202	Wilson Centre	Port Coquitlam	June 2014
203	Rocky Point Pool	Port Moody	June 2014
204	Westhill Pool	Port Moody	June 2014
205	Renfrew Library	Vancouver	June 2014
206	Priest Valley Gym	Vernon	June 2014
207	Windsor Pavilion	Victoria	June 2014
208	Pemberton and District Youth and Seniors Centre	Pemberton	June 2014
209	Canyon Lanes	Boston Bar	July 2014
210	Swangard Stadium	Burnaby	July 2014
211	Lewis Centre	Courtenay	July 2014
212	District Office	Elkford	July 2014
213	Environmental Education Center for the Central Okanagan (EECO)	Kelowna	July 2014
214	Swimming Pool and Memorial Park	Keremeos	July 2014
215	Moyie Community Hall	Moyie	July 2014
216	Tse'Kya Gathering Place	New Hazelton	July 2014
217	Soccer Centre	Quesnel	July 2014
218	Saanich Commonwealth Place	Victoria	July 2014
219	Whistler Public Library	Whistler	July 2014
220	Youbou Community Hall and Bowling Alley	Youbou	July 2014
221	Hagensborg Centennial Pool	Hagensborg	July 2014
222	Native Sons Hall	Courtenay	Aug 2014
223	Key City Theatre	Cranbrook	Aug 2014

224	Radium Community Hall	Radium Hot Springs	Aug 2014
225	Sooke Community Hall & Emergency Reception Centre	Sooke	Aug 2014
226	Gellatly Nut Farm Regional Park	West Kelowna	Aug 2014
227	Cedar Hill Municipal Golf Course	Victoria	Aug 2014
228	Senior Citizen Hall	Cranbrook	Sep 2014
229	Highlands Community Hall	Highlands	Sep 2014
230	John Tod Community Centre	Kamloops	Sep 2014
231	Beasley Soccer Fields and Community Centre	Lake Country	Sep 2014
232	Municipal Grounds	Metchosin	Sep 2014
233	Pitt Meadows Library	Pitt Meadows	Sep 2014
234	Pouce Coupe Community Centre	Pouce Coupe	Sep 2014
235	Wells Community Hall	Wells	Sep 2014
236	Williams Lake Regional Airport	Williams Lake	Sep 2014
237	Dick Barlett Park	Grand Forks	Oct 2014
238	Savary Island Community Hall	Savary Island	Oct 2014
239	Secheit Public Library	Sechelt	Oct 2014
240	District Hall	Ucluelet	Oct 2014
241	Oak Bay Recreation Centre	Victoria	Oct 2014
242	Oona River	Oona River	Nov 2014
243	Dodge Cove Community Hall	Dodge Cove	Nov 2014
244	Fernie Aquatic Centre	Fernie	Nov 2014
245	Forest Grove Legion	Forest Grove	Nov 2014
246	McArthur Centre	Greenwood	Nov 2014
247	Public Works and Engineering Building	Parksville	Nov 2014
248	Prince Rupert City Hall	Prince Rupert	Nov 2014
249	District of Kent Community Recreation and Cultural Centre	Agassiz	Dec 2014
250	The Village Hall	Lions Bay	Dec 2014
251	Watch Lake Community Hall	70 Mile House	Dec 2014
252	Max Turyk Community Centre	Fernie	Dec 2014
253	Boundary Expo Recreation Centre	Midway	Dec 2014
254	Pender Harbour Resource Recovery Centre	Pender Harbour	Dec 2014
255	Cranberry Seniors Centre	Powell River	Dec 2014

## APPENDIX B

## Number of AEDs Installed to December 31 2014 by Electoral District

Electoral District	Number
Abbotsford-Mission	2
Abbotsford South	1
Abbotsford West	2
Alberni-Pacific Rim	3
Boundary-Similkameen	6
Burnaby-Deer Lake	3
Burnaby-Edmonds	1
Burnaby-Lougheed	2
Burnaby North	1
Cariboo-Chilcotin	4
Cariboo North	2
Chilliwack	1
Chilliwack-Hope	3
Columbia River-Revelstoke	12
Comox Valley	4
Coquitlam-Burke Mountain	3
Coquitlam-Maillardville	3
Cowichan Valley	6
Delta North	3
Delta South	3
Esquimalt-Royal Roads	1
Fort Langley-Aldergrove	3
Fraser-Nicola	11
Juan de Fuca	5
Kamloops-North Thompson	8
Kamloops-South Thompson	1
Kelowna-Lake Country	1
Kelowna-Mission	1
Kootenay East	8
Kootenay West	0
Langley	3
Maple Ridge-Mission	1
Maple Ridge-Pitt Meadows	1
Nanaimo	2
Nanaimo-North Cowichan	2
Nechako Lakes	4
Nelson-Creston	4
New Westminster	2
North Coast	7
North Island	9
North Vancouver-Lonsdale	2
North Vancouver-Seymour	3
Oak Bay	2

Electoral District	Number
Parksville-Qualicum	4
Peace River North	4
Peace River South	5
Penticton	3
Port Coquitlam	3
Port Moody-Coquitlam	4
Powell River-Sunshine Coast	9
Prince George-Mackenzie	2
Prince George-Valemount	2
Richmond Centre	3
Richmond East	2
Richmond-Steveston	3
Saanich North and the Islands	0
Saanich South	2
Shuswap	5
Skeena	4
Stikine	3
Surrey-Cloverdale	1
Surrey-Fleetwood	1
Surrey-Green Timbers	0
Surrey-Newton	1
Surrey-Panorama	1
Surrey-Tynehead	1
Surrey-Whalley	1
Surrey-White Rock	6
Vancouver-Fairview	1
Vancouver-False Creek	1
Vancouver-Fraserview	2
Vancouver-Hastings	1
Vancouver-Kensington	2
Vancouver-Kingsway	2
Vancouver-Langara	4
Vancouver-Mount Pleasant	2
Vancouver-Point Grey	2
Vancouver-Quilchena	2
Vancouver-West End	1
Vernon-Monashee	5
Victoria-Beacon Hill	0
Victoria-Swan Lake	1
West Vancouver-Capilano	1
West Vancouver-Sea to Sky	9
Westside-Kelowna	3

**Number of AEDs Installed to December 31 2014 by Regional District**

Regional District	Number
Alberni-Clayoquot	3
Bulkley-Nechako	5
Capital	12
Cariboo	3
Central Coast	1
Central Kootenay	2
Central Okanagan	8
Columbia-Shuswap	7
Cornox Valley	7
Cowichan Valley	2
East Kootenay	14
Fraser Valley	7
Fraser-Fort George	4
Greater/Metro Vancouver	96
Kitimat-Stikine	5
Kootenay Boundary	4
Mount Waddington	2
Nanaimo	6
North Okanagan	8
Northern Rockies	1
Okanagan-Similkameen	6
Peace River	4
Powell River	12
Skeena-Queen Charlotte	8
Squamish-Lillooet	6
Stikine Region	0
Strathcona	6
Sunshine Coast	0
Thompson-Nicola	16

**Number of AEDs Installed to December 31 2014 by Health Authority**

Health Authority	Number
Fraser	47
Island	38
Interior	66
Northern	34
Vancouver Coastal	70

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## Perry, Nancy L HLTH:EX

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**From:** Andrachuk, Andrea HLTH:EX  
**Sent:** Wednesday, October 7, 2015 4:06 PM  
**To:** Scheffel, Emile HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX  
**Subject:** 1040269 - MO Request - AED gap analysis  
**Attachments:** AED Placement as of 15AUG31.pptx

Hi Emile,

The HSF's PAD Program, which has received \$2million in government funds, does place AEDs in non-school community venues. The attachment shows the breakdown of venues where AEDs have been placed as of Sept 30, 2015.

s.13

Many thanks,

Andrea Andrachuk | Manager/Executive Operations  
Office of the Deputy Minister  
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

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**From:** Scheffel, Emile HLTH:EX  
**Sent:** Monday, October 5, 2015 4:56 PM  
**To:** Andrachuk, Andrea HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX  
**Subject:** RE: MO Request - AED gap analysis

Thanks again –

s.13

---

**From:** Andrachuk, Andrea HLTH:EX  
**Sent:** Monday, October 5, 2015 11:53 AM  
**To:** Scheffel, Emile HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX  
**Subject:** MO Request - AED gap analysis

Hi Emile,

Staff in our Healthy Living Branch connected with Heart and Stroke Foundation and have provided the attached most recent report on progress.

HSF has approx. 150-200 AEDs available to distribute to schools through partnering with school districts and they have been working with Med on how best to connect with School Districts to extend the BC PAD Program into select schools in the province. s.13



MoH provided \$1M in 2012 and another \$1M in 2014 to HSF for this program.

Please let us know if they need anything further!

Thanks,

**Andrea Andrachuk** | Manager/Executive Operations  
Office of the Deputy Minister  
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

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**From:** Scheffel, Emile HLTH:EX  
**Sent:** Wednesday, September 23, 2015 12:16 PM  
**To:** Andrachuk, Andrea HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX  
**Subject:** RE: Request - AED gap analysis

Hi Andrea,

That makes sense to me—might be good to check in with Education and CSCD as well though on the school and community facility piece.

E

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**From:** Andrachuk, Andrea HLTH:EX  
**Sent:** Wednesday, September 23, 2015 12:15 PM  
**To:** Scheffel, Emile HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX  
**Subject:** Request - AED gap analysis

Hi Emile,

The program area are wondering if they can get any clarity on whether this is to review where the Heart and Stroke Foundation's Public Access Defibrillation (PAD) program is at in terms of placing AEDs? Ministry staff are not leading this initiative and there is no cross-ministry initiative as far as we know.

Staff are in touch with the Heart and Stroke Foundation to get more information on their program.

Many thanks,

**Andrea Andrachuk** | Manager/Executive Operations  
Office of the Deputy Minister  
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

---

**From:** Scheffel, Emile HLTH:EX  
**Sent:** Friday, September 18, 2015 10:28 AM  
**To:** Docs Processing HLTH:EX; Foran, Grace E HLTH:EX; Andrachuk, Andrea HLTH:EX

**Cc:** Merrifield, Katy HLTH:EX; Dhanowa, Damon HLTH:EX; Robertson, Derek HLTH:EX

**Subject:** Request - AED gap analysis

Almost through my list now –

Could you please put in motion a gap analysis on automatic external defibrillators (AEDs) – where we are at in work with school districts, municipalities, and community organizations with respect to placing these in schools and other public buildings throughout BC, and cost implications of expansion.

Recognizing this may require considerable work including cross-ministry, we will need this by **October 9**, please.

Thanks! E

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**Perry, Nancy L HLTH:EX**

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**From:** Boland, Blair HLTH:EX  
**Sent:** Wednesday, October 7, 2015 2:00 PM  
**To:** Wolsey, Ashley HLTH:EX  
**Subject:** RE: 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison  
**Attachments:** 1040923 Heart and Stroke Meeting Material (v2 RGDS).docx

See change. Thx.

**From:** Wolsey, Ashley HLTH:EX  
**Sent:** Wednesday, October 7, 2015 1:47 PM  
**To:** Boland, Blair HLTH:EX  
**Subject:** FW: 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison

**From:** Casanova, Tamara HLTH:EX  
**Sent:** Wednesday, October 7, 2015 1:10 PM  
**To:** Wolsey, Ashley HLTH:EX  
**Subject:** FW: 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison

Hi,

Please use this version (includes BC PAD Program information). I will leave to you to updated the financial information?  
FYI - The yellow highlighted portion still needs to be confirmed by PPH if it is still up to date.

Thanks again for your help with this one.

**Tamara Casanova** | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |  
Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | **email:** [tamara.casanova@gov.bc.ca](mailto:tamara.casanova@gov.bc.ca)

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**From:** Wolsey, Ashley HLTH:EX  
**Sent:** Wednesday, October 7, 2015 12:16 PM  
**To:** Casanova, Tamara HLTH:EX  
**Subject:** FW: 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison

Do you know if you are going to include the BC PAD program?

Otherwise I am going to send this to Manjit for approval with changes from Blair.

Thanks!

**From:** Boland, Blair HLTH:EX  
**Sent:** Wednesday, October 7, 2015 9:27 AM

**To:** Wolsey, Ashley HLTH:EX

**Subject:** RE: 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison

Hi Ashley,

There's a change in the \$ amount. Is the Meeting Material not also going to include a section on the BC PAD Program...i.e. given MoH has provided \$2M for AEDs? See link below.

<https://www.bcpadprogram.ca>

Thanks.

Blair

**From:** Wolsey, Ashley HLTH:EX

**Sent:** Wednesday, October 7, 2015 8:50 AM

**To:** Boland, Blair HLTH:EX

**Subject:** FW: 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison

Hi Blair,

HSD is checking this to update for the Minister. Can you please check the Financial Implications to make sure they are still correct?

The material is due tomorrow (sorry, there was apparently a lot of confusion around who is taking the lead).

Thanks,  
Ashley

**From:** Casanova, Tamara HLTH:EX

**Sent:** Tuesday, October 6, 2015 2:52 PM

**To:** Docs Processing HLTH:EX; Wolsey, Ashley HLTH:EX; Somner, Kirstie HLTH:EX; Murray, Heather HLTH:EX

**Cc:** HLTH FCS Documents Processing HLTH:EX; HSIMT Documents Processing HLTH:EX; HSD Documents Coordinator HLTH:EX; Grieve, Darlene E HLTH:EX; Stewart, Sharon A HLTH:EX

**Subject:** RE: 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison

Hi,

I believe the materials provided to the Minister in May of this year (attached) was a joint assignment prepared by HSD, with input from PPH, and FCS. Given the timeline, I will have our staff review this note, as I'm not sure much has changed since then.

Thank you,

**Tamara Casanova** | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |  
Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: [tamara.casanova@gov.bc.ca](mailto:tamara.casanova@gov.bc.ca)

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**From:** Docs Processing HLTH:EX  
**Sent:** Tuesday, October 6, 2015 2:29 PM  
**To:** Wolsey, Ashley HLTH:EX; Somner, Kurstie HLTH:EX; Casanova, Tamara HLTH:EX; Murray, Heather HLTH:EX  
**Cc:** Docs Processing HLTH:EX; HLTH FCS Documents Processing HLTH:EX; HSI MT Documents Processing HLTH:EX; HSD Documents Coordinator HLTH:EX; Grieve, Darlene E HLTH:EX  
**Subject:** 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison  
**Importance:** High

Please see note below. MBPSD has advised this is not their division. Please advise if one of your areas could provide info on "year 2 of our FAST signs of stroke public awareness campaign".  
Apologies for the last minute notice. This material is due Thursday so if you could advise asap, we would appreciate it and I will assign formally.

Thanks,

Kathy Simonson  
Program Coordinator / DPU / Deputy Minister's Office / Ministry of Health  
5-3 1515 Blanshard St. Victoria BC V8W 3C8  
Telephone 250 952-0998

[kathy.simonson@gov.bc.ca](mailto:kathy.simonson@gov.bc.ca)

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**From:** Cowan, Darynn HLTH:EX  
**Sent:** Tuesday, October 6, 2015 1:36 PM  
**To:** Docs Processing HLTH:EX  
**Cc:** Andrachuk, Andrea HLTH:EX; Scott, Pam HLTH:EX; HLTH PPH Documents Processing HLTH:EX; McClymont, Brenda HLTH:EX  
**Subject:** Redirect to MBPSD: 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison  
**Importance:** High

Staff have just advised us that the following agenda item does not fall under PPH and needs to be redirected to MBPSD.

- year 2 of our FAST signs of stroke public awareness campaign

Sorry for lateness in getting this information to you. Our staff are working on the BC Public Access to Defibrillation program issue under Cliff number 1040923.

Darynn Cowan | Executive Coordinator, Assistant Deputy Minister's Office, Population and Public Health, Ministry of Health | P: 250.952.1468 | F: 250.952.1713

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**From:** Docs Processing HLTH:EX  
**Sent:** Monday, October 5, 2015 11:01 AM  
**To:** HLTH PPH Documents Processing HLTH:EX  
**Cc:** Docs Processing HLTH:EX; Andrachuk, Andrea HLTH:EX; Cowan, Darynn HLTH:EX  
**Subject:** 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison



Although it hasn't been confirmed yet, likely topics would include year 2 of our FAST signs of stroke public awareness campaign and our BC Public Access to Defibrillation program. We hope to confirm later on today.

Thanks so much,

Kathy Simonson  
Program Coordinator / DPU / Deputy Minister's Office / Ministry of Health  
5-3 1515 Blanshard St. Victoria BC V8W 3C8  
Telephone 250 952-0998

[kathy.simonson@gov.bc.ca](mailto:kathy.simonson@gov.bc.ca)

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**From:** HLTH PPH Documents Processing HLTH:EX  
**Sent:** Monday, October 5, 2015 10:30 AM  
**To:** Docs Processing HLTH:EX  
**Subject:** 1040923 - Oct 15: Minister meeting Heart and Stroke Foundation, Adrienne Bakker, CEO and Mark Collison

Hi Kathy,

The above noted assignment has been assigned to PPH with a note that DPU has not yet received background or topic and will forward once you receive. Looks like we still have not received this information and the assignment is due to DPU on October 8<sup>th</sup>. Can we be expecting this info today? If not, we may be needing an extension on this as the due date is approaching.

Thanks!  
Melissa

*Melissa Ostropolski*

Documents Coordinator | Assistant Deputy Minister's Office | Population and Public Health | Ministry of Health  
PO BOX 9646 Stn Prov Gov't V8W 9P1 | [Melissa.Ostropolski@gov.bc.ca](mailto:Melissa.Ostropolski@gov.bc.ca) | wk: 250-952-1447

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## **MEETING MATERIAL**

**Cliff #:** 1040293

**PREPARED FOR:** Honourable Terry Lake, Minister of Health

**TITLE:** Minister of Health Meeting with the Heart and Stroke Foundation

**MEETING REQUEST/ISSUE:** At the request of the Heart and Stroke Foundation, Minister Lake will meet with Ms. Adrienne Bakker, CEO and Mr. Mark Collison, Director, Advocacy & Stakeholder Relations. The agenda is unknown but may be regarding funding for year two of the signs of stroke public awareness campaign – FAST.

**SHOULD MINISTRY STAFF ATTEND THIS MEETING:** Lynn Stevenson, Associate Deputy Minister and Arlene Paton, Assistant Deputy Minister, Population and Public Health.

### **BACKGROUND:**

The Heart and Stroke Foundation (the Foundation) is one of Canada's largest health charities. Over the last 60 years, the Foundation states they have invested more than \$1.39 billion in heart and stroke research, making them the largest contributor in Canada after the federal government.

The Foundation's mission is to prevent disease, save lives and promote recovery. Their vision is a world where Canadians live healthy lives free of heart disease and stroke. The Foundation is committed to having the greatest tangible impact in improving the health of Canadian families every day.

The Ministry continues to partner or liaise with the Foundation on the following programs and projects:

### **Signs of Stroke Public Awareness Campaign – FAST**

The Foundation launched a new campaign to teach Canadians how to quickly recognize the signs of a stroke. Simplified from the previous five signs of stroke, the new campaign is based on the FAST schema (Face – is it drooping? Arms – can you raise both? Speech – is it slurred or jumbled? Time – to call 9-1-1 right away).

The Foundation wants to reach as many people as possible – particularly younger people, as stroke rates among 20-40 year olds are rising. Knowing the signs and calling 911 means an individual can receive treatment quickly. This is critical as "time is brain" when having a stroke and data shows that many people are uncertain of when to act. One-third of all those having a stroke in Canada wait too long for help and the longer people delay, the worse the outcome.

In BC, stroke is the leading cause of acquired long-term disability, the third leading cause of death and a leading cause of dementia. An improved system of stroke care continues to be a Ministry priority. This includes efforts on both prevention and management of stroke and programs for optimal recovery and reintegration for people who have experienced stroke. It is also important that the public is aware of the urgency of stroke, recognize the signs and get to the hospital as soon as possible to receive time-sensitive treatments that may reverse the effects of stroke or minimize mortality, morbidity and disability.

According to the Foundation:

- only 44 percent of BC respondents can name two signs of stroke (2011).
- 31 percent of all those having a stroke do not arrive at hospital by ambulance therefore delaying treatment (2012).
- almost 60 percent of stroke patients arrive at hospital too late to be considered for tPA (tissue plasminogen activator) (within 4.5 hours) (2012).

On May 26, 2015, the Minister participated in an event at the legislature hosted by the Foundation which offered education regarding FAST and risk factors for stroke. Government funding to support the awareness campaign was announced at the event.

Ministry staff confirmed with Stroke Services BC (a program of the Provincial Health Services Authority) that they are not aware of any issues relevant to the meeting.

#### **BC Public Access to Defibrillation (PAD) Program**

- The BC PAD program is a partnership between the Foundation, the BC Government and BC Emergency Health Services to place automated external defibrillators (AEDs) in public places. AEDs deliver a shock that helps restore normal heart rhythm in people who are suffering sudden cardiac arrest.
- As part of the BC PAD program, AEDs placed in public places province-wide are registered with a central registry. The BC PAD Registry allows 911 dispatchers to direct callers to the nearest AED.
- As of November 18, 2014 there are 377 AEDs located across the province.

#### **Informed Dining:**

- The Informed Dining program was developed in collaboration with the Foundation and they have remained a key partner since 2011 when the program was first launched.
- 62 brands and over 2,000 restaurant outlets in BC have fully implemented the program, including 22 national chains.
- The Foundation is facilitating a comprehensive evaluation of the program and a full report is expected by fall 2015.
- The Foundation supports the foundational concept of the program but wishes to see it strengthened by removing consumer barriers to accessing nutrition information (i.e. upon request) and implementing menu labelling.

**Healthy Eating:**

- The Foundation was a member of the Healthy Eating Leadership Council, which provided input into the update of the healthy eating strategy (still in development). Moving forward, the Foundation will continue to be an important partner in the implementation phase.

**Physical Activity:**

- The Foundation was a key member of the BC Physical Activity Leadership Table, which provided input into the development of the physical activity strategy and will be an important partner in the implementation phase.

**Tobacco Control:**

- Ministry liaises with the Foundation (along with the Clean Air Coalition, Canadian Cancer Society, and BC Lung Association) for briefings on tobacco control initiatives.

**Healthy Communities:**

- The Ministry is a member of a partnership initiative with the Foundation to develop curriculum and deliver training that will enable Environmental Health Officers and other health professionals to develop the competency required to effectively work with local governments to advance healthy built environments. Other partners involved in this project include the five regional health authorities, Provincial Health Services Authority (PHSA), the Union of BC Municipalities and the Canadian Institute of Transportation Engineers.
- The Ministry, along with the Foundation, is an active member of the BC Healthy Built Environment Alliance (BCHBEA) Steering Committee which is co-chaired by Vancouver Coastal Health and the Planning Institute of BC. The BCHBEA is a provincial-wide hub for cross-sectoral action and information sharing to improve health through community design, land use planning and local government policies.

**FINANCIAL IMPLICATIONS:**

Since 2001, the Ministry of Health and the PHSA have combined to provide the Foundation with approximately \$14.9 million to support heart attack and stroke prevention, educational and promotional activities, and other related initiatives. This funding includes \$2 million from the Ministry to support public access to AEDs (\$1 million in 2011/12 and \$1 million in 2013/14). PHSA funding includes \$1.25 million from 2011/12 to 2014/15 to the Foundation, to support the Informed Dining initiative.

The proposed BC-based FAST public awareness campaign is estimated to cost \$740,000, of which \$100,000 will be supported by the Foundation. In March 2015, the Foundation requested the Ministry of Health provide the remaining \$640,000. The Ministry of Health provided \$500,000 to the Foundation in March 2015, to support FAST.

**ADVICE:**

The Ministry of Health supports the system improvement work the Foundation has undertaken, including the campaign to raise public awareness of the signs of stroke.

We look forward to continuing our partnership with the Foundation and all the good work it does to support British Columbians in making healthy lifestyle choices.

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**Perry, Nancy L HLTH:EX**

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**From:** Boland, Blair HLTH:EX  
**Sent:** Monday, October 5, 2015 4:30 PM  
**To:** Reyes, Aureleo P HLTH:EX  
**Subject:** RE: MO Request - AED gap analysis

Wasn't the first payment in 11/12 (March 2012)?

**From:** Boland, Blair HLTH:EX  
**Sent:** Monday, October 5, 2015 4:29 PM  
**To:** Reyes, Aureleo P HLTH:EX  
**Subject:** RE: MO Request - AED gap analysis

OK thanks. We don't need to muddy the waters distinguishing between BC & Yukon Division and Canada...it's simply an internal payee change within HSF.

**From:** Reyes, Aureleo P HLTH:EX  
**Sent:** Monday, October 5, 2015 4:01 PM  
**To:** Boland, Blair HLTH:EX  
**Subject:** FW: MO Request - AED gap analysis

Hi Blair, Gord asked me to check with Andrea the purpose and audience of this information request. Please see Andrea's note below.

Note, the financials in the e-mail for clarification are in red:

MoH provided \$1M to HSF (BC and Yukon Division) in 2012/2013 and another \$1M in 2013/14 to HSF (Canada) for this program.

---

Hi Aureleo,

s.13

Thanks,

**Andrea Andrachuk** | Manager/Executive Operations  
Office of the Deputy Minister  
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

**From:** Andrachuk, Andrea HLTH:EX  
**Sent:** Friday, October 2, 2015 2:53 PM  
**To:** Reyes, Aureleo P HLTH:EX  
**Subject:** FW: MO Request - AED gap analysis

Andrea Andrachuk | Manager/Executive Operations  
Office of the Deputy Minister  
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

**From:** Cowan, Darynn HLTH:EX  
**Sent:** Thursday, October 1, 2015 10:59 AM  
**To:** Andrachuk, Andrea HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX  
**Subject:** MO Request - AED gap analysis

Staff in our Healthy Living Branch connected with Heart and Stroke Foundation and have provided the attached most recent report on progress.

HSF has approx. 150-200 AEDs available to distribute to schools through partnering with school districts and they have been working with MED on how best to connect with School Districts to extend the BC PAD Program into select schools in the province. <sup>s.13</sup>

s.13

MoH provided \$1M in 2012 and another \$1M in 2014 to HSF for this program.

Let us know if they need anything further!

Darynn Cowan | Executive Coordinator, Assistant Deputy Minister's Office, Population and Public Health, Ministry of Health | P: 250.952.1468 | F: 250.952.1713

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**From:** Andrachuk, Andrea HLTH:EX  
**Sent:** Wednesday, September 23, 2015 12:24 PM  
**To:** Cowan, Darynn HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX  
**Subject:** FW: Request - AED gap analysis

Hi Darynn,

Emile has confirmed that he'd like whatever we can provide, if it is a report on how the Heart and Stroke Foundation is doing with this initiative. He has also asked that we check in with Educ and CSCD on whether they have any initiatives underway.

Is that something I can ask your program area to do?

Many thanks,

Andrea Andrachuk | Manager/Executive Operations  
Office of the Deputy Minister  
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

**From:** Scheffel, Emile HLTH:EX  
**Sent:** Wednesday, September 23, 2015 12:16 PM  
**To:** Andrachuk, Andrea HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX  
**Subject:** RE: Request - AED gap analysis

Hi Andrea,

That makes sense to me—might be good to check in with Education and CSCD as well though on the school and community facility piece.

E

**From:** Andrachuk, Andrea HLTH:EX  
**Sent:** Wednesday, September 23, 2015 12:15 PM  
**To:** Scheffel, Emile HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX  
**Subject:** Request - AED gap analysis

Hi Emile,

The program area are wondering if they can get any clarity on whether this is to review where the Heart and Stroke Foundation's Public Access Defibrillation (PAD) program is at in terms of placing AEDs? Ministry staff are not leading this initiative and there is no cross-ministry initiative as far as we know.

Staff are in touch with the Heart and Stroke Foundation to get more information on their program.

Many thanks,

**Andrea Andrachuk** | Manager/Executive Operations  
Office of the Deputy Minister  
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

**From:** Scheffel, Emile HLTH:EX  
**Sent:** Friday, September 18, 2015 10:28 AM  
**To:** Docs Processing HLTH:EX; Foran, Grace E HLTH:EX; Andrachuk, Andrea HLTH:EX  
**Cc:** Merrifield, Katy HLTH:EX; Dhanowa, Damon HLTH:EX; Robertson, Derek HLTH:EX  
**Subject:** Request - AED gap analysis

Almost through my list now –

Could you please put in motion a gap analysis on automatic external defibrillators (AEDs) – where we are at in work with school districts, municipalities, and community organizations with respect to placing these in schools and other public buildings throughout BC, and cost implications of expansion.

Recognizing this may require considerable work including cross-ministry, we will need this by **October 9**, please.

Thanks! E

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**Perry, Nancy L HLTH:EX**

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**From:** Andrachuk, Andrea HLTH:EX  
**Sent:** Monday, October 5, 2015 11:59 AM  
**To:** Foran, Grace E HLTH:EX  
**Cc:** Docs Processing HLTH:EX  
**Subject:** FW: Request - AED gap analysis  
**Attachments:** 1039359 - Bullets re Urging Installation of AEDs in all Schools in BC (M....docx

Hi Grace,

I sent the AED material for the Heart and Stroke foundation to Emile. Shall I send these bullets to Emile as well? Kathy was this shared with the MO or just with EDUC?

Thanks,

**Andrea Andrachuk** | Manager/Executive Operations  
Office of the Deputy Minister  
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

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**From:** Cowan, Darynn HLTH:EX  
**Sent:** Friday, September 18, 2015 3:41 PM  
**To:** Andrachuk, Andrea HLTH:EX; Wolsey, Ashley HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX  
**Cc:** Docs Processing HLTH:EX  
**Subject:** RE: Request - AED gap analysis

Looking into this again...checking with our Healthy Living Branch who had prepared the attached material.

Darynn Cowan | Executive Coordinator, Assistant Deputy Minister's Office, Population and Public Health, Ministry of Health | P: 250.952.1468 | F: 250.952.1713

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**From:** Andrachuk, Andrea HLTH:EX  
**Sent:** Friday, September 18, 2015 3:34 PM  
**To:** Wolsey, Ashley HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Cowan, Darynn HLTH:EX  
**Cc:** Docs Processing HLTH:EX  
**Subject:** RE: Request - AED gap analysis

Hi All,

Darynn thought this was Kevin Samra. We have contacted Kevin who claims this is not his.

This summer PPH provided a bullet on this for EDUC (#1039359). Could I ask that you please have another look?

Many thanks,

**Andrea Andrachuk** | Manager/Executive Operations  
Office of the Deputy Minister  
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

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**From:** Wolsey, Ashley HLTH:EX

**Sent:** Friday, September 18, 2015 12:00 PM

**To:** Foran, Grace E HLTH:EX; Andrachuk, Andrea HLTH:EX; Casanova, Tamara HLTH:EX; Cowan, Darynn HLTH:EX

**Cc:** Docs Processing HLTH:EX

**Subject:** RE: Request - AED gap analysis

Thanks for this. I spoke with Manjit, and he doesn't believe that FCS is responsible for the cross Ministry initiative; in the BN FCS (Facilities) lead the implementation in the Ministry. This has way more far reaching implications and seems more like a public health thing? Darynn do you agree?

---

**From:** Foran, Grace E HLTH:EX

**Sent:** Friday, September 18, 2015 11:25 AM

**To:** Andrachuk, Andrea HLTH:EX; Wolsey, Ashley HLTH:EX; Casanova, Tamara HLTH:EX; Cowan, Darynn HLTH:EX

**Cc:** Docs Processing HLTH:EX

**Subject:** RE: Request - AED gap analysis

Supplying information provided last year to MTL as an FYI.

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**From:** Andrachuk, Andrea HLTH:EX

**Sent:** Friday, September 18, 2015 10:37 AM

**To:** Wolsey, Ashley HLTH:EX; Casanova, Tamara HLTH:EX; Cowan, Darynn HLTH:EX

**Cc:** Docs Processing HLTH:EX; Foran, Grace E HLTH:EX

**Subject:** Request - AED gap analysis

Hi Ashley, Tamara and Darynn,

Please see request below from Minister Lake. Please advise who is leading this initiative, recognizing it may require input from numerous areas. Docs will assign formally for Oct 9<sup>th</sup>.

Many thanks,

**Andrea Andrachuk** | Manager/Executive Operations

Office of the Deputy Minister

Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: [andrea.andrachuk@gov.bc.ca](mailto:andrea.andrachuk@gov.bc.ca)

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**From:** Scheffel, Emile HLTH:EX

**Sent:** Friday, September 18, 2015 10:28 AM

**To:** Docs Processing HLTH:EX; Foran, Grace E HLTH:EX; Andrachuk, Andrea HLTH:EX

**Cc:** Merrifield, Katy HLTH:EX; Dhanowa, Damon HLTH:EX; Robertson, Derek HLTH:EX

**Subject:** Request - AED gap analysis

Almost through my list now –

Could you please put in motion a gap analysis on automatic external defibrillators (AEDs) – where we are at in work with school districts, municipalities, and community organizations with respect to placing these in schools and other public buildings throughout BC, and cost implications of expansion.

Recognizing this may require considerable work including cross-ministry, we will need this by **October 9**, please.

Thanks! E



## INFORMATION BULLETS

**Cliff #1039359**

**REQUEST:** Ministry of Education is requesting Ministry of Health to provide approved messaging regarding the installation of Automatic External Defibrillators in all schools in British Columbia in order to respond to a letter from Jim Iker, President of the British Columbia Teachers' Federation.

### BACKGROUND

- Mr. Iker sent a letter addressed to Ministers Lake and Bernier to advocate for the installation of Automatic External Defibrillators in all schools in British Columbia based on evidence that early defibrillation significantly increases the survival rate of victims in cardiac arrest.
- An automated external defibrillator (AED) is a device containing sophisticated electronics used to identify cardiac rhythms, and to deliver a shock to correct abnormal electrical activity in the heart.
- According to the Heart and Stroke Foundation of Canada (HSFC), AEDs are safe, easy to use, and can be used effectively by trained medical and non-medical individuals.
- HSFC also states that survival rates in cardiac rehabilitation programs that provide defibrillation within the first few minutes after a cardiac arrest are higher than 85 percent. They recommend that Canadians have widespread access to AEDs, particularly in locations which are at high risk for incidents of sudden cardiac arrest, and be trained and encouraged to apply cardiopulmonary resuscitation and AED skills when needed.
- There is no specific mention of schools in HSFC's position statement.

### FINDINGS:

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**Program area:** Healthy Living Branch, Population and Public Health  
**Date:** September 8, 2015

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**MINISTRY OF HEALTH  
DECISION BRIEFING NOTE**

**Cliff # 1012175**

**PREPARED FOR:** Honourable Terry Lake, Minister - **FOR DECISION**

**TITLE:** Automated External Defibrillators (AED) for Ministry of Health Sites

**PURPOSE:** Outline costs and other considerations for implementation of AEDs in Ministry of Health office locations.

**BACKGROUND:**

In May 2014, the Minister's Office posed a number of questions regarding AEDs:

- 1) Are AEDs in ministry offices across government?

Ministry of Health (MoH) offices do not have AEDs, and we are not aware of any other ministries that have them.

- 2) Have there been any discussions to install them?

The Joint Occupational Health & Safety Committee (JOSHC), representing 1515 Blanshard and 1483 Douglas, did discuss the potential to install AEDs; based on the information presented by the BC Public Service Agency, the Committee did not proceed to implement AEDs in these worksites.

- 3) How about our Ministry office specifically?

No, as per above.

Subsequently, the Minister requested further information on possible implementation of AEDs in MoH and government offices.

**DISCUSSION:**

There is currently no WorkSafe BC (WSBC) or other requirement to have AEDs in government office locations.

There is no Corporate Supply Arrangement for AED acquisition, at this time.

St. John Ambulance, certified as a first aid training provider by WSBC, dedicated to the teaching and practice of medical first aid and the provision of ambulance services, recommend 2 devices (Attachment B), with the latter being slightly better:

- Phillips – Heartstart OnSite (\$1600 each)
  - CPR voice prompts after shock has been delivered
  - 4 year battery warranty
  - 8 year device warranty
  - Free CPR class for 2 people

- Physio Control – LifePak CR Plus (\$1800 each)
  - Compatible with BCAS and most Fire Departments
  - Escalating energy delivered (200j, 300j, 360j)
  - 8 year device warranty
  - Free CPR class for 3 people

With the purchase of AEDs from St. John Ambulance, they will provide free training (1½ hrs on-site at each location), on the specific device purchased, to the Occupational First Aid (OFA) Attendants (33 in MoH at June 2014) and free CPR classes. Note: In the last 2 years, OFA Level 2 certification course cover use of an AED; OFA Level 1 certification course does not cover use of an AED.

If AEDs are implemented in the workplace, written procedures regarding this equipment will need to be outlined as per WSBC Workplace AED Guidelines (Attachment C). Procedures may vary depending on the workplace, for example, the device may be mounted centrally at a site for potential access by all staff; where at large sites, such as 1515 Blanshard, the device may be with designated OFA Attendant.

There are 6 MoH locations with a staff complement of 20 or more, see Attachment A (20 is the minimum number for a joint health and safety committee under the WSBC regulations, and has therefore been used for costing purposes in this briefing note).

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Under the current spending restrictions, approval from the Deputy Minister to the Premier is required for all new equipment purchases.

#### **OPTIONS:**

1. Do not implement AEDs in any government offices.
  - a. Health and safety practices in the workplace remain status quo.
  - b. No requirement for capital commitment to procure equipment.
2. Acquire and implement 6 AEDs in 6 MoH locations (1 for each) where staff complement is 20 or more.
  - a. Additional measure to complement emergency response in the workplace for the Ministry of Health.

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3. Acquire and implement AEDs for all government sites.

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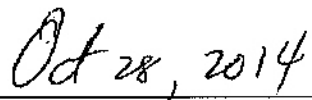
#### FINANCIAL IMPLICATIONS:

s.13,s.17

#### RECOMMENDATION:

Option 2.

  
Approved/Not Approved  
Honourable Terry Lake  
Minister

  
Date Signed

---

Program ADM/Division: Manjit Sidhu, ADM, Finance and Corporate Services  
Telephone: 250 952-2067  
Program Contact (for content): Fiona Miyoshi, Manager, Facilities, 250 952-1198  
Drafter: Fiona Miyoshi.  
Date: October 21, 2014

# Ministry of Health Sites

## at June 2014

	Location	City	Approx. # of staff	Joint Occupational Health & Safety Committee	MoH Occupational First Aid Attendants	Implement AED (based on 20+ staff)
CORPORATE	4603 Kingsway	Burnaby	s.15	N	2	
	4170 Still Creek Dr	Burnaby		Y <sup>1</sup>	14	Y
	1690 Powick Rd	Kelowna		Y <sup>3</sup>	N	
	9440 202nd St	Langley		Y <sup>1</sup>	12	Y
	960 Quayside Dr	New Westminster		TBD	1	Y
	700 W. Pender St	Vancouver		N	N	
	1515 Blanshard St	Victoria		Y <sup>2</sup>	5	Y
	1483 Douglas St	Victoria		Y <sup>2</sup>	1	Y
	800 Johnson St	Victoria		Y <sup>3</sup>	N	
VITAL STATISTICS AGENCY	478 Bernard Ave	Kelowna		Y <sup>3</sup>	N	
	605 Robson St	Vancouver		N	N	
	818 Fort St	Victoria		Y	0 <sup>4</sup>	Y
TOTAL					35	6

<sup>1</sup> 1 JOSHC representing both HealthLink BC sites

<sup>2</sup> 1 JOSHC representing 1515 Blanshard and 1483 Douglas sites

<sup>3</sup> JOSHC present at site under different Ministry

<sup>4</sup> Recruiting 2 OFAAs





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<b>Physio-Control</b> Featuring a 5 year warranty, the "splash-proof" LIFEPAK EXPRESS is the perfect AED for the workplace. This semi-automatic model is built to administer increasing levels of energy for every subsequent shock and talks you through defibrillation with the help of ClearVoice prompts.	<b>Philips</b> HeartStart OnSite Defibrillator is small and lightweight. Using clear, calm voice instructions, it guides you through each step of defibrillation as well as CPR. Integrated SMART Pads placed on the victim's bare skin sense and adapt the defibrillator's instructions to your every move.	<b>Physio-Control</b> The LIFEPAK CR Plus AED is your complete solution for large scale AED program implementation. This device is perfect for facilities looking for a device that is simple to use or with long-term product support.	<b>Philips</b> The Philips FRx Defibrillator is ready to rescue, out of the box. It talks you through CPR and administers increasing levels of energy through every shock. The HeartStart FRx was built to surpass rigorous testing requirements: withstanding jetting water, crushing loads of up to 500 pounds, and a one-metre drop onto concrete.
<b>Models available:</b> LIFEPAK CR PLUS SEMI-AUTOMATIC LIFEPAK CR PLUS AUTOMATIC			
<b>Contents:</b> <ul style="list-style-type: none"> <li>■ LIFEPAK Express Defibrillator</li> <li>■ QUICK-PAK™ electrode pads (1)</li> <li>■ Quick Reference Guide</li> <li>■ Owner's Manual</li> <li>■ Training DVD</li> <li>■ Internal Battery System - CHARGE-PAK Battery Charger</li> <li>■ 8-year Device Warranty</li> <li>+ Window Decals (2)</li> <li>+ AED Wall Sign</li> <li>▲ FREE CPR class for 1 person</li> </ul>	<b>Contents:</b> <ul style="list-style-type: none"> <li>■ HeartStart OnSite Defibrillator</li> <li>■ Adult SMART Pads Cartridge (1)</li> <li>■ Quick Reference Guide</li> <li>■ Owner's Manual</li> <li>■ 4-year Battery Warranty</li> <li>■ 8-year Device Warranty</li> <li>+ Standard Carrying Case</li> <li>+ Fast Response Kit</li> <li>+ Window Decals (2)</li> <li>+ AED Wall Sign</li> <li>▲ FREE CPR class for up to 2 people</li> </ul>	<b>Contents:</b> <ul style="list-style-type: none"> <li>■ LIFEPAK CR Plus (Fully-Automatic or semi-automatic)</li> <li>■ QUICK-PAK™ electrode pads (2)</li> <li>■ Quick Reference Guide</li> <li>■ Owner's Manual</li> <li>■ Training DVD</li> <li>■ Internal Battery System - CHARGE-PAK Battery Charger</li> <li>■ 8-year Device Warranty</li> <li>+ Standard Carrying Case</li> <li>+ Fast Response Kit</li> <li>+ Window Decals (2)</li> <li>+ AED Wall Sign</li> <li>▲ FREE CPR class for up to 3 people</li> </ul>	<b>Contents:</b> <ul style="list-style-type: none"> <li>■ HeartStart FRx Defibrillator</li> <li>■ SMART Pads B (1)</li> <li>■ Quick Reference Guide</li> <li>■ Owner's Manual</li> <li>■ 4-year Battery Warranty</li> <li>■ 8-year Device Warranty</li> <li>+ Standard Carrying Case</li> <li>+ Fast Response Kit</li> <li>+ Window Decals (2)</li> <li>+ AED Wall Sign</li> <li>▲ FREE CPR class for up to 4 people</li> </ul>
Product Code: P-4280-80427-EXP Dimensions HxWxD: 9.5 in x 8.0 in x 4.2 in Weight: 4.5 lbs with CHARGE-PAK battery and electrodes.	Product Code: P-4220-M5068A Dimensions HxWxD: 7.4 in x 6.3 in x 2.8 in Weight: 3.3 lbs	Automatic Code: P-4280-80403-FUL Semi-automatic code: P-4280-80403-SEM Dimensions HxWxD: 8.5 in x 8.0 in x 4.2 in Weight: 4.5 lbs with CHARGE-PAK battery and electrodes.	Product Code: P-4220-86130M Dimensions HxWxD: 7.1 in x 8.9 in x 2.4 in Weight: 3.5 lbs

Contact us to Book Your Demo: 1.855.521.2651

1.866.321.2651



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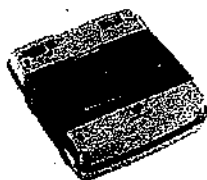
All prices are subject to change.



St. John Ambulance

**SAVING LIVES**

at work, home and play



**LIFEPAK 1000 WITH GRAPHIC DISPLAY**

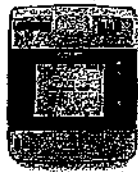
**\$2,400.00**

**Physio-Control**

The rugged LIFEPAK 1000 defibrillator is easy-to-use. It is a device powerful and adaptable enough for professional responders. It also features escalated defibrillation power as well as a CPR-countdown timer, and is fully compatible to all other LIFEPAK defibrillators and monitors.

**Contents:**

- LIFEPAK 1000 Defibrillator
- QUIK-PAK™ electrode pads (2)
- Quick Reference Guide
- Owner's Manual
- Training DVD
- 5-year Device Warranty
- Window Decals (2)
- AED Wall Sign
- ▲ **FREE CPR class for up to 4 people**



**LIFEPAK 1000 WITH ECG DISPLAY**

**\$3,100.00**

**Physio-Control**

The LIFEPAK 1000 is an easy-to-use automated external defibrillator designed for professional responders. It features a large, intuitive screen and displays easy-to-read graphics and ECG readings. The 1000 also features cprMAX™ Technology which minimizes CPR interruptions by allowing compressions to continue during AED charging.

**Contents:**

- LIFEPAK 1000 with ECG display Defibrillator
- QUIK-PAK™ electrode pads (2)
- Quick Reference Guide
- Owner's Manual
- Training DVD
- 5-year Device Warranty
- Standard Carrying Case
- Fast Response Kit
- Window Decals (2)
- AED Wall Sign
- ▲ **FREE CPR class for up to 4 people**

Product Code: P-4290-99425-GRD  
Dimensions HxWxD:  
3.4 in x 9.2 in x 10.9 in  
Weight: 7.1 lbs with CHARGE-PAK battery and electrodes.

Product Code: P-4290-99425-ECG  
Dimensions HxWxD:  
3.4 in x 9.2 in x 10.9 in  
Weight: 7.1 lbs with CHARGE-PAK battery and electrodes.

"For every one minute delay in defibrillation, the survival rate of a cardiac arrest victim decreases by 7 to 10%. After more than 12 minutes of ventricular fibrillation, the survival rate is less than 5%."

**AED**

**DEFIBRILLATOR**



**PHILIPS**

## TECHNICAL INFORMATION SHEET

	LIFEPAC EXPRESS	HEARTSTART ONSITE	LIFEPAC CRUISE	PHYSIO-CONTROL FRX	LIFEPAC 3000 W/ BRUISE PROTECTION	LIFEPAC 3000 W/ ECG DISPLAY
<b>Warranty and Battery</b>						
Warranty	5-year	5-year	5-year	5-year	5-year	5-year
Stand-By Life (in Unit)	N/A	4 years	N/A	4 years	3.5 years	3.5 years
Battery	Internal System	Inserted Battery	Internal System	Inserted Battery	Inserted Battery	Inserted Battery
Battery Capacity	40 shocks	200 shocks	30 shocks	200 shocks	440 shocks	440 shocks
Battery Charger	CHARGE PAK	N/A	CHARGE PAK	N/A	CHARGE PAK	CHARGE PAK
Battery Price	N/A	\$184	N/A	\$184	\$334	\$334
AED Pad/Electrode Life	2 years	2 years	2 years	2 years	18 months	18 months
Adult Pad Price Infant/Child Pads	Incl in replacement kit \$105	\$82 \$100	Incl in replacement kit \$165	\$72 \$100	\$42 \$110	\$42 \$110

Extended Warranty: 10-year extended warranty available on HeartStart Onsite and FRX devices only.

<b>Technical Specifications</b>						
Height	8.6 in	7.4 in	8.6 in	7.1 in	3.4 in	3.4 in
Width	8 in	8.3 in	8 in	8.9 in	6.2 in	6.2 in
Depth	4.2 in	2.6 in	4.2 in	2.4 in	10.9 in	10.9 in
Weight (with battery and pads)	4.5 lbs.	3.3 lbs.	4.5 lbs.	3.5 lbs.	7.1 lbs.	7.1 lbs.
Pad Cable Length	42 in (106.7cm)	54 in (137.2cm)	42 in (106.7cm)	48 in (121.9cm)	24 in	24 in
Operating Temperature	0-50C	0-60C	0-60C	0-60C	59-95C	59-95C
Temporary Transport Temperature	32-122F (0-50C)	32-122F (0-50C)	32-122F (0-50C)	32-122F (0-50C)	32-122F	32-122F
Altitude	0-15,000ft	0-15,000ft	0-15,000ft	0-15,000ft	0-15,000ft	0-15,000ft
Dust Resistance	Not Available	IP2X	Not Available	IP5X	IP55	IP55
Water Resistance	IPX4	IPX1	IPX4	IPX6	IP55	IP55
Relative Humidity	5 - 95%	0 - 75%	5 - 95%	0 - 95%	5 - 95%	5 - 95%
Falling Height	39.37 in	39.37 in	39.37 in	39.37 in	18 inch	18 inch
Battery / Charge Pak Type	Lithium Sulfuryl Chloride	Lithium Manganese dioxide	Lithium Sulfuryl Chloride	Lithium Manganese dioxide	Lithium Manganese dioxide	Lithium Manganese dioxide
Battery Voltage	11.7 Volt	9 Volt	11.7 Volt	9 Volt	12 Volt	12 Volt
Battery Amperage	1.4 Amp-Hours	4.2 Amp-Hours	1.4 Amp-Hours	4.2 Amp-Hours	4.5 Amp-Hours	4.5 Amp-Hours
"Semi-Automated (push button to shock patient)"	Yes	Yes	No	Yes	Yes	Yes
"Fully Automatic (automatically shocks patient if needed)"	No	No	Yes	No	Yes	Yes
Shock Delivery After CPR Interval	9 - 15 seconds	8 seconds	9 - 15 seconds	8 seconds	9 - 15 seconds	9 - 15 seconds
Energy Delivered - Adult	200J-300J-360J	150 J	200J-300J-360J	150 J	200J-300J-360J	200J-300J-360J

Energy Delivered Infant/Child: The Physio-Control Infant/Child reduced energy electrodes administer 1/4 of adult energy, 50J administered for all Philips devices.

<b>Additional Features</b>						
User Info Button	No	Yes	No	Yes	No	No
Automated Self Test	Yes	Yes	Yes	Yes	Yes	Yes
Electrode Connection Test	Yes	No	Yes	No	No	No
Audio CPR Instructions	No	Yes	No	Yes	Yes	Yes
CPR Metronome	No	Yes	No	Yes	Yes	Yes
Data Storage	20 minutes	15 minutes	20 minutes	15 minutes	20 minutes	20 minutes
Data Analysis	Yes	Yes	Yes	Yes	Yes	Yes

Data transmission: All devices use Infrared Wireless

<b>Extras</b>						
Pediatric Key, Hard-shell Carrying Case, Basic Wall Cabinet, Premium Semi-Recessed Wall Cabinet, Premium Wall Mount Cabinet.*						

\*Please inquire for most updated prices.

All prices are subject to change.

1.866.321.2651



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## **Automated External Defibrillators in the Workplace**

On November 1st, 2010 Guideline G3.17(1)-1 *Implementing an early defibrillation program in the workplace* was removed.

Some concern was expressed by stakeholders that the AED guideline could be perceived as implying that occupational health and safety requirements for Automated External Defibrillators (AED) applied to the devices that are made available for public use only. This could be an impediment for employers to make AEDs available to the general public. That was not the intent of the AED guideline.

If AEDs are provided for use in a workplace, then they will constitute pieces of first aid equipment to which Occupational Health and Safety requirements apply. Some of the applicable provisions of the Occupational Health & Safety Regulation (OHSR) include Sections 3.16, 3.17, 4.3, 4.5, 4.10 and *Section 115 of the Workers Compensation Act*.

To assist employers and Occupational First Aid Attendants, Certification Services offers the following information:

- a. An AED is not required by the OHSR; however, AED training is included in all of the OFA and OFA equivalent courses. No separate certificate is issued for the CPR/AED training received in an OFA course - the training is simply part of the course. Workers who possess a valid OFA certificate were able to demonstrate competency deploying an AED as part of their training or examination and were duly certified by their OFA instructor or evaluator. The AED training a worker receives in an OFA course may not be as comprehensive as what a worker might receive if *brand specific* AED training were taken.
- b. An AED that is in the workplace is considered to be part of the workplace first aid equipment (sections 3.16 and 3.17 of the OHSR). Workers are trained in the use of an AED when taking an OFA course but only the emergency application protocol. There is very little information about the care, maintenance and inspections recommended by the manufacturer included in an OFA course (*that information would be found in the workplace AED user manual and spec sheet*).
- c. The brand of AED training simulator used in an OFA or OFA equivalent course may be different from the brand of AED found in a workplace. Just as for any piece of equipment, the worker must be trained in the use of the equipment and authorized to use it (4.10 of the OHSR). Inspection and maintenance records may be required for the AED as per the manufacturer's instructions; some inspections may be daily, weekly, monthly etc (4.3 and 4.9 of the OHSR).

- d. Although medical oversight is not required by the OHSR, it is recommended. Physicians, with an expertise in pre-hospital defibrillation, can offer expert advice on training issues, special situation protocols, AED policies & procedures, post-arrest data management and the handling of confidential patient clinical information. This will assist the workplace gaining compliance with the applicable sections of the OHSR and other generally accepted medical practices in Canada.
- e. Written procedures need to include who is to, and how to access the AED and must include the location of the AED (3.17 of the OHSR). The OFAAs in a workplace should be able to answer questions specific to the AED unit that is available at the workplace. The AED user manual and spec sheet will allow for the development of a checklist that the OFAAs should use to conduct inspections of the workplace unit(s). During WorkSafeBC inspections of a jobsite, Board Officers may question the OFAA to establish knowledge of the onsite AED and any routine inspections and/or pre-use checks that should be performed.

In summary, if the brand of AED training unit (AED simulator) used to instruct an OFA course is different from the brand of AED unit found in a workplace, the OFAAs will require further orientation and training specific to the AED brand found in the workplace. A separate certificate is not required for an AED but records of the training are required.

If the employer determines that medical oversight is appropriate (possibly following a first aid assessment), the medical director may establish additional training and orientation including the frequency of any CPR/AED retraining. Currently all OFA and equivalent certificates are valid for 3 years.

Certification Services supports The Canadian Heart and Stroke Foundation recommendations for periodic assessment of rescuer knowledge and skills, with reinforcement or refresher information provided as needed during the certification period. Ideally, retraining should not be limited to 3 year recertification intervals.

Questions about OFA certification and/or AED training should be directed to an Approved Occupational First Aid Training Agency [First Aid Training Agencies](#) (PDF, 617 KB) or to WorkSafeBC Certification Services at 604.276.3090 or [Certification@WorkSafeBC.com](mailto:Certification@WorkSafeBC.com)

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**Perry, Nancy L HLTH:EX**

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**From:** Simonson, Kathy HLTH:EX  
**Sent:** Thursday, March 5, 2015 4:48 PM  
**To:** Jukes, Shaina HLTH:EX; Martin, Rhiannon HLTH:EX  
**Cc:** HLTH Ministers Office; Docs Processing HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; O'Callaghan, Jacqueline HLTH:EX; Marsh, Jania HLTH:EX; Andrachuk, Andrea HLTH:EX; Stearn, Anne HLTH:EX  
**Subject:** ✓1029231 - Minister Meeting March 9 with Heart and Stroke Foundation x ref 1028301  
**Attachments:** 1029231 - Minister meeting with Heart and Stroke Foundation re BCPAD - March 2015.docx

Hi Shaina & Rhiannon:

Attached is material provided by HSD and approved by Sharon Stewart obo Doug Hughes and by Manjit Sidhu, ADM.

Thanks so much,

Kathy Simonson  
 Program Coordinator / Documents Processing Unit / Deputy Minister's Office / Ministry of Health  
 5-2 1515 Blanshard St, Victoria BC V8W 3C8  
 Telephone 250 952-1811

[kathy.simonson@gov.bc.ca](mailto:kathy.simonson@gov.bc.ca)

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**From:** Martin, Rhiannon HLTH:EX  
**Sent:** Monday, February 2, 2015 8:50 AM  
**To:** Martin, Rhiannon HLTH:EX  
**Subject:** FW: Meeting with Minister Lake

**From:** Martin, Rhiannon HLTH:EX  
**Sent:** Thursday, January 29, 2015 11:49 AM  
**To:** 'Mary Stambulic'  
**Cc:** Jukes, Shaina HLTH:EX  
**Subject:** RE: Meeting with Minister Lake

Morning Mary,

Thanks for forwarding your request to me. We will review the request in our office and be in touch with you at a later date.

Thanks,

**Rhiannon Martin** | Administrative Assistant  
 Honourable Terry Lake  
 Minister of Health

original to file  
 transitory copy to Gordon

PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2  
Phone: 250-953-3547 | Fax: 250-356-9587 | [HLth.Health@gov.bc.ca](mailto:HLth.Health@gov.bc.ca)

**From:** Mary Stambulic [<mailto:MStambulic@hsf.bc.ca>]  
**Sent:** Thursday, January 29, 2015 11:39 AM  
**To:** Martin, Rhiannon HLTH:EX  
**Subject:** FW: Meeting with Minister Lake

Good morning Rhiannon!

As Shaina is away, I thought I would forward to you our meeting request so that it can be placed in the hopper with the others.

Many thanks!

Mary

**From:** Mary Stambulic  
**Sent:** Thursday, January 29, 2015 11:28 AM  
**To:** 'Jukes, Shaina HLTH:EX'  
**Subject:** RE: Meeting with Minister Lake

Good morning Shaina and hope all is well.

s.22

I am writing to reopen our meeting request with Mark and our CEO Adrienne Bakker to discuss the BC PAD Program and our new signs of stroke campaign. Adrienne has booked time to be in Victoria on February 26<sup>th</sup> – would it be possible to meet then? She would be available to meet in the early morning if that helps.

Warmest regards,  
Mary

**From:** Jukes, Shaina HLTH:EX [<mailto:Shaina.Jukes@gov.bc.ca>]  
**Sent:** Wednesday, October 22, 2014 8:36 AM  
**To:** Mary Stambulic  
**Subject:** RE: Meeting with Minister Lake

Thank you Mary,

Since we don't have Minister Lake's schedule for February yet I cannot commit anything yet but if you submit a request once all the dates are confirmed we will work to fit this in.

I will close off the request we have at this time.

All the best,  
Shaina

*Shaina Jukes*

*Administrative Coordinator to the Honourable Terry Lake*

**From:** Mary Stambulic [<mailto:MStambulic@hsf.bc.ca>]  
**Sent:** Tuesday, October 21, 2014 4:39 PM  
**To:** Jukes, Shaina HLTH:EX  
**Subject:** RE: Meeting with Minister Lake

Thanks Shaina.

Upon reflection and discussion with Adrienne, we're wondering if it would be better use of the minister's time if we book this meeting in February instead when we have our MLA Breakfast and Health Fair in Victoria at the Legislature. The dates that we are looking at that are already on hold for us by Melissa and Jared are the following:

1. Thursday, February 19, 2015
2. Tuesday, February 24, 2015
3. Thursday, February 26, 2015

Would it be possible to have a meeting with the minister after the breakfast and before QP on any of the dates above if he is available? As he is such a strong supporter of the foundation, we were also wondering if he might be available to attend the breakfast and say a few words. As these dates are on hold for us, any of them that works best for the minister would work for us (although the 26<sup>th</sup> would probably work best for us).

And thank you again for confirming Minister Wilkinson for the Canadian Cardiovascular Congress. We are very excited about having him speak at this event.

Regards,  
Mary

**From:** Jukes, Shaina HLTH:EX [<mailto:Shaina.Jukes@gov.bc.ca>]  
**Sent:** Tuesday, October 21, 2014 11:40 AM  
**To:** Mary Stambulic  
**Subject:** FW: Meeting with Minister Lake

Hi Mary, I am just following up on the below request.

## Shaina Jukes

*Administrative Coordinator to the Honourable Terry Lake*  
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2  
Phone: 250-953-3547 | Fax: 250-356-9587 | [Hlth.Health@gov.bc.ca](mailto:Hlth.Health@gov.bc.ca)

**From:** Jukes, Shaina HLTH:EX  
**Sent:** Friday, October 17, 2014 2:25 PM  
**To:** 'mstambulic@hsf.bc.ca'  
**Subject:** FW: Meeting with Minister Lake

Hi Mary, Sorry I forgot <sup>s.22</sup>

please see below email.

Shaina

## *Shaina Jukes*

*Administrative Coordinator to the Honourable Terry Lake  
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2  
Phone: 250-953-3547 | Fax: 250-356-9587 | [Hlth.Health@gov.bc.ca](mailto:Hlth.Health@gov.bc.ca)*

**From:** Jukes, Shaina HLTH:EX  
**Sent:** Friday, October 17, 2014 2:23 PM  
**To:** 'MCollison@hsf.bc.ca'  
**Subject:** FW: Meeting with Minister Lake

Good afternoon Mark, I am following up on your email sent back in May requesting a meeting with Minister Lake to discuss the BC PAD Program. Minister Lake will be in Vancouver on November 13<sup>th</sup> and is available for a meeting from 2:45pm – 3:15pm.

Please let me know if this time will work for you and I will follow up with confirmed details.

All the best,  
Shaina

## *Shaina Jukes*

*Administrative Coordinator to the Honourable Terry Lake  
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2  
Phone: 250-953-3547 | Fax: 250-356-9587 | [Hlth.Health@gov.bc.ca](mailto:Hlth.Health@gov.bc.ca)*

**From:** Mark Collison [<mailto:MCollison@hsf.bc.ca>]  
**Sent:** Thursday, May 29, 2014 1:53 PM  
**To:** Jukes, Shaina HLTH:EX  
**Cc:** Loiacono, Sabrina HLTH:EX; Anna Marie Tandoc  
**Subject:** Meeting with Minister Lake

Hi Shaina,

I would like to request a meeting with Minister Lake and my CEO, Adrienne Bakker and myself to discuss the BC PAD Program and possible measures that we could potentially take to make it stronger, sustainable and accountable into the future.

The meeting could be either in Victoria or Vancouver – whatever is most convenient for the Minister. It is not urgent and could just be sometime over the summer or even in the early fall depending on everyone's availability.

Thank you for consideration of this request and we look forward to the opportunity to meet.

Regards,

Mark

**Mark Collison**, MPA

Director, Advocacy & Stakeholder Relations | BC & Yukon

Heart and Stroke Foundation

T Victoria Office: 250.592.8040 | Vancouver Office: 778.372.8030 | E [mcollison@hsf.bc.ca](mailto:mcollison@hsf.bc.ca)

[heartandstroke.ca](http://heartandstroke.ca)

**MAY IS LEAVE A LEGACY MONTH.** What will your legacy be? By including the Foundation in your will, you'll support life-saving heart disease and stroke research – and give your family and friends a brighter future. Learn how to [start planning your gift by Will](#).



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1029231

**Perry, Nancy L HLTH:EX**

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**From:** Casanova, Tamara HLTH:EX  
**Sent:** Wednesday, February 18, 2015 1:17 PM  
**To:** Evernden, Erica HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX; Marsh, Jania HLTH:EX; O'Callaghan, Jacqueline HLTH:EX  
**Subject:** 1029231 - Incoming - Minister Mtg March 9 with the Heart and Stroke Foundation (x ref 1028301)

Hi,

The MO has confirmed the above noted Minister meeting with the Heart and Stroke Foundation. Details are below.

**Date:** Monday, March 9th  
**Time:** 10:30 to 11:00 am  
**Location:** Minister's Office, Room 337 Victoria (Parliament Buildings)

**Agenda Items:**

- Discuss BC Public Access to Defibrillation Program; and
- New signs of stroke campaign

**Participants:**

- Adrienne Bakker, CEO
- Mark Collison, Director of Advocacy and Stakeholder Relations

Calendar invites will be sent to Lynn and Doug to attend. Please advise if any additional staff will need to be included.

**Materials:** DocsProcessing will assign formally for materials as per usual process. Due date for final materials to the MO is Thursday, March 5.

Please don't hesitate to give me a call if there are any concerns.

Many thanks,  
Tamara

**Tamara Casanova | Executive Operations | Office of the Deputy Minister | Ministry of Health | P: 250.952.1908 | C: 250.217.3655 | F: 250.952.1909 | [tamara.casanova@gov.bc.ca](mailto:tamara.casanova@gov.bc.ca)**

CC: Foran, Grace E HLTH:EX; Marsh, Jania HLTH:EX; O'Callaghan, Jacqueline HLTH:EX

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## MEETING MATERIAL

**Cliff #:** 1029231

**PREPARED FOR:** Honourable Terry Lake, Minister of Health

**TITLE:** Minister of Health Meeting on March 9, 2015 with the Heart and Stroke Foundation

**MEETING REQUEST/ISSUE:** Minister Lake meeting with the Heart and Stroke Foundation CEO, Ms. Adrienne Bakker and Mr. Mark Collison, Director, Advocacy & Stakeholder Relations to discuss the British Columbia Public Access to Defibrillation Program (BC PAD) and a possible partnership opportunity regarding the signs of stroke public awareness campaign.

**SHOULD MINISTRY STAFF ATTEND THIS MEETING:** Yes, Lynn Stevenson, Associate DM, and Doug Hughes, Assistant Deputy Minister, Health Services Policy and Quality Assurance Division.

### **BACKGROUND:**

The Heart and Stroke Foundation (the Foundation) is one of Canada's largest health charities. Over the last 60 years, the Foundation states they have invested more than \$1.39 billion in heart and stroke research, making them the largest contributor in Canada after the federal government.

Mr. Collison and Ms. Bakker wish to speak to the Minister about "possible measures that could potentially make it stronger, sustainable and accountable into the future."

The Foundation met with Minister's Office staff on February 5, 2015.

### **BC PAD**

A partnership between the Government of British Columbia and the Foundation supports the installation of up to 750 AEDs in a variety of public venues throughout BC over the next three years including community centers, arenas, and playing fields. In addition, public education campaigns are underway in an effort to increase awareness and support for this program.

The BC Ambulance Service (BCAS) supports the program by providing orientation for staff on how to correctly use and maintain the devices, and as a resource for when an AED is used on a sudden cardiac arrest patient.

BCAS has mapped all locations where an AED has been installed. When a bystander calls 9-1-1 for an ambulance, the dispatcher knows if there is an AED available at their location, and can assist the bystander to use the AED on the cardiac arrest patient.

### **Signs of Stroke Public Awareness Campaign - FAST**

In BC, stroke is the leading cause of acquired long-term disability, the third leading cause of death and a leading cause of dementia. An improved system of stroke care continues to be a Ministry priority. This includes efforts on both prevention and management of stroke and programs for optimal recovery and reintegration for people who have experienced stroke. It is also important that the public is aware of the urgency of stroke, recognize the signs and get to the hospital as soon as possible to receive time-sensitive treatments that may reverse the effects of stroke or minimize mortality, morbidity and disability.



According to the Foundation:

- only 44 percent of BC respondents can name two signs of stroke (2011)
- 31 percent of stroke patients do not arrive at hospital by ambulance therefore delaying treatment (2012)
- almost 60 percent of stroke patients arrive at hospital too late to be considered for tPA (within 4.5 hours) (2012)

The Foundation has developed a new national campaign to help Canadians recognize the signs of stroke and act FAST. Recognizing the signs of stroke and acting quickly can mean the difference between life and death, or the difference between a great recovery and a less successful outcome.

FAST, is being used in other countries to help individuals easily recognize the signs of a stroke.

To date, the Foundation advises they have invested over \$600,000 researching and developing the core elements of the campaign and are now asking provincial governments across Canada to partner with the Foundation to implement the core campaign in their respective provinces. The Foundation advises the Ontario provincial government has contributed \$1 million for the Ontario-based campaign.

The goals of the campaign are to:

1. increase the proportion of the Canadian population's awareness of two signs of stroke or more
2. decrease the median time (hours) from stroke symptom to presentation at emergency department

#### **FINANCIAL IMPLICATIONS:**

Since 2001, the BC government has provided more than \$14 million to the Foundation in support of heart attack and stroke prevention, educational and promotional activities, and other services.

The proposed BC-based FAST public awareness campaign is estimated to cost \$740,000, of which \$100,000 is to be provided by the Foundation. The Foundation is seeking a partnership with the Ministry and funding for the remaining \$640,000. An amount of \$500,000 in year-end funding has tentatively been allocated to the Foundation, subject to TB approval and appropriate communications activities.

#### **ADVICE:**

The Ministry supports the system improvement work the Foundation has undertaken including the campaign to raise public awareness of the signs of stroke. The Ministry's year-end grant approval process is still underway and the Foundation's request is under consideration.

Should the province agree to a partnership, the Foundation is proposing the Minister participate in an event in late May (June is Stroke Month) to announce and kick-off the campaign in BC.

In regards to BCPAD, it is not clear if Mr. Collison and Ms. Bakker intend to request additional government funding at this meeting.

The Ministry is also aware that Heart and Stroke Foundation has also promoted its interest in the Province introducing legislation that would make the placement of AEDs mandatory in all high-use facilities, and in provinces offering limited incentives for facilities considering installing an AED. s.13

Program Area: HSD

Date: March 5, 2015

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**Perry, Nancy L HLTH:EX**

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**From:** Boland, Blair HLTH:EX  
**Sent:** Tuesday, November 25, 2014 8:58 AM  
**To:** 'GORDON CROSS'  
**Subject:** FW: 20141121\_NR\_BC AED Registry  
**Attachments:** QA\_AEDRegistry\_2.docx; 20141121\_NR\_BC AED Registry (RGDS).docx

Hi Gord,

The Q&A and NR reflect different #s in terms of AEDs currently on the Registry. Thanks.

Blair

**From:** Cross, Gordon HLTH:EX  
**Sent:** Tuesday, November 25, 2014 8:25 AM  
**To:** Boland, Blair HLTH:EX  
**Subject:** FW: 20141121\_NR\_BC AED Registry

Hi Blair -- yet again....

Gordon Cross  
Executive Director  
Regional Grants & Decision Support  
Ministry of Health  
(250) 952-1120  
[gordon.cross@gov.bc.ca](mailto:gordon.cross@gov.bc.ca)

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**From:** Wolsey, Ashley HLTH:EX  
**Sent:** Tuesday, November 25, 2014 8:17 AM  
**To:** Cross, Gordon HLTH:EX  
**Subject:** FW: 20141121\_NR\_BC AED Registry

Over to you -- thanks!

**From:** Pilling, Lisa GCPE:EX  
**Sent:** Monday, November 24, 2014 4:46 PM  
**To:** HLTH HAD Issues HLTH:EX; Redmond, Jackie M HLTH:EX; Wolsey, Ashley HLTH:EX  
**Cc:** Thistle-Walker, Carlene GCPE:EX  
**Subject:** FW: 20141121\_NR\_BC AED Registry

Hello HAD team, Jackie and Ashley,  
Apologies for the end of day email -- please think of this more as a good morning email for tomorrow. ☺

Please find attached the AED registry news release and QA document. As you may notice, much of the information has been previously used in other public access to defibrillation and CPR materials.

If you are able to provide your feedback by 3:30 p.m. Tuesday, that would be greatly appreciated. Please don't hesitate to give me a shout if you have any concerns.

Kind regards,  
Lisa

**Lisa Pilling** | Health Communications  
Government Communications & Public Engagement  
p: 250-952-2928 | f: 250-952-1883 | [lisa.pilling@gov.bc.ca](mailto:lisa.pilling@gov.bc.ca)

## AED REGISTRY

### QUESTIONS AND ANSWERS

**Q:** What is the BC AED Registry?

**A:** The BC AED Registry is a database that dispatchers use to access AEDs near a sudden cardiac arrest patient by directing callers to the location once a sudden cardiac arrest is determined

**Q:** What is an AED?

**A:** Automated External Defibrillators (AEDs) are portable, easy-to-use devices that read the heart's rhythm and only deliver a shock if needed. If a shockable rhythm is detected, the bystander is instructed to press a button to deliver a shock, helping the heart return to a normal rhythm. If no shockable rhythm is detected, the AED will not administer a shock and the bystander is instructed to perform Cardiopulmonary resuscitation (CPR) until paramedics arrive.

**Q:** What is a community AED?

**A:** A community AED is located inside a private or public business or building, but is available for use by the general public in the event of a sudden cardiac arrest on the premises.

**Q:** What is a sudden cardiac arrest?

**A:** A sudden cardiac arrest occurs when the heart stops beating and the victim is no longer breathing. Sudden cardiac arrest can be caused by heart disease, drowning, stroke, electrocution, suffocation, drug overdose, motor vehicle accident or other injury. A heart attack is a plumbing problem where a blockage in a blood vessel interrupts the flow of blood to the heart causing an infarction, or death of heart muscles tissue.

**Q:** What if you think someone is having a sudden cardiac arrest but they are really having a heart attack? Can you hurt them by giving them CPR and using an AED?

**A:** The dispatcher will ask you a series of questions to determine whether the patient is suffering from a sudden cardiac arrest or heart attack. CPR is vital in both circumstances and an AED will analyze the patient's heart rhythm and not produce a shock if the patient experienced a heart attack.

**Q:** Can I hurt someone with an AED shock if they don't need it?

**A:** No. Automatic External Defibrillators are self-guiding and analyze the heart's dysrhythmia to administer the appropriate level of electric shock as required.

**Q:** When a patient is in cardiac arrest and I call 9-1-1, am I supposed to go find the nearest AED or stay with the patient and do CPR?

**A:** The dispatcher on the line will advise you to begin CPR while someone else on scene retrieves the nearest AED. If you are the only bystander, you will likely be asked to administer CPR until emergency responders arrive unless the dispatcher determines that AED intervention is required.

**Q:** How is BCEHS involved in the BC AED Registry?

**A:** BCEHS implemented the BC AED Registry into their Computer Aided Dispatch system as a way for dispatchers to quickly guide callers to the nearest AED once a sudden cardiac arrest is determined so that they can be used in conjunction with CPR until paramedics arrive on scene.

**Q:** Why is the BC AED Registry important?

**A:** For AEDs to work, BCEHS dispatchers need to know where they are so they can direct callers to find them in a medical emergency.

**Q:** How does the Registry work?

**A:** Dispatchers use an internationally recognized Medical Priority Dispatch System to quickly assess the severity of the patient's condition and respond with the appropriate help. Once a sudden cardiac arrest is determined, the dispatcher accesses the BC AED Registry to determine if there are any AEDs nearby while at the same time initiating an emergency medical response team. Then the dispatcher advises the caller to the location of the nearest registered AED, directs the caller to either retrieve the AED or ask another bystander to and provides instructions on how to use the AED to care for the patient until paramedics arrive.

**Q:** How many AEDs are currently on the registry?

**A:** As of November 18, 2014 there are 377 AEDs located across the province.

**Q:** Why should venues register their devices?

**A:** A registered AED is like the extended arm of BCEHS emergency services; initiating life-saving, pre-hospital emergency care the moment cardiac arrest is determined while paramedics are on their way. Registrants receive monthly email reminders which require the AEDs be checked to ensure readiness.

**Q:** Does BCEHS test the AED first to ensure it is in working order before it is added to the registry?

**A:** When registrants first register their AEDs, they are asked to complete a functionality test of the AED to ensure it is in working order. Once registered, the registrant will receive email requests every 30, 60 or 90 days depending on the preference of the registrant, to perform a readiness test on the AED and submit the results to the Registry.

**Q:** What kind of AEDs can be in the Registry?

**A:** Any AED, whether donated through the PAD program, another initiative or purchased privately, can be registered if it is in working order and accessible by the general public in a medical emergency.

**Q:** What details about where the AED is located are available to Dispatch?

**A:** The details are quite specific so that people unfamiliar with the venue can locate the AED quickly. An example of the location details could be as follows: "Accessible 0900-1700 M-F Inside main hall front entrance to right."

**Q:** How much does the AED registry cost?

**A:** The AED Registry was developed by Broadport Canada, a web applications systems design studio from Alberta. BCEHS pays an annual licensing fee of \$20,000 for the system, online storage and ongoing product support. Similar registries developed by Broadport Canada are used by the City of Edmonton and Alberta Health.

**Q:** Have community AEDs saved lives in B.C.? If so, how many?

**A:** The tracking of how many times community AEDs are deployed is not a part of the dispatch system at this time. However at least a dozen stories have come forward in the last six months where community AEDs were used to save a life; including one that was featured in a video produced by the Heart and Stroke Foundation about the Ogopogo Senior Men's Hockey Team. <http://vimeo.com/110750026>

**Q:** What steps are BCEHS taking to ensure the AEDs in the registry are in working order and well-maintained?

**A:** Registrants are asked to test their AEDs and submit the results to the registry via email every 30, 60 or 90 days depending on the preference of the registrant. The registry also sends reminders to replace the AED pads and batteries. However, the onus is on the registrant to act on these requests and complete the tests fully and truthfully. If more than three requests pass without a submission, the AED is removed from the registry.

**Q:** Who is liable for ensuring the AED is in working order?

**A:** The owner of the AED is liable for its maintenance.

**Q:** If I don't know CPR can I just give someone in cardiac arrest an AED shock?

**A:** BCEHS recommends administering CPR and a defibrillator as soon as a cardiac arrest is determined. In B.C. the current survival rate for an out-of-hospital cardiac arrest without intervention is only about 12 percent. When CPR and defibrillators are used together in the first few minutes of a cardiac arrest survival rates increase to 75 percent. Dispatchers are trained to lead callers through CPR compressions, locating the closest AED and administering an AED shock.

**Q:** How many unregistered community AEDs are in the province?

**A:** It's impossible to determine the number of unregistered AEDs in B.C. The Heart and Stroke Foundation recommends the placement of community AEDs in all public places where there is a likelihood of cardiac arrest.

**Q:** What if we make our AED accessible to the public and someone breaks it?

**A:** AEDs are and usually not targets for theft or vandalism. Today's AEDs are very durable and easy to use and would require gross negligence or misuse to damage or break. The potential benefit outweighs the slight risk.

**Q:** What is the PAD Program?

**A:** The Public Access to Defibrillators (PAD) Program is a partnership between the BC government, the Heart and Stroke Foundation and BCEHS to increase access to AEDs throughout the province. Since 2013, the provincial government has invested \$ 2 million in the PAD Program, which was matched by the Heart and Stroke Foundation. The program's mandate is to donate one or more public access AEDs to every municipality in British Columbia, depending on population size.

**Q:** How is BCEHS involved in the PAD Program?

**A:** BCEHS paramedics support the venues receiving PAD Program AEDs by providing orientation for staff on how to correctly use and maintain the device. BCEHS paramedics also provide post-incident support after a PAD Program AED is used.

**Q:** Does the PAD Program still expect to have 750 AEDs placed by February 2017?

**A:** Yes, the majority of the PAD AED locations have been determined. Now the Heart and Stroke Foundation and BCEHS are working together to schedule orientation and training sessions at venues throughout the province.

**Q:** What if I do something wrong when I'm trying to help the patient? Can the patient sue me?

**A:** The Good Samaritans Act protects bystanders trying to help someone in need from litigation unless the actions are deemed grossly negligent. Also the dispatcher will guide you through the appropriate life-saving procedures until paramedics arrive.

**Q:** Are public facilities required by law to have AEDs on site?

**A:** At this time, there is no legislation or government incentive for facilities to install defibrillators. Government encourages sport centres, arenas, and other municipal facilities where people exercise to have portable defibrillators on site. However, at this time, that remains a facility-specific decision.



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**NEWS RELEASE**

For Immediate Release  
November 27, 2014

BC Emergency Health Services

**BC AED Registry Helps People Save Lives**

VICTORIA, B.C. –BC Emergency Health Services today launched a provincial database that helps emergency medical dispatchers connect callers who are assisting patients in sudden cardiac arrest with community Automatic External Defibrillators (AEDs).

“When a person uses a registered AED it is an extension of BCEHS emergency services – they are initiating life-saving, pre-hospital emergency care the moment cardiac arrest is determined, while paramedics are on their way,” said Health Minister Terry Lake. “Having a registry for dispatchers to direct callers to the nearest AED and coach them through CPR, means greater chances of survival for sudden cardiac arrest patients.”

The BC AED Registry is a free service that is integrated into the Computer Aided Dispatch system used by dispatchers to direct emergency medical services throughout the province. Dispatchers can advise a caller of the closest registered AED, direct the caller to either retrieve the AED or ask another bystander to and provide instructions on how to use the AED to care for the patient until paramedics arrive. Registrants are required to complete monthly maintenance checks on their AEDs and will receive email reminders to change AED pads and batteries as well as post-incident support from BCEHS staff.

“We know that every minute that passes without treatment in a cardiac situation, the patient’s survival rate decreases by 10 percent. Our dispatchers do everything in their power to create the greatest chance of survival by guiding the caller through caring for the patient until help arrives,” said {PLACEHOLDER NAME, BCEHS spokesperson.} “Joining the BC AED Registry is quite simple, as it takes less than five minutes and could save a patient suffering from cardiac arrest.”

With the Registry, dispatchers can locate all registered AEDs within a 300 metre radius of an incident and provide specific guidelines on the use of the machine to the caller. There are currently 288 AEDs in the registry and hundreds more unregistered throughout the province.

Businesses, municipalities and community groups with AEDs can join the BC AED Registry by visiting [www.bcpadprogram.ca](http://www.bcpadprogram.ca) and following the registration instructions.

Comment [BB1]: Q and As state 377 as of November 18?

Since 2013, the provincial government has invested \$ 2 million in the BC Public Access to Defibrillators (PAD) Program, which was matched by the Heart and Stroke Foundation. The PAD Program is committed to the installation of 750 community AEDs in public venues throughout B.C. by 2017. BCEHS responded to 3,068 sudden cardiac arrests in 2013 and over 2,300 so far this year. Sudden cardiac arrest is the leading cause of non-accident related deaths among British Columbians.

BCEHS governs the emergency medical services system in B.C. and provide residents, visitors and health care professionals with pre-hospital emergency and inter-facility patient transfer services. BCEHS oversees the BC Ambulance Service and the BC Patient Transfer Network and is supported by the Provincial Health Services Authority.

**Media Contact:**

Preet Grewal

BC Emergency Health Services

250-356-0449

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**Perry, Nancy L HLTH:EX**

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**From:** Boland, Blair HLTH:EX  
**Sent:** Wednesday, November 12, 2014 9:04 AM  
**To:** Cross, Gordon HLTH:EX  
**Subject:** RE: For review - EP - AED registry

This is consistent with the May 2014 news release.

**From:** Cross, Gordon HLTH:EX  
**Sent:** Wednesday, November 12, 2014 8:52 AM  
**To:** Boland, Blair HLTH:EX  
**Subject:** Fw: For review - EP - AED registry

Hi Blair - please have a look at this also.

Thanks!

Sent from my BlackBerry 10 smartphone on the Rogers network.

**From:** Wolsey, Ashley HLTH:EX <[Ashley.Wolsey@gov.bc.ca](mailto:Ashley.Wolsey@gov.bc.ca)>  
**Sent:** Monday, November 10, 2014 1:21 PM  
**To:** Cross, Gordon HLTH:EX  
**Subject:** FW: For review - EP - AED registry

Hi there – over to you. Fine for when you get back.

Thanks!

**From:** Shepherd, Brent GCPE:EX  
**Sent:** Monday, November 10, 2014 12:59 PM  
**To:** Wolsey, Ashley HLTH:EX  
**Cc:** Thistle-Walker, Carlene GCPE:EX  
**Subject:** For review - EP - AED registry

Hi Ashley,

Attached for review as there is \$\$.

Also going to HAD.

Cheers,

b

Brent Shepherd

Government Communications and Public Engagement

Ministry of Health

250 952-2637

250 812-7511 (mobile)

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**Perry, Nancy L HLTH:EX**

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**From:** Boland, Blair HLTH:EX  
**Sent:** Monday, October 20, 2014 2:44 PM  
**To:** Cross, Gordon HLTH:EX  
**Subject:** RE: FOR REVIEW: EP for BC Public Access to Defibrillation CPR & AED community training  
**Attachments:** ep\_CPR Awareness Month training event DRAFT (2) (RGDS).docx

See suggested changes. Thx.

**From:** Cross, Gordon HLTH:EX  
**Sent:** Monday, October 20, 2014 2:33 PM  
**To:** Boland, Blair HLTH:EX  
**Subject:** FW: FOR REVIEW: EP for BC Public Access to Defibrillation CPR & AED community training

Hi Blair – did I ask you to look at this also? If not could you please look it over? Thanks...they're pressing me

Gordon Cross  
Executive Director  
Regional Grants & Decision Support  
Ministry of Health  
(250) 952-1120  
[gordon.cross@gov.bc.ca](mailto:gordon.cross@gov.bc.ca)

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**From:** Wolsey, Ashley HLTH:EX  
**Sent:** Friday, October 17, 2014 3:45 PM  
**To:** Cross, Gordon HLTH:EX  
**Subject:** FW: FOR REVIEW: EP for BC Public Access to Defibrillation CPR & AED community training

Hi there –

Over to you. Let me know if the end of Monday is a problem. I can push back as I know there are a lot of requests coming in. So please let me know.

Thanks,  
Ashley

**From:** Pilling, Lisa GCPE:EX  
**Sent:** Friday, October 17, 2014 2:02 PM  
**To:** HLTH HAD Issues HLTH:EX; Wolsey, Ashley HLTH:EX  
**Cc:** Thistle-Walker, Carlene GCPE:EX  
**Subject:** FOR REVIEW: EP for BC Public Access to Defibrillation CPR & AED community training

Hello Ashley, Mary, Meaghan (and HAD co),

Attached and below are the EP for the upcoming CPR events in Vancouver and West Kelowna during CPR awareness month.

If you are able to let me know your feedback by Monday that would be greatly appreciated. As always, please let me know if you have any immediate questions I can address.

Thank you and happy Friday!

Lisa

**Lisa Pilling** | Health Communications

Government Communications & Public Engagement

p: 250-952-2928 | f: 250-952-1883 | [lisa.pilling@gov.bc.ca](mailto:lisa.pilling@gov.bc.ca)

**Event Proposal – For PREM Consideration  
MINISTRY OF HEALTH**

**Event Title: BC Public Access to Defibrillation CPR & AED community training**

<b>Date:</b> Saturday, November 1 (Vancouver) <b>Time:</b> 12-3 pm and Sunday, November 9 (West Kelowna) <b>Time:</b> 1-3 pm	<b>Media Market:</b> Vancouver & West Kelowna
<b>Location:</b> Vancouver: Chinese Cultural Centre of Vancouver auditorium 50 East Pender Street  West Kelowna: Mount Boucherie High School gym 2751 Cameron Road	<b>English Media Spokesperson:</b> Premier Christy Clark, Health Minister Terry Lake  <b>Multicultural Media Spokesperson:</b> Premier Christy Clark, Health Minister Terry Lake
<b>Author/Ministry:</b> Health	

**THE EVENT**

**PROACTIVE EVENT OR INVITATION**

- Invitation to the BC Heart and Stroke Foundation's BC Public Access to Defibrillation (PAD) Cardio Pulmonary Resuscitation (CPR) & Automated External Defibrillator (AED) mass training event.

**EVENT**

- The BC Heart and Stroke Foundation are hosting mass CPR & AED training sessions in Vancouver and West Kelowna during CPR Awareness Month. Estimated participation is 200 people at each event. BC Ambulance Service paramedics, known as PAD champions, will lead the training and BC PAD program manager Shelley Parker will speak about the BC PAD Program. A new video sharing the story of Dennis Savage and Dave Jenkins, two sudden cardiac arrest survivors who play for the same West Kelowna seniors' hockey team, will be played during the West Kelowna event.
- The Vancouver event is focused on reaching Vancouver's Asian population. The Premier or Minister Lake would have a speaking role in either location and a translator would be provided.

**GOVERNMENT OF BRITISH COLUMBIA FUNDING / PARTNER FUNDING (IF APPLICABLE):**

- In May 2014, government announced an additional \$1 million to support the Heart and Stroke Foundation's Public Access to Defibrillation program. The foundation will also be fundraising to match government's funding, bringing the targeted investment in the program to \$4 million (\$2 million from the Province and \$2 million from the Heart and Stroke Foundation).
- This is the second time the Province has provided \$1 million to the program. In 2013, an initial \$1 million, which was matched by the Heart and Stroke Foundation and is funding the placement of 450 automated external defibrillators (AEDs) in public venues throughout the province by 2015.



- The second \$1 million funding commitment will bring the total number of AEDs placed throughout the province to up to 750, with the remaining funding being directed towards education and awareness programs.

#### **WHO'S ORGANIZING?**

- BC Heart and Stroke Foundation & GCPE

#### **STRATEGIC CONSIDERATIONS**

- November is CPR Awareness Month.
- The Heart and Stroke Foundation wants the provincial government to establish legislation requiring all public places to have automated external defibrillators and also protect responders from liability while using one. At this time there are no plans to introduce such legislation. However, the ministry will be watching how this issue progresses in other jurisdictions.

- Both sudden cardiac arrest survivors play for the same seniors' hockey team in West Kelowna and each suffered a sudden cardiac arrest while playing hockey. Team members used an AED (not one provided through the BC PAD Program) to defibrillate their fellow hockey players, who have since recovered.
- The community of West Kelowna has received four AEDs through the BC PAD program, the City of Kelowna has received one. Both communities have other AEDs in public places that have been provided or purchased outside of the BC PAD program.

#### **VENUE DESCRIPTION**

- November 1: Chinese Cultural Centre of Vancouver auditorium
- November 9: West Kelowna: Mount Boucherie High School gym

#### **EVENT PARTICIPANTS (SPEAKERS)**

- Premier Christy Clark
- Health Minister Terry Lake
- Kelowna and Vancouver MLAs
- Shelley Parker, BC Heart and Stroke Foundation
- BC Ambulance Service paramedic & PAD champion (TBC)

#### **KEY VALIDATORS & STAKEHOLDERS**

- BC Ambulance Service
- Heart and Stroke Foundation, BC & Yukon
- Cities of Vancouver and West Kelowna
- 

#### **TARGET AUDIENCE**

- Vancouver and West Kelowna community members

#### **VISUAL MESSAGE(S)**

##### **DESIRED PICTURE (STILL)**

- Premier Christy Clark, Health Minister Terry Lake and other participants practise doing CPR and applying an AED as BC Ambulance paramedics assist them.

##### **DESIRED PICTURE (VIDEO)**

- Premier Christy Clark, Health Minister Terry Lake and other participants practise doing CPR and applying an AED as BC Ambulance paramedics assist them.

#### **ACTUAL SPEAKING BACKDROP**

- TBD

#### **WRITTEN MESSAGE(S)**

##### **DESIRED SOUNDBITE / KEY NEWS RELEASE SOUNDBITE**

- Sudden cardiac arrest is a leading cause of death among adults in B.C. – this could be someone's father, mother, husband, wife, son or daughter, friend or loved one. Over 2,000 British Columbians die from sudden cardiac arrest every year. Anything we can do to reduce the number of deaths will make a difference in the lives of B.C. families.

##### **KEY MESSAGES**

- Sudden cardiac arrest is a leading cause of death among adults in B.C. – this could be someone's father, mother, husband, wife, son or daughter, friend or loved one.
- Over 2,000 British Columbians die from sudden cardiac arrest every year. Anything we can do to reduce the number of deaths will make a difference in the lives of B.C. families.
- Evidence shows that survival rates from a sudden cardiac arrest can be increased by up to 75 per cent if a defibrillator is used within five minutes. The current survival rate for an out-of-hospital sudden cardiac arrest is only about five per cent.
- Government has provided \$2 million to support the Heart and Stroke Foundation's program to increase public access to defibrillators throughout British Columbia – helping to save lives with 900 automatic external defibrillators installed in busy public venues.

**Event Proposal – For PREM Consideration  
MINISTRY OF HEALTH**

**Event Title: BC Public Access to Defibrillation CPR & AED community training**

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<b>Location:</b> Vancouver: Chinese Cultural Centre of Vancouver auditorium 50 East Pender Street	<b>English Media Spokesperson:</b> Premier Christy Clark, Health Minister Terry Lake
West Kelowna: Mount Boucherie High School gym 2751 Cameron Road	<b>Multicultural Media Spokesperson:</b> Premier Christy Clark, Health Minister Terry Lake
<b>Author/Ministry:</b> Health	

## THE EVENT

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- The second \$1 million funding commitment will bring the total number of AEDs placed throughout the province to up to 750 by 2017, with the remaining funding being directed towards education and awareness programs.

### WHO'S ORGANIZING?

- BC Heart and Stroke Foundation & GCPE

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- November is CPR Awareness Month.
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- Both sudden cardiac arrest survivors play for the same seniors' hockey team in West Kelowna and each suffered a sudden cardiac arrest while playing hockey. Team members used an AED (not one provided through the BC PAD Program) to defibrillate their fellow hockey players, who have since recovered.
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- Shelley Parker, BC Heart and Stroke Foundation
- BC Ambulance Service paramedic & PAD champion (TBC)

#### **KEY VALIDATORS & STAKEHOLDERS**

- BC Ambulance Service
- Heart and Stroke Foundation, BC & Yukon
- Cities of Vancouver and West Kelowna

#### **TARGET AUDIENCE**

- Vancouver and West Kelowna community members

#### **VISUAL MESSAGE(S)**

##### **DESIRED PICTURE (STILL)**

- Premier Christy Clark, Health Minister Terry Lake and other participants practise doing CPR and applying an AED as BC Ambulance paramedics assist them.

##### **DESIRED PICTURE (VIDEO)**

- Premier Christy Clark, Health Minister Terry Lake and other participants practise doing CPR and applying an AED as BC Ambulance paramedics assist them.

#### **ACTUAL SPEAKING BACKDROP**

- TBD

#### **WRITTEN MESSAGE(S)**

##### **DESIRED SOUNDBITE / KEY NEWS RELEASE SOUNDBITE**

- Sudden cardiac arrest is a leading cause of death among adults in B.C. – this could be someone's father, mother, husband, wife, son or daughter, friend or loved one. Over 2,000 British Columbians die from sudden cardiac arrest every year. Anything we can do to reduce the number of deaths will make a difference in the lives of B.C. families.

##### **KEY MESSAGES**

- Sudden cardiac arrest is a leading cause of death among adults in B.C. – this could be someone's father, mother, husband, wife, son or daughter, friend or loved one.
- Over 2,000 British Columbians die from sudden cardiac arrest every year. Anything we can do to reduce the number of deaths will make a difference in the lives of B.C. families.
- Evidence shows that survival rates from a sudden cardiac arrest can be increased by up to 75 per cent if a defibrillator is used within five minutes. The current survival rate for an out-of-hospital sudden cardiac arrest is only about five per cent.
- Government has provided \$2 million to support the Heart and Stroke Foundation's program to increase public access to defibrillators throughout British Columbia – helping to save lives with up to 750~~900~~ automatic external defibrillators installed in busy public venues by 2017.

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**Perry, Nancy L HLTH:EX**

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**From:** Boland, Blair HLTH:EX  
**Sent:** Thursday, September 4, 2014 2:13 PM  
**To:** Duesterwald, Meghan HLTH:EX  
**Subject:** RE: Heart and Stroke Foundation

Hi Meghan,

See my suggested edits in blue. Thanks.

Blair

**From:** Duesterwald, Meghan HLTH:EX  
**Sent:** Wednesday, September 3, 2014 10:18 AM  
**To:** Boland, Blair HLTH:EX  
**Subject:** Heart and Stroke Foundation

Morning Blair,

I'm drafting meeting materials for the Minister's meeting with the CEO of the H&S Foundation on the BC PAD program. Wondering if you have anything to add in terms of funding we've given to them in addition to the information I have below:

The program officially launched in February 2013 with funding of \$1 million each from the Ministry of Health and the HSF. One of the Government's Platform Commitments was to create another \$2 million partnership with HSF to provide 450 ALDs in venues across the province such as: community centres; playing fields and parks throughout B.C; arenas; and, recreation centres. In March 2014, the Ministry of Health provided \$1 million towards fulfilling this commitment.

s.13,s.17

Incoming request attached. If you could let me know it would be much appreciated.  
Thanks,

**Meghan Duesterwald**  
Risk & Issues Analyst  
Issues & Risk Management  
Health Services Policy & Quality Assurance Division| Ministry of Health  
Telephone| 250 952-2313 | BB 250 507-3360

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**Perry, Nancy L HLTH:EX**

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**From:** Casanova, Tamara HLTH:EX  
**Sent:** Wednesday, August 13, 2014 3:42 PM  
**To:** Evernden, Erica HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX; Marsh, Jania HLTH:EX  
**Subject:** 1015051 - Minister meeting (Date TBD) with the Heart and Stroke Foundation re: Public Access Defibrillation (PAD) Program - Staff and materials required ( x ref # 1011009)  
**Attachments:** FW: Meeting with Minister Lake  
**Categories:** Jessica

Hi Erica,

The MO has advised that Minister Lake has committed to meet with the Heart and Stroke Foundation in the fall and will require ministry staff to attend and background materials.

As this meeting will likely be scheduled in October, DocsProcessing will assign due dates accordingly and can adjust if required. I will let you know the date/time as soon as possible.

Please advise if there are any concerns at this time. The incoming material is attached for your reference.

Many thanks,  
Tamara

Tamara Casanova | Executive Operations | Office of the Deputy Minister | Ministry of Health | P: 250.952.1908 | C: 250.217.3655 | F: 250.952.1909 | [tamara.casanova@gov.bc.ca](mailto:tamara.casanova@gov.bc.ca)

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meeting never scheduled

## **Perry, Nancy L HLTH:EX**

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**From:** Jukes, Shaina HLTH:EX  
**Sent:** Thursday, May 29, 2014 2:03 PM  
**To:** Kline, Victoria HLTH:EX  
**Subject:** FW: Meeting with Minister Lake

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

For cliffig please.

## *Shaina Jukes*

*Administrative Coordinator to the Honourable Jerry Lake  
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9L2  
Phone: (250) 953-3347 | Fax: (250) 956-9587 | [Hlth.Health@gov.bc.ca](mailto:Hlth.Health@gov.bc.ca)*

---

**From:** Mark Collison [<mailto:MCollison@hsf.bc.ca>]  
**Sent:** Thursday, May 29, 2014 1:53 PM  
**To:** Jukes, Shaina HLTH:EX  
**Cc:** Loiacono, Sabrina HLTH:EX; Anna Marie Tandoc  
**Subject:** Meeting with Minister Lake

Hi Shaina,

I would like to request a meeting with Minister Lake and my CEO, Adrienne Bakker and myself to discuss the BC PAD Program and possible measures that we could potentially take to make it stronger, sustainable and accountable into the future.

The meeting could be either in Victoria or Vancouver – whatever is most convenient for the Minister. It is not urgent and could just be sometime over the summer or even in the early fall depending on everyone's availability.

Thank you for consideration of this request and we look forward to the opportunity to meet.

Regards,

Mark

**Mark Collison**, MPA  
Director, Advocacy & Stakeholder Relations | BC & Yukon  
Heart and Stroke Foundation  
T Victoria Office: 250.592.8040 | Vancouver Office: 778.372.8030 | E: [mcollison@hsf.bc.ca](mailto:mcollison@hsf.bc.ca)  
[heartandstroke.ca](http://heartandstroke.ca)

**MAY IS LEAVE A LEGACY MONTH.** What will your legacy be? By including the Foundation in your will, you'll support life-saving heart disease and stroke research – and give your family and friends a brighter future. Learn how to [start planning your gift by Will](#).

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1007464

APR 02 2014

Mr. Diego Marchese  
Chief Executive Officer  
Heart and Stroke Foundation of Canada  
1212 W Broadway  
Vancouver BC V6H 3V2

Dear Mr. Marchese:

I am pleased to enclose a cheque in the amount of \$1 million to the Heart and Stroke Foundation of Canada for the continuation of the Defibrillator Program. Also enclosed is a signed copy of the Transfer Agreement.

On behalf of the Ministry of Health, I wish you continued success with this program.

Yours truly,

Manjit Sidhu, CA  
Assistant Deputy Minister  
Financial and Corporate Services

Enclosures



BRITISH  
COLUMBIA

PROVINCE OF BRITISH COLUMBIA GENERAL ACCOUNT

s.17

s.17

20140327  
DATE YYYYMMDD

PAY ONE MILLION DOLLARS 00CENTS

\$\$\$1,000,000.00

TO HEART AND STROKE FOUNDATION OF CANADA  
200-1212 BROADWAY W  
VANCOUVER BC V6H 3V2

s.17

*Steve Kent*

s.17

BRITISH COLUMBIA  
GENERAL ACCOUNT

REMITTANCE STATEMENT - Detach before presenting cheque for cashing

Province of British Columbia  
(HE)

CHEQUE NUMBER

s.17

CHEQUE DATE

Y M D  
2014 Mar 27

INVOICE NUMBER

INVOICE DATE

Mar 24 2014

INVOICE AMOUNT

1,000,000.00

DESCRIPTION

Your Invoice Reference  
FUNDING TO SUPPORT THE PURCHASE & USE  
OF DEFIBRILLATORS

s.17

Internal Use:

Effective April 1, 2013 all government entities will pay GST and PST

Code: D

For Payment inquiries please contact ENQUIRY BC

Victoria: 250 387-6121 Vancouver: 604 660-2421 Elsewhere in BC: 1-800-663-7867

Page 01 of 01

page 168 of 269 HTH-2016-60450

This Grant Agreement dated for reference the 28th day of March, 2014

BETWEEN

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA,  
represented by the Minister of Health (the "Province")

AND

Heart and Stroke Foundation of Canada (the "Recipient")

For the continuation of the Defibrillator Program (the "Program")

WHEREAS:

- A. The Province has approved funding for the Program defined in this Agreement and such funding is to be paid by the Province to the Recipient pursuant to the Stipulations of this Agreement.
- B. The Recipient has met the eligibility criteria by working with government in providing the Defibrillator Program.

#### DEFINITIONS

1. In this Agreement and its Schedules the following definitions apply:

"Agreement" means this Grant Agreement and any schedules attached hereto;

"Commencement Date" means the date identified in Schedule A

"Contract" means a contract between the Recipient and a Third Party whereby the latter agrees to contribute a product or service to the Program in return for financial consideration which may be claimed as an Eligible Cost;

"Eligible Costs" means all the direct costs properly and reasonably incurred by a Recipient or a Third Party on behalf of the Recipient with respect to the Program and is for public use or benefit and are incurred between the Program Commencement Date and the Completion Date.

"Eligibility Criteria" means the terms imposed by the Province and which must be met in order to qualify for funding.

"Fiscal Year" means the period beginning April 1 of a year and ending March 31 of the following year;

**"Program"** means the Program described in Schedule A;

**"Stipulations"** mean the terms and conditions set out in this Agreement that must be met in order for the Recipient to retain the funds it receives for the Program; and

**"Third Party"** means any person or entity or its officers, employees or agents, other than a party to this Agreement that is involved in the Program.

## **SCHEDULES**

2. The Schedules to this Agreement are:

Schedule A Program Description and Dates

Schedule B Payment and Reporting Requirements

## **TERM OF AGREEMENT**

3. Notwithstanding the actual date of execution of this agreement, the term of this agreement begins on the Commencement Date, and expires on March 31, 2016.

## **STIPULATIONS**

4. The Recipient agrees to:

(a) carry out the Program in a diligent and professional manner;

(b) to raise outside funds for the Program;

(c) commence carrying out the Program upon the signing of this Agreement;

(d) complete the Program no later than the Completion Date; and,

(e) provide evidence satisfactory to the Province that the Recipient has commenced work on the Program in accordance of section 4(b) and 4(c) of this Agreement. Such evidence may consist of financial statements of fundraising activity, if applicable or other evidence deemed appropriate by the Province.

5. If, in the opinion of the Province, the Recipient has failed to provide evidence satisfactory to the Province in accordance with section 4(b) and 4(c) of this Agreement, the Province may terminate this Agreement, effective immediately and require the refund of all funds advanced to the Recipient.

6. The Recipient will comply with all applicable laws.

7. The Recipient agrees to:



- (a) establish and maintain books of account, administrative records, invoices, receipts and vouchers for all expenses incurred in a form and content satisfactory to the Province;
- (b) permit the Province to inspect at all reasonable times, any books of account or records (both printed and electronic, including, but not limited to, hard disk), whether complete or not, that are produced, received or otherwise acquired by the Recipient as a result of this Agreement;
- (c) maintain all such accounts and records for a period of five years after the Completion Date;
- (d) ensure that all Contracts entered into by the Recipient with any Third Parties contain the provision in section 6 above; and
- (e) If requested by the Province, the Recipient will deliver within 90 days to the Province a copy of its audited Financial Statements for any period up to five years beyond completion and commissioning of the Program.

8. The Recipient will ensure that the financial contribution of the Province is to be used solely for the purpose of defraying the Eligible Costs incurred by the Recipient in carrying out and completing the Program as described in Schedule A.

9. The Recipient acknowledges that Eligible Costs that have received funding from any other federal or provincial sources may not be reimbursed under this Agreement, and that the Recipient agrees to promptly notify the Province in writing of any such funding received.

10. The Recipient acknowledges that it is not the agent of the Province and will do no act which might be construed as authorizing any contract or permitting any other liability or obligation to be incurred on behalf of the Province.

11. The Recipient will not make any material change in or to the Program as described in Appendix A without prior written consent of the Province; The Recipient will not make any material change in or to the intended use of the resulting Program as described in Appendix A, without prior written consent of the Province.

12. In the event the Funding exceeds the Recipient's requirements in respect of this Agreement the Recipient will notify the Province. The Province may require the excess funding to be returned or may permit the use of the excess funding as direct by the Province. Funds identified by the Province to be returned to the Province shall constitute a debt due to the Province.

## **OBLIGATIONS OF THE PROVINCE**

13. Provided the Recipient is in compliance with its obligations under this Agreement, the Province will pay the Recipient the amount and in the manner set out in Schedule B of this Agreement.

14. The Province will not have any obligation to provide a financial contribution under section 13 unless the Recipient has complied with the provisions set out in Schedule B.

## **COMMUNICATIONS**

15. The Recipient agrees that all public information material pertaining to the Program will clearly indicate that the Program is funded through the Province. The recipient acknowledges that the Province would like at least 15 working days notice of any scheduled communications material or public events relating to the Program.

16. All announcements will be co-ordinated with the British Columbia Communications and Public Engagement.

## **DEFAULT**

17. Any of the following events will constitute an Event of Default whether any such event be voluntary, involuntary or result from the operation of law or any judgment or order of any court or administrative or government body:

- (a) the Recipient fails to comply with any provision of this Agreement;
- (b) any representation or warranty made by the Recipient in connection with this Agreement is untrue or incorrect;
- (c) any information, statement, certificate, report or other document furnished or submitted by or on behalf of the Recipient pursuant to or as a result of this Agreement is untrue or incorrect; or,
- (d) the Recipient fails to provide positive confirmation that the Program has been completed by the Completion Date.

## **TERMINATION**

18. Upon the occurrence of any Event of Default and at any time thereafter the Province may, notwithstanding any other provision of the Agreement, at its sole option, elect to do any one or more of the following:

- (a) terminate this Agreement and the Recipient shall repay such amounts as determined by the Province, such amounts shall constitute a debt due to the Province;
- (b) pursue any other remedy available at law or in equity.

19. If the Province terminates this Agreement under paragraph 18 (a), then such termination may take place on ten (10) days' written notice.

#### **APPROPRIATION**

20. Notwithstanding any other provision of this Agreement, the payment of money by the Province to the Recipient under this Agreement is subject to:

- (a) there being sufficient monies available in an appropriation, as defined in the *Financial Administration Act* to enable the Province, in any fiscal year or part thereof when any payment by the Province to the Recipient falls due under this Agreement, to make that payment; and
- (b) Treasury Board, as defined in the *Financial Administration Act*, not having controlled or limited expenditure under any appropriation referred to in subsection (a) of this section.

#### **AUDIT**

21. In addition to any other rights of inspection the Province may have under statute or otherwise, the Province may at any reasonable time and on reasonable notice to the Recipient, enter on the Recipient's premises to inspect and, at the Province's discretion, copy any of the Material and the Recipient must permit, and provide reasonable assistance to, the exercise by the Province of the Province's rights under this section.

#### **NO FURTHER OBLIGATIONS**

22. The Recipient acknowledges that nothing in this Agreement will bind the Province to provide additional provincial funding for the development and on-going operational costs of the Program or any financing for any addition or improvement to the Program, or any cost overruns of the Program and that no partnership, joint venture or agency will be created or will be deemed to be created by this Agreement or any action of the parties under this Agreement.

#### **SURVIVAL OF TERMS**

23. Sections 7(b) and (c), 15, 18(a) and (b) or any other terms which by their nature or intent should continue after the term of this Agreement continue in force indefinitely, even after this agreement ends.

#### **NOTICE**

24. (a) Any written communication from the Recipient to the Province must be mailed, personally delivered, faxed, or electronically transmitted to the following address:

Mr. Gordon Cross

Executive Director  
Regional Grants and Decision Support  
Ministry of Health  
6-1, 1515 Blanshard Street  
Victoria BC V8W 3C8

Email: [Gordon.Cross@gov.bc.ca](mailto:Gordon.Cross@gov.bc.ca)  
Fax: 250-952-1420

(b) Any written communication from the Province to the Recipient must be mailed, personally delivered, faxed or electronically transmitted to the following address:

Heart and Stroke Foundation  
of Canada (BC and Yukon)  
1212 W. Breardway  
Vancouver BC V6H 3V2  
Telephone: (604) 737-3410

Attention: Ewa Her, Senior Regional Finance Partner  
Email: [gher@hsf.bc.ca](mailto:gher@hsf.bc.ca)

- (c) Any written communication from either party will be deemed to have been received by the other party on the tenth business day after mailing in British Columbia; on the date of personal delivery if personally delivered; or on the date of transmission if faxed.
- (d) Either party may, from time to time, notify the other by notice in writing of a change of address and following the receipt of such notice, the new address will, for the purposes of paragraph 23 (a) or (b) of this Agreement, be deemed to be the address or facsimile of the party giving such notice.

#### MISCELLANEOUS

- 25. This Agreement will be governed by and construed in accordance with the laws of the Province of British Columbia.
- 26. The Schedules to this Agreement are an integral part of this Agreement as if set out at length in the body of this Agreement.
- 27. If any provision of this Agreement or the application to any person or circumstance is invalid or unenforceable to any extent, the remainder of this Agreement and the application of such provision to any other person or circumstance will not be affected or impaired thereby and will be enforceable to the extent permitted by law.

28. Nothing in this Agreement operates as a consent, permit, approval or authorization by the Province or any ministry or branch thereof to or for anything related to the Program that by statute, the Recipient is required to obtain unless it is expressly stated herein to be such a consent, permit, approval or authorization.
29. The Recipient will not, without the prior, written consent of the Province, assign, either directly or indirectly, this Agreement or any right of the Recipient under this Agreement
30. All disputes arising out of or in connection with this Agreement will be referred to and finally resolved by arbitration pursuant to the Commercial Arbitration Act.

IN WITNESS WHEREOF each of the parties has executed this Agreement on the dates set out below.

SIGNED by the Minister of Health )  
or his or her duly authorized representative )  
on behalf of HER MAJESTY THE QUEEN IN )  
RIGHT OF THE PROVINCE OF )  
BRITISH COLUMBIA: )

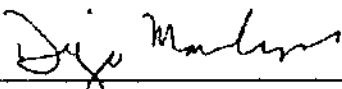


Ministry's Authorized Signatory

*FOR*  
Manjit Sidhu, CA  
Assistant Deputy Minister  
Finance and Corporate Services

Date: MAR. 28/14

Heart and Stroke Foundation of Canada

Per:   
Authorized Signatory

Diego Marchese, Chief Executive Officer

Date: March 28, 2014

**Schedule A: PROGRAM DESCRIPTION AND DATES**

- A.1 Program Title: Defibrillator Program
- A.2 The Commencement Date is on the signing of this agreement
- A.3 The Completion Date is no later than August 31, 2016.
- A.4 The Program will consist of the following:
- continuation of the program to distribute defibrillators in communities throughout BC. The Foundation will consult with the Ministry regarding the placement of defibrillators.

## **Schedule B: PAYMENT AND REPORTING REQUIREMENTS**

### **B.1 Financial Contribution by the Province:**

The Recipient, having met the Eligibility Criteria and agreeing to the Stipulations in this Agreement, the Province will make a financial contribution toward the Eligible Program Costs of the Recipient equal to \$1 million being the maximum amount of funding approved by the Province.

### **B.2 Timing of Payment to the Recipient:**

The Province will make one payment for its portion of the Eligible Costs that will become due and payable upon the signing of this Grant Agreement.

### **B.3 Final Report:**

The Recipient agrees to provide to the Province a Final Program Status Report, in a form established by the Province.

NOTE: Reports submitted by the Recipient under the terms of this section are for the Province's information and Program accountability only, and their review by the Province in no way endorses, approves or verifies the findings, technical data, results, quality statements, representations or recommendations therein, and the Recipient warrants that all information contained in any report is true and correct.

### **B.4 Other Information:**

The Recipient will provide the Province, upon request, interim reports and all such other information concerning the progress of the Program to completion and payment of Eligible Costs, as may be required by the Province.



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**Please Provide Manual "D" Cheque to Rouhieh Nouredin**  
**250-952-2966**

Accounts Payable  
Ministry of Health

Please generate a D Cheque payment of \$1,000,000 to the following agency:

**Heart and Stroke Foundation of Canada**  
**200-1212 Broadway W**  
**Vancouver, BC**  
**V6H 3V2**

s.17

Supplier Number:

Location Number:

Invoice Number:

Invoice Date: March 24, 2014

Payment stub information: Funding to support the purchase & use of Defibrillators

s.17

Client:

Resp:

Service Line:

STOB:

Project:

Manjit Sidhu  
Expense Authority: Manjit Sidhu, ADM  
Finance and Corporate Services

March 25/14  
Date

Qualified Receiver: Gordon Cross, Executive Director  
Regional Grants and Decision Support

Program Contact Name: Rouhieh Nouredin 250-952-2966

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## **Perry, Nancy L HLTH:EX**

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**From:** Mark Collison <MCollison@hsf.bc.ca>  
**Sent:** Friday, March 28, 2014 9:26 AM  
**To:** Cross, Gordon HLTH:EX; Ewa Her  
**Cc:** XT:HLTH DMARCHESE@HSF.BC.CA  
**Subject:** RE: Defibrillator Program

Hi Gordon,

Thanks for your note. As discussed we can do the paperwork with you today and I have spoken to our Director of Finance, Ewa Her, about it.

Our CEO, Diego Marchese, will likely be the signatory on the grant and he is in today.

So if you could touch base with Ewa @ 604-737-3410 she can get things rolling.

Regards,

Mark


**Mark Collison, MPA**

Director, Advocacy & Stakeholder Relations | BC & Yukon

Heart and Stroke Foundation

T Victoria Office: 250.592.8040 | Vancouver Office 604.737.3422 | E [mcollison@hsf.bc.ca](mailto:mcollison@hsf.bc.ca)

[heartandstroke.ca](http://heartandstroke.ca)

 Studies show trees live longer when they're not cut down.  
Please do not print this email unless you really need to.

**From:** Cross, Gordon HLTH:EX [<mailto:gordon.cross@gov.bc.ca>]

**Sent:** Friday, March 28, 2014 9:15 AM

**To:** Mark Collison

**Subject:** Defibrillator Program

**Importance:** High

Hello Mr. Collison – I am trying to reach you to discuss a funding issue for the Heart and Stroke Foundation. Could you please call me at the number listed below or on my cell phone at (250) 514-7742?

I have been calling a number I was given for you (604) 737-3422 but there is no answer.

Thanks very much!

Gordon Cross

Executive Director

Regional Grants & Decision Support

Ministry of Health

(250) 952-1120

[gordon.cross@gov.bc.ca](mailto:gordon.cross@gov.bc.ca)

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## **Treasury Board Submission – Request for Decision**

**Minister:** Honourable Dr. Terry Lake, Minister of Health

**Ministry:** Health

s.12

**Date:** March 11, 2014

**Ministry Document #:**

**Title:** Grant Funding Request

**Issue:**

One-time grants to various agencies in support of health care priorities.

**Request:**

s.12,s.13,s.17

**Implications and Considerations:**

s.12,s.13,s.17

**Background/Context:**

s.12,s.13,s.17

**Fiscal Impacts:**

s.12,s.13,s.17

**Policy:**

N/A



**Legislation:**

N/A

**Stakeholder and Citizens:**

N/A

**Contact:** Manjit Sidhu,  
Assistant Deputy Minister  
(250) 952-2066

A handwritten signature in cursive script, appearing to read "T. Lake", written over a horizontal line.

Honourable Dr. Terry Lake

A handwritten signature in cursive script, appearing to read "Manjit Sidhu", written over a horizontal line.

Date Signed



## Schedule 1 - One - time Grants for Treasury Board Consideration

### Recipient

### \$ Mill

### Description

s.12,s.13,s.17

Alzheimer Society of BC (ASBC)

4.000

First Link Program Expansion - ASBC operates the First Link early intervention strategy that links people with dementia and their caregivers to community programs, information and regular contact and support to help them manage and better understand their condition.

Canadian Institute for Advanced Research (CIFAR)

2.000

To renew partnership with the Province. CIFAR is a non-profit organization supporting approx. 62 researchers in BC in the areas of child health and development, how cancer cells can be destroyed without affecting healthy cells, and gene research.

United Way - Better at Home Program (BHP)

2.000

The BHP is run by the United Way and provides non-medical home supports to seniors in communities across the province.

s.12,s.13,s.17

Michael Smith Research Foundation

22.000

The Foundation leads initiatives that retain and attract new health researchers to BC. Through its work, the Foundation is able to maintain a broad base of highly-qualified researchers that can respond to critical issues facing the health care system. The Foundation is able to respond to government priorities, lead collaborations and provide incentives for research institutions to develop shared services for expensive technologies and data repositories.





s.12,s.13,s.17

Arthritis Research Centre of Canada	3.000	To accelerate research into arthritis.
BC Agriculture in the Classroom	1.000	To continue the Milk in the Classroom program.
BC Association of Farmers Markets	0.750	To increase access to fresh BC farm products, for children, families and seniors.
Heart and Stroke Foundation	1.000	Defibrillators, continuing partnership with Heart and Stroke Foundation.

s.12,s.13,s.17

MITACS - Research	3.000	Mitacs funds unique research and training programs and develops innovations with vital scientific and business skills. This funding will be directed to health related research.
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s.12,s.13,s.17

CanAssist	3.000	Expand work with BC's Health Authorities by developing a suite of easy-to-use software apps that address a range of mental health challenges.
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s.12,s.13,s.17

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**Perry, Nancy L HLTH:EX**

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**From:** Boland, Blair HLTH:EX  
**Sent:** Thursday, January 9, 2014 10:13 AM  
**To:** Beveridge, Rhonda HLTH:EX  
**Subject:** RE: Election Commitments

No, I don't know the unit cost. What I do know is the BC Public Access to Defibrillation (PAD) Program will use the previous \$2M (\$1M from Heart & Stroke and \$1M from MoH) to donate about 450 AEDs to public places across the province. There is a Program coordinator and orientation sessions likely included in this funding.

PPH received the original proposal from Heart & Stroke (we don't have a copy) so they may have some details around unit costs...otherwise, we would have to contact Heart and Stroke. I could send a note Mark Collison of H&S if needed.

Thanks.

Blair

**From:** Beveridge, Rhonda HLTH:EX  
**Sent:** January-09-14 9:45 AM  
**To:** Boland, Blair HLTH:EX  
**Subject:** FW: Election Commitments

Do you know the cost?

**From:** Perri, Maria A HLTH:EX  
**Sent:** January-09-14 9:37 AM  
**To:** Cross, Gordon HLTH:EX; Beveridge, Rhonda HLTH:EX  
**Subject:** RE: Election Commitments

Hi

What the cost of a Defibrillator?

**From:** Chandler, Alex FIN:EX  
**Sent:** Thursday, January 9, 2014 8:34 AM  
**To:** Perri, Maria A HLTH:EX  
**Subject:** RE: Election Commitments

Maria,

Could you please find out from the folks responsible for AED commitment the cost of each unit (A question from MMDJ)

Thanks,

**Alex Chandler**

Strategic Advisor, Treasury Board Staff  
Performance Budgeting Office  
Ministry of Finance

phone: 250.387.9041

email: [alex.chandler@gov.bc.ca](mailto:alex.chandler@gov.bc.ca)

**From:** Perri, Maria A HLTH:EX  
**Sent:** Monday, December 9, 2013 1:22 PM  
**To:** Chandler, Alex FIN:EX  
**Subject:** FW: Election Commitments

Hi Alex

As requested, please let me know if you need anything further. We are trying to get more information for item "C"

Maria

**From:** Sidhu, Manjit HLTH:EX  
**Sent:** Wednesday, December 4, 2013 12:13 PM  
**To:** Perri, Maria A HLTH:EX  
**Subject:** Fwd: Election Commitments

could you take responsibility for this.....  
Sent from my iPad

Begin forwarded message:

**From:** "Chandler, Alex FIN:EX" <[Alex.Chandler@gov.bc.ca](mailto:Alex.Chandler@gov.bc.ca)>  
**Date:** 4 December, 2013 8:21:20 AM PST  
**To:** "Sidhu, Manjit HLTH:EX" <[Manjit.Sidhu@gov.bc.ca](mailto:Manjit.Sidhu@gov.bc.ca)>  
**Subject:** Election Commitments

Manjit,

We have been requested by our Minister to put together summary notes on some election commitments.

I was hoping that you could help me obtain information about the following:

s.13	<b>Commitment</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>
s.13	b. Heart and Stroke AED's in venues (450 defibrillators)			1

Need to understand:

- how each commitment works (i.e. who/how administered)
- What the funding will buy (and where applicable when previous funding was provided and what it bought)

- How the commitment is funded
- For the AED commitment could funding be provided at 2013/14 year-end rather than 2015/16?

(I need this information by early next week in order to meet my deadline)

Thank you

**Alex Chandler**  
Strategic Advisor, Treasury Board Staff  
Performance Budgeting Office  
Ministry of Finance

phone: 250.387.9041  
email: [alex.chandler@gov.bc.ca](mailto:alex.chandler@gov.bc.ca)

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## **Perry, Nancy L HLTH:EX**

---

**From:** Boland, Blair HLTH:EX  
**Sent:** Monday, December 30, 2013 9:49 AM  
**To:** Bush, Donna HLTH:EX  
**Subject:** RE: Defibrillators for publicly operated community facilities

Hi Donna,

I don't have much to offer. The letter went to Heart and Stroke as well, so you should contact Mark Collison for a consistent response regarding PAD program policy. I think PPH may have had some initial involvement, but don't know what area to speak to...Mark should know.

Here's what I do know...

- In March 2012, the Ministry provided a \$1 million grant to the Foundation to support a program to distribute defibrillators in communities throughout BC, with the other \$1 million coming from the Foundation.
- There is a government platform commitment to create another \$2-million partnership between the provincial government and the Heart and Stroke Foundation to provide 450 automated external defibrillators (AEDs) in venues across the province such as community centres, arenas, recreation centres, playing fields and sports centres.
- Access to defibrillators is currently limited. A further partnership would enable more public access to AEDs across communities in BC.

With regard to the last bullet, perhaps there will be an opportunity to expand this next partnership to "non-owned" facilities.

Thanks.

Blair

**From:** Bush, Donna HLTH:EX  
**Sent:** Monday, December 30, 2013 8:03 AM  
**To:** Boland, Blair HLTH:EX  
**Subject:** FW: Defibrillators for publicly operated community facilities

Hi Blair,  
Can you help with this request, please?  
Thanks,  
Donna

**From:** Adamiw, Anna-Maria HLTH:EX  
**Sent:** December-27-13 2:14 PM  
**To:** Bush, Donna HLTH:EX; John, Rebecca HLTH:EX  
**Subject:** Defibrillators for publicly operated community facilities

Hi Donna,

Further to our conversation, here is the incoming from the Comox Valley Regional District. Any information that you can provide to respond to the board's request would be greatly appreciated.

Regards,


**Anna-Maria Adamiw**

Patient and Client Relations Officer | Issues and Risk Management Branch

Health Services Policy and Quality Assurance Division | Ministry of Health

Ph: 250 952-2520 | Fx: 250 952-1282 | Email: [Anna-Maria.Adamiw@gov.bc.ca](mailto:Anna-Maria.Adamiw@gov.bc.ca)

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 Please reduce paper use, print only if necessary



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**Perry, Nancy L HLTH:EX**

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**From:** Boland, Blair HLTH:EX  
**Sent:** Friday, December 6, 2013 8:49 AM  
**To:** Thomas, Alan EHS:EX  
**Cc:** Wong, Wilfred EHS:IN  
**Subject:** RE: ACT Program- BCEHS grant

Thanks for the quick response...much appreciated.

Blair

**From:** Thomas, Alan EHS:EX  
**Sent:** Thursday, December 5, 2013 7:11 PM  
**To:** Boland, Blair HLTH:EX  
**Cc:** Wong, Wilfred EHS:IN  
**Subject:** ACT Program- BCEHS grant

Hi Blair

Unsure if Wilf responded to you already, but in case he hasn't, please see the attached.

There is also an email at the bottom from Sandra Clarke (Exec.Dir., ACT Foundation) with her contact details, in case this was ever required.

Regards,  
Alan

Alan Thomas  
Director, Business Planning  
PHSA, BC Emergency Health Services  
Cell: 1 (778) 679-2159  
Office: 1 (250) 953-3669

**From:** Dick, William EHS:EX  
**Subject:** Fwd: ACT Proposal-seeking BCAS commitment for new AED Phase in school program

We supported ACT several times.

I was just at the AED roll out Tuesday with a bunch of MLAs. I spoke to our financial support of ACT.

**From:** Sandra Clarke [<mailto:sclarke@actfoundation.ca>]  
**Sent:** Tuesday, December 13, 2011 9:54 AM  
**To:** Tallon, John EHSC:EX  
**Cc:** Fenton, Pamela L EHSC:EX; 'Mary Adams'  
**Subject:** ACT Proposal-seeking BCAS commitment for new AED Phase in school program

Dr. Tallon,  
Thank you for our call December 6, 2011. As promised, I am attaching a proposal for your December 15th meeting, in which the ACT Foundation is seeking a renewal of commitment from BCAS in support of

expanding the CPR program in public standard secondary schools to include the defibrillator program; both AED training for youth, and an AED for schools.

As defibrillators become more available in public places including hockey arenas, community centers, shopping malls, sports centers, and more, we know the key to their effectiveness is early use. Research shows however, that the public is unlikely to pull a defibrillator off the wall in a public place and use it to save a life, without prior simple training.

By adding the AED enhancement to the CPR program we have already set up in BC public standard secondary schools, we will significantly increase the number of citizens trained in how to use an AED in communities throughout the province. The goal of the program is to expand students' capacity to respond to cardiac emergencies beyond their CPR training, to include defibrillation.

Part of this initiative will also include an AED for secondary schools, since they act more and more as community centers with hundreds (in some cases 1000's) of adults passing through their halls each week for sports, cultural events, adult education courses and community events. The defibrillator will be available for on-site cardiac arrest emergencies that that can occur with an adult, but also in the event a student suffers a cardiac arrest due to a cardiac anomaly or during a physical education class or sporting event.

In fact, just last week a 17 year old Toronto student's life was saved with CPR and an AED in school through this program, by a teacher who coincidentally interrupted his CPR/AED class to save the boy's life: <http://www.thestar.com/news/article/1097991--teachers-interrupt-a-defibrillator-lesson-to-save-a-young-basketball-player-s-life>

In 2008, the Ontario Government expanded its partnership with the ACT Foundation for the purposes of enhancing the CPR Program we had already set up in schools around the province, with AED training and AEDs for secondary schools. We piloted the AED enhancement and have since brought the program to more than 300 schools as we expand throughout the province. Schools and communities are embracing the AED enhancement with unbridled enthusiasm.

The grant we are seeking from BCAS (a renewal of 2008 grant) is critical to enabling ACT to bring the AED enhancement to BC public secondary schools. In addition to the attached proposal, I am also providing a link to the 4 minute video that highlights BCAS' involvement and accomplishments with the CPR program set-up phase (link also in attached proposal).

Link: <http://vimeo.com/user7531650/bcascpr>

Please let me know if there is any other information I can provide to help you in making this decision. Sincerely,

Sandra

Sandra Clarke  
Executive Director  
ACT Foundation  
Tel: 613-729-3455 / Fax: 613-729-5837  
Toll: 800-465-9111  
Charitable org. number / No. O.S.B.L. 131966178 - RR0001

[actfoundation.ca](http://actfoundation.ca)  
[facebook.com/theactfoundation](https://facebook.com/theactfoundation)



Saving people • Touching lives

**Enhancing BC Secondary School CPR with Defibrillator Program**  
**Proposal Submitted to Dr. John Tallon, British Columbia Ambulance Service (BCAS)**  
**by the ACT Foundation**  
**December 13, 2011**

**PHASE 1: High School CPR: ACT Foundation and British Columbia Ambulance Service Partnership**

The Government of BC through the BC Ambulance Service (BCAS) established a partnership with the Advanced Coronary Treatment (ACT) Foundation in 2005 to establish the CPR program in all BC public standard secondary schools. BCAS announced a \$142,000 commitment to the ACT Foundation for mannequins and project management support within the context of a pilot involving 20 schools. The Ambulance Paramedics of BC-CUPE Local 873 were also part of the initial partnership with a commitment of \$128,000.

In 2008, BCAS extended its partnership with the ACT Foundation beyond the initial pilot, through a commitment of \$400,000 to support the work of the ACT Foundation in bringing the CPR program to public secondary schools throughout the province. Within the context of a public / private partnership, the ACT Foundation fundraised at the community level and donated a class set of 30 durable CPR training mannequins (per average size school), teacher training and program start-up materials to schools. Part of the implementation model sees ACT secure a commitment from secondary schools to deliver the program and train all youth prior to graduation. The ACT Foundation coordinates program set-up, teacher training within the context of the 'train the trainer' model, and provides schools with guidance on implementation, delivery and program sustainability. Paramedics provided teacher training on a voluntary basis when available. No annual funds are required for training.

The ACT Foundation has established the CPR program in over 235 secondary schools. Over 41,000 students are trained every year by their physical education and health teachers. Over two-hundred thousand (200,000) BC youth have been trained to date. Lives have already been saved as students step forward in a range of emergencies including heart attack, cardiac arrest, stroke, breathing emergencies and more. See pages 3 and 4 for examples of BC rescues, and student and teacher testimonies on the value of the CPR program.

**Numbers at-a-glance:**

- 235 secondary schools now have the program (over 85%)
- 41,000 youth are being trained in CPR by their teachers each year
- 200,000 youth have been trained in CPR to date
- Training is to the Heart and Stroke Foundation Heartsaver CPR level
- Teachers teach the program; over 900 have been trained as CPR Instructors; schools maintain the program
- Mannequins, CPR manuals and teaching aids are donated by the ACT Foundation and its partners (over 6,000 durable mannequins have been donated ensuring 1:1 mannequin / student ratio)

Through the program, students learn the 4 R's of CPR:

- RECOGNIZE a developing medical emergency
- REACT by calling 9-1-1 quickly and help while paramedics are enroute
- RESUSCITATE or perform CPR
- RISK factors for cardiovascular disease and the importance of adopting a heart healthy lifestyle

**PHASE 2: Enhancing High School CPR with the Defibrillator Program**

The ACT Foundation is proposing to enhance the original public secondary school CPR program in communities throughout BC with the new AED training component. This would see all youth trained by their teachers in CPR AND in how to use a defibrillator. This AED program enhancement would also see public secondary schools receive a defibrillator for on-site cardiac arrest emergencies.

**Why is High School AED Training Important?**

Survival rates can increase to 50% or more when an Automated External Defibrillator (AED) is used in conjunction with CPR in the first few minutes following a sudden cardiac arrest according to the Heart and Stroke Foundation of Canada. For every one-minute delay in defibrillation, the survival rate of a cardiac arrest victim decreases by 7 to 10%.<sup>1</sup>

Defibrillators are becoming more available in public places across Canada including arenas, community centers, shopping malls, sports and fitness centers, and more. The key to their effectiveness is 'early' use. But research shows that the public is unlikely to pull the defibrillator off the wall in a public place and use it to save a life without prior simple training.

<sup>1</sup> "Public Access to Automated External Defibrillators: Position Statement," *Heart & Stroke Foundation*, May 2005.

To significantly increase the number of citizens trained in how to use an AED, the ACT Foundation is now adding defibrillator training to the CPR program in secondary schools across Canada so all youth will know how to perform CPR and how to use a defibrillator. The goal of the program is to expand students' capacity to respond to cardiac emergencies beyond their CPR training, to include defibrillation, and to ensure high schools have an AED on site for in-school cardiac arrest emergencies.

Adding the short defibrillator training component to the secondary school CPR program will see all youth - an unprecedented number of BC citizens - trained in both CPR and defibrillation and prepared to act in an emergency in the community.

#### **Why is an AED important to have in a high school?**

High schools are busy community centers, with some schools having several thousand adults pass through their halls each week for adult education and sports and community events. In addition to the student CPR and AED training, the ACT Foundation is outfitting high schools with a defibrillator for on-site cardiac arrest emergencies that can occur with an adult, but also in the event a student suffers a cardiac arrest due to a cardiac anomaly or during a physical education class or sporting event.

Through this project, a defibrillator will be in the school, clearly visible and ready for use in the event of a cardiac emergency. The defibrillator on the wall in schools will be a sign to every person that cardiac arrest events do occur, and that students and staff in the school are trained to respond. Aside from reinforcing messages to teenage students, these defibrillators will be true Public Access Defibrillators.

#### **Funding Request to BCAS: \$400,000**

The ACT Foundation needs to raise \$1,500,000 to bring the defibrillator program to 235 BC public standard secondary schools.

- \$1,100,000 for program resources: \$5,000 per average size school for program set up (\$2,100 for defibrillator and wall unit; \$1,700 for defibrillator trainer equipment and AED mannequins; \$1,200 for teacher training, materials, evaluation and sustainability).
- \$400,000 for project management / community coordination.

ACT is seeking a grant of \$400,000 over a three year period from BCAS within the context of a continued public / private partnership. The BCAS funding will provide important leverage as ACT seeks remaining funding from corporate and community partners.

An opportunity exists for BCAS to expand its leadership role in both youth education in emergency medical response through the high school CPR program, and public access defibrillation, by supporting the ACT Foundation's goal to enhance the secondary school CPR program with the AED program. Schools would receive Instructor training for teachers; defibrillator trainer equipment; teaching and curriculum materials; a defibrillator for on-site cardiac arrest emergencies; and guidance in program set-up and maintenance, as well as enhancement of the in-school emergency response plan with the AED.

#### **ACT's Experience with adding the AED Program to School CPR in Ontario (since 2008)**

In 2008, the Ontario Government expanded its partnership with the ACT Foundation for the purposes of enhancing the CPR program with AED training and AEDs for high schools. Schools have embraced the program and see it as a natural extension to the CPR program as reflected in the comments of Immaculata HS Principal, Tom D'Amico, "Training students in CPR and a natural extension, the proper use of AED, is an important skill set that may save a life one day. If we look down the road four years from now, we will have approximately 800 students in our school who have been trained. These 800 students attend community centers, hockey rinks, golf courses, and other areas around the city where AEDs are located. The empowerment that we are giving our students has a huge community outreach potential."

Teachers love teaching it and students love learning how to use an AED in addition to their CPR training. "Students are enthusiastic about the training and all are reassured with the presence of an AED in the school," says Robert Armstrong, Principal, Hillcrest High School in Ottawa. "The AED training is the logical next step. In the past, when I have been involved in training in Ontario, we have emphasized that CPR itself is often an interim measure while the students wait for advanced medical services. Now they are able to move to the next step which increases their options as well as the chances for saving a life," says Joe Veryard, Principal, St Mark High School, Manotick.

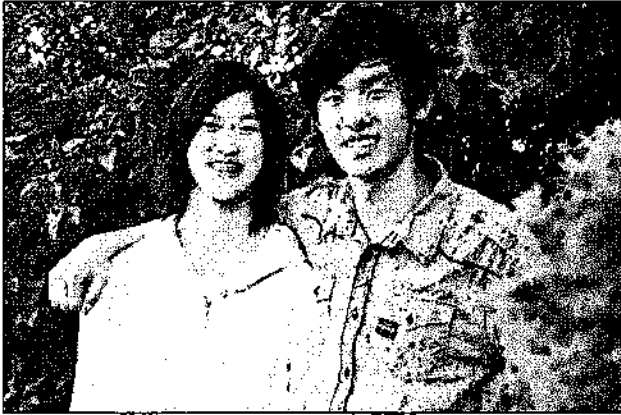
In partnership with the Ontario Government, ACT is expanding the Ottawa AED pilot to all Ontario high schools (over 300 to date) and lives are being saved. One example is reflected in a December 9<sup>th</sup>, Toronto Star article presenting a wonderful story of a teacher who was in the midst of training his Grade 9 class in CPR and how to use a defibrillator, when he encountered a 17 year old basketball player in cardiac arrest and saved the boy's life! <http://www.thestar.com/news/article/1097991--teachers-interrupt-a-defibrillator-lesson-to-save-a-young-basketball-player-s-life>

#### **About the ACT Foundation**

The ACT Foundation is a national charitable organization dedicated to establishing the CPR and AED program in every Canadian high school. To date, the ACT Foundation has set up the CPR program in more than 1,600 high schools nation-wide, empowering more than 1.8 million youth to save lives. ACT is now adding the AED component to the school CPR program. The program is built on ACT's award-winning community-based model of partnerships and support. ACT's health partners include AstraZeneca Canada, Pfizer Canada and Sanofi. [www.actfoundation.ca](http://www.actfoundation.ca).

## Rescues

### **Vancouver teen saves sister**



When 16-year-old Jaron Chan entered his home on June 10, 2008 he was shocked to find his 13-year-old sister Lucy unconscious and in cardiac arrest. While his parents looked on, Jaron leaped into action and was able to perform CPR while on the phone with a 911 dispatcher.

He performed three cycles of 30 chest compressions and two breaths before firefighters arrived at his home. Now, months later, Lucy is being treated for a heart condition, but is otherwise well.

Jaron learned CPR at David Thompson Secondary School in Vancouver, British Columbia where the ACT Foundation had set up the program. "I remembered how to do it," said Jaron. "I had just finished learning it at school and it was still fresh in my mind."

Jaron's mother, Shirley Shum, proudly said that doctors called Jaron a 'hero' – and that he had contributed greatly to Lucy surviving the cardiac arrest. "It is very important," said Jaron. "Without it, I wouldn't have been able to save my sister's life."

### **Vancouver teacher saves stranger with CPR**

Many teachers say that it's important for staff to know CPR, as high schools are frequently used as community centers in the evenings.

John McGillivray, the phys-ed department head for Sir Winston Churchill Secondary School in Vancouver had this idea confirmed on a parent teacher interview night. "I had just finished my parent interviews for the night when one of our other teachers came to get me," he said. "There was a man in his sixties in trouble on the floor."

Victor, who was part of a men's basketball team who rents out the gym in the evenings had collapsed. The two teachers started doing CPR immediately until the paramedics arrived.



"With the help of defibrillation, the paramedics were able to revive him," said John, adding that Victor has since made a "complete recovery." John has been teaching the ACT High School CPR Program annually for the last seven years. He said that the program helped arm him with the skills needed to respond to Victor's cardiac arrest.

"I am so happy that John had the knowledge and the training to save me," said Victor. "I call him my big hero."

### **Student saves stranger's life**



Sandra Giffin and her husband Cris had just boarded a crowded bus to head home from the Vancouver 2010 Olympics. Sandra suddenly started to feel ill. "All of a sudden I felt like a black curtain came up from my chin to the top of my head," she recounts.

Chris called for help and started CPR as best he could, trying to recall the training he had received over 30 years ago.

A young girl pushed her way through the crowded bus and said, "I know CPR!" Erin Sachs, just sixteen years old, and her father took over performing CPR on Sandra. "I assessed her and then I started doing compressions while my dad gave breaths.

Learning CPR at school really helped. I knew what to do" remembers Erin.

Remarkably, after a few minutes of CPR Sandra regained consciousness and was able to walk off the bus to the ambulance.

Once she reached the hospital, a specialist confirmed she had experienced a cardiac arrest. A few days later, she had an internal defibrillator implanted in her chest. Sandra has since made a full recovery. She is very thankful Erin was able to learn CPR in school, "If it weren't for Erin, I would have died. CPR is an invaluable skill to have. Look at how much of an effect it can make on someone's life. It saved mine."

## **Teachers and Students Laud their CPR Training from Phase 1**

"This will provide so much confidence for students and is an excellent segue to discuss/act on further health issues."

*Barb Janze, Teacher, Hazelton Secondary School, Coast Mountains*

"It's one of the most important tools we can teach them."

*Haley Taylor, P. E. Teacher, Prince of Wales Secondary School, Vancouver*

"I believe the CPR program is wonderful! I enjoy teaching it and the kids seem to enjoy the life skill they are learning. I strongly support this program being taught to all grade 10 students Canada-wide. I look forward to instructing it to our three grade 10 PE classes this semester!"

*Susan Dobbin, P. E. Teacher, Mount Elizabeth Secondary School, Coast Mountains*

"This should be a requirement for graduation (a valuable life-skill to take away)."

*Gunnar Myhrer, P. E. Dept. Head, Woodlands Secondary School, Nanaimo-Ladysmith*

"Later on in life, there may be someone who's going to have a heart attack right in front of you and you'll know what to do. If you save someone's life, then it's probably the most important thing you'll ever do."

*Student, South Kamloops Secondary School, Kamloops-Thompson*



"I strongly support what your organization is trying to accomplish. Quite simply the more trained teachers, the more trained students, the more lives potentially saved."

*Grant Apostoliuk, P. E. Teacher, Stanley Humphries Secondary School, Kootenay-Columbia*

"If you ever find yourself in a situation like the ones we practiced, we can be prepared and calm enough to deal with it."

*Student, Tumbler Ridge Secondary School, Peace River South*

"Without this program, I can say without a doubt, that we would not be able to afford this level of training for our students. Thank you so much for recognizing the value of the program and supporting it. Empowering students to save lives is a valuable gift!"

*Susann Young, Principal, Cedar Community Secondary School, Nanaimo-Ladysmith*

"With the ageing population and changing lifestyles, CPR training is great for kids because it gives them the confidence to act when a medical emergency arises."

*Ken Bowman, P. E. Dept. Head, New Westminster Secondary School, New Westminster*

"It was a great way to educate high school kids on CPR. Now my entire class knows it and can help in an emergency situation"

*Student, Tumbler Ridge Secondary School, Peace River South*

"It's a life skill. It's like learning to swim; it's just something you need to know."

*Nick Day, P. E. Dept. Head, Fleetwood Park Secondary School, Surrey*

"It's great because most of these kids go home and share this information with their family and friends."

*John Seminoff, Osoyoos Secondary School, Okanagan-Similkameen*

"Your program is having a positive effect on our community. We have had at least three examples of our students helping others by following the steps they learned."

*Clint Fox, Elphinstone Secondary School, Sunshine Coast*

"I thought it was good to learn because my dad has heart problems and it's nice to know how to help him."

*Student, Tumbler Ridge Secondary School, Peace River South*

"I thought it was awesome! Knowing that you have the ability to potentially save a life is a really great feeling."

*Student, South Kamloops Secondary School, Kamloops-Thompson*

### **BCAS and the ACT Foundation: Committed to high school CPR in BC**

Take an inside classroom look at the school program in action. Click here to see a video highlighting the importance of BCAS' commitment to this lifesaving program: <http://vimeo.com/user7531650/bcascpr>

ACT-BCAS High School CPR Program  
June 2012

ACT-High School CPR Program

- Volunteer BCAS Service paramedic instructors train teachers through a teacher training workshop. The training is followed up with half-day refresher courses once every three years.
- To date, 43,063 students – or 88% of grade 10 students - have received CPR training through the BCAS-ACT Foundation partnership since the program began in 2006.
- CPR training teaches British Columbians how to recognize the signals of a heart attack and cardiac arrest, how to react, and how to provide CPR, greatly improving a person's chance of survival. CPR is the best treatment that a cardiac arrest patient can receive until paramedics arrive.
- When CPR and AEDs are used together in the first few minutes during a cardiac arrest, survival rates may increase up to 75 per cent.

BCAS-Cardiac Arrest Stats

- BCAS is committed to providing high quality pre-hospital emergency care. An important part of achieving high quality care is ensuring the public is educated on what to do in an emergency.
- In BC, cardiovascular disease is the second leading cause of death and accounts for more than one fifth of all deaths. Approximately 6,700 people died of cardiovascular disease in BC in 2006. BCAS paramedics attend to over 3,000 of those patients.
- Research suggests that 85% of heart attacks occur in the home - suddenly and with little warning. However, we know that CPR performed by someone at the scene when a heart attack or cardiac arrest strikes can improve a victim's chance of survival by 30%.
- Unfortunately, only about 15% of Canadians know how to perform CPR. In British Columbia, that number is around 8% and we pale in comparison to the number of people who know CPR in other jurisdictions such as Seattle where 30-40% of the general public know CPR.



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transitory copy to Blanton and Blank  
me

**Perry, Nancy L HLTH:EX**

**From:** Docs Processing HLTH:EX  
**Sent:** Wednesday, August 7, 2013 12:27 PM  
**To:** Clifford, Kate HLTH:EX  
**Cc:** Boomer, Joanne HLTH:EX; Docs Processing HLTH:EX; Foran, Grace E HLTH:EX ✓  
**Subject:** DM Mtg Aug 22nd with Heart & Stroke Foundation (Cliff 986668 x ref 986556)  
**Attachments:** 986668 - DM Meeting Aug 22 with Heart and Stroke Foundation.docx; 986668 - Attachment 2.pdf; 986668 - Attachment 1.pdf; 986668 - Attachment 3.pdf

The attached material has been prepared for Steve's meeting on August 22<sup>nd</sup> with Heart & Stroke Foundation. This has been approved by Arlene Paton & Manjit Sidhu, ADMs and by Elaine McKnight, CAO.

Thanks so much,

Kathy Simonson  
Program Coordinator / Correspondence & Documents Management / Ministry of Health  
5-2 1515 Blanshard St. Victoria BC V8W 3C8  
Telephone 250 952-1811

[kathy.simonson@gov.bc.ca](mailto:kathy.simonson@gov.bc.ca)

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**From:** Clifford, Kate HLTH:EX  
**Sent:** Thursday, July 11, 2013 12:55 PM  
**To:** Docs Processing HLTH:EX  
**Cc:** Boomer, Joanne HLTH:EX  
**Subject:** 986556 DM Meeting with Heart & Stroke Foundation

Good Afternoon,

The Deputy will be meeting with Mark Collison of the Heart & Stroke Foundation on August 22<sup>nd</sup> at 1:00pm. Please assign for DM meeting advice.

Kind Regards,

Kate Clifford | Program Assistant  
Office of the Deputy Minister | Ministry of Health  
5-3, 1515 Blanshard Street | Victoria BC | V8W 3C8  
P: 250 952-1911 | F: 250-952-1909

On 2013-06-12, at 2:48 PM, "Mark Collison" <[MCollison@hsf.bc.ca](mailto:MCollison@hsf.bc.ca)> wrote:

Hi Stephen,

I just wanted to send you a quick note of congratulations on your new appointment back in Health as the Deputy Minister.

There are many stakeholders, including the Heart and Stroke Foundation, who are very pleased with this appointment.

I realize it will be a challenging posting but you are up for the challenge and are certainly no stranger to health care in BC.

At some point it would be great to meet with you and brief you on some of the collaborations we have with the Ministry and how the Foundation is working to improve the health of British Columbians. Perhaps I will contact you in the fall once you have settled back in, but in the meantime feel free to contact me should you require anything from the Foundation.

Best regards,

Mark

**Mark Collison**, MPA

Director, Advocacy & Stakeholder Relations | BC & Yukon

Heart and Stroke Foundation

T Victoria Office: 250.592.8040 | Vancouver Office 604.737.3422 | E [mcollison@hsf.bc.ca](mailto:mcollison@hsf.bc.ca)

[heartandstroke.ca](http://heartandstroke.ca)

**ADVANCES IN STROKE CARE MEAN BETTER AND FASTER RECOVERY.** The Foundation's 2013 Stroke Report highlights the crucial role caregivers play in IMPROVING LIFE FOR SURVIVORS. Read the report >>

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## MEETING MATERIAL

**Cliff #:** 986668

**PREPARED FOR:** Steve Brown, Deputy Minister August 22, 2013, 1:00pm

**TITLE:** Deputy Minister meeting with Heart and Stroke Foundation of BC and Yukon

**MEETING REQUEST/ISSUE:** An introductory meeting was requested by the Heart and Stroke Foundation (the Foundation) to discuss the ongoing collaboration with the Ministry of Health (the Ministry).

**SHOULD MINISTRY STAFF ATTEND THIS MEETING:** No

**BACKGROUND:** The Foundation, a volunteer-based health charity, leads in eliminating heart disease and stroke and reducing their impact through: 1) the advancement of research and its application; 2) the promotion of healthy living; and 3) advocacy.

After decades of growth in influence and impact on the health of Canadians, the Foundation reached its latest milestone in 2011, when the national office and nine independent provincial bodies united to become one national organization.

The Foundation has demonstrated their leadership in BC as a member organization of the BC Healthy Living Alliance in support of collaborative action to promote physical activity, healthy eating and living smoke-free.

The Foundation of BC and Yukon released three position statements in March 2013 on: 1) The Healthy School Environment; 2) Healthy Community Design; and 3) Marketing of Unhealthy Foods and Beverages (attached). These position statements align with Ministry priorities and current Ministry direction in these areas.

Mr. Mark Collison is the Director of Advocacy and Stakeholder Relations for the Foundation of BC and Yukon.

The Ministry continues to partner or liaise with the Foundation on the following programs and projects:

Provincial Restaurant Program ("Informed Dining")

- The purpose of Informed Dining is to provide consumers with nutrition information upon request before or at the point of ordering in the restaurant so that consumers can make informed menu choices when dining out.
- There are currently 344 outlets participating in Informed Dining in BC. This will increase to over 2,100 outlets, with the national chains that have committed to participate by the end of 2013.

- Preliminary evaluation findings of Informed Dining (which were released on July 10, 2013, co-authored by the Foundation and the Ministry) support the foundational concept of Informed Dining and provide recommendations to strengthen the program design and broaden impact.
- The Ministry and the Foundation will continue to partner on program planning and implementation in 2013/14 with a focus on prioritizing recommendations in the evaluation report. A grant of \$425,000 will be provided through the Provincial Health Services Authority (PHSA) to the Foundation to:
  - provide program implementation support for health care facilities;
  - provide program implementation supports for the restaurant industry;
  - produce resources to increase consumer awareness and education; and
  - initiate process and outcome evaluation activities.
- The Ministry continues to work with Manitoba and other jurisdictions to adopt Informed Dining expansion nationally. The Foundation could play a key centralized administration role in a national Informed Dining program. Options are being explored with a Provincial/Territorial Informed Dining Working Group and consideration is being given to engage the Foundation in this role.

#### Health Check Program

- The Health Check™ BC Dining Program (the Health Check™ Program) is a Foundation point-of-purchase program to help BC consumers identify and purchase healthy choices when dining in restaurants. The Health Check™ Program is complementary to Informed Dining and currently two restaurants in BC offer both programs.
- Health Check™ Program has been operating in BC since 2006 with funding from the Ministry and the Foundation. In 2013/14, a \$50,000 grant was provided to the Foundation to continue to work with the restaurant industry to implement the Health Check™ Program.

#### Food Security

- The Produce Availability in Remote Communities Initiative (the Initiative) was a three year initiative (2009-2012) led by the Ministry in partnership with the Ministry of Agriculture and the Foundation. It aimed to improve the year-round availability and quality of vegetables and fruits in remote BC communities. This initiative built community capacity and the capability to create a sustainable supply of produce in 24 remote communities.
- In March 2012, PHSA provided a grant of \$700,000 to the Foundation for the Food Systems in Remote First Nations Project to continue to work with 15 First Nations community gardens established in the Initiative. The Food Systems in Remote First Nations Project builds capacity to achieve long-term vegetable and fruit production to support ongoing access to produce.

#### Marketing of Unhealthy Food and Beverages to Children and Youth

- The marketing of unhealthy food and beverages to children and youth contributes to poor diet and correlates with obesity directly affecting the health of young British Columbians.
- In 2013/14, the Ministry provided a \$150,000 grant to the Foundation to lead activities to increase public awareness of the issue and engage youth, parents, public health professionals, and other health promotion non-profit organizations across BC.

#### Tobacco Control

- The Ministry liaises with the Foundation (along with the Clean Air Coalition and the BC Lung Association) for briefings on their tobacco control initiatives.

#### Physical Activity

- The Ministry liaises with the Foundation as a key member of the BC Physical Activity Leadership Table. The Ministry will directly consult with the Foundation to help guide the development of a provincial physical activity strategy in 2013/14.

#### Healthy Communities

- The Ministry consulted with the Foundation, as a member organization of the BC Healthy Living Alliance, on the development of the Healthy Families BC (HFBC) Communities in June 2012.
- The Ministry will continue to engage the Foundation throughout the implementation phase of HFBC Communities to develop targeted tools for local government to support community health action.
- The Ministry co-chairs, alongside the Planning Institute of BC, the BC Healthy Built Environment Alliance Steering Committee of which the Foundation is an active member. The BC Healthy Built Environment Alliance is a provincial-wide hub for cross-sectoral action and information sharing to improve health through community design, land use planning and local government policies.

#### BC Public Access to Defibrillation (PAD) Program

- In March 2012, the Ministry provided a \$1 million grant to the Foundation to support a program to distribute defibrillators in communities throughout BC, with another \$1 million coming from the Foundation. The partnership supports the installation of 450 automated external defibrillators (AEDs) in a variety of public venues throughout BC over two years, including community centres, arenas, recreation centres, playing fields, and sports centres (PAD program was announced in February 2013).
- An AED is a safe, portable device anyone can use to deliver an electric shock to restart a heart in sudden cardiac arrest.
- It is a government platform commitment to create another \$2 million partnership between the provincial government and the Foundation to provide 450 AEDs in more venues across the province.

#### ADVICE:

- The Foundation is a valued non-government organization partner and key to delivering on the Healthy Families BC agenda.
- The Ministry will work with the Foundation to develop another partnership in support of the PAD program.

# Position Statement

March 2013

## HEART HEALTHY CHILDREN & YOUTH Healthy School Environment

### ISSUE

- Canada and British Columbia are experiencing twin epidemics of physical inactivity and unhealthy eating that threaten the health and well-being of our children.<sup>1</sup>
- Unhealthy weight among children is a complex issue underpinned by deep-rooted and multi-faceted causes that require a range of approaches and cooperative action by government, non-government organizations, parents, children and youth to address.
- HSF-funded research shows that societal changes have put healthy lifestyles beyond the reach of many families while unhealthy environments have worsened eating patterns and inactivity.
- While growth of child overweight and obesity is a relatively recent phenomenon, HSF believes it is one that can be reversed. With this in mind, addressing childhood obesity and its associated health impacts has become a key strategic priority for the Foundation.
- Schools are an ideal setting for teaching youth how to adopt and maintain a healthy, active lifestyle, prevent unhealthy weights and reduce the risk of chronic disease and premature death.
- This POSITION STATEMENT sets out the facts respecting the twin epidemics and offers recommendations for fostering healthy school environments.

The Heart and Stroke Foundation recognizes that the life-long heart health of Canadians is affected by both individual and social factors. Individual factors include genetic make-up, personal health choices and actions, and social support. Social factors include social, economic and environmental conditions in which Canadians live, work, learn and play. The Foundation encourages Canadians to make heart-healthy choices and encourages governments and the private sector to develop policies and programs that support healthy communities and reduce inequalities that negatively affect health and well-being.

### KEY FACTS

#### THE EPIDEMIC OF UNHEALTHY WEIGHTS AMONG CHILDREN AND YOUTH

- More than 31% of Canadian children are overweight or obese (with 19.8% being overweight and 11.7% obese).<sup>2</sup> In 25 years, the number of overweight and obese children increased by 11%.<sup>3</sup>
- 27% of BC children and youth are obese or overweight and growth rates are alarming; e.g., between 1978/79 and 2004 the number of obese adolescents tripled.<sup>4</sup>
- BC parents consider obesity to be the leading health issue faced by children today.<sup>5</sup>
- The direct and indirect costs of obesity to BC's health system are estimated at \$1 billion.<sup>6</sup>



HEART &  
STROKE  
FOUNDATION

# Position Statement

## HEALTHY SCHOOL ENVIRONMENT

### A MAJOR THREAT TO THE HEALTH OF BRITISH COLUMBIANS

- Cardiovascular disease (including heart disease and stroke) is the #1 cause of death and disability in BC. Excess body weight or obesity is a common risk factor for cardiovascular disease.<sup>7</sup>
- Recent research has found that half of overweight teens and 61% of obese teens have at least one major health risk factor such as high blood pressure (hypertension), high cholesterol levels, and prediabetes / diabetes.<sup>8</sup>
- Rates of disease in adulthood are greater for men and women who were overweight as adolescents. In adulthood, they suffer from higher rates of coronary disease, diabetes, atherosclerosis, arthritis, and colorectal cancer *independently of their weight in adulthood*.<sup>9</sup>
- Obesity-related diseases may negate the past 100 years' progress in public health care. Our children may not enjoy the life expectancy or quality of life of past generations.<sup>10</sup>
- Excess weight may soon rival tobacco as the world's leading cause of preventable premature deaths.<sup>1</sup>

### PHYSICAL INACTIVITY - A KEY RISK FACTOR FOR OBESITY,<sup>12</sup> HEART DISEASE AND STROKE,<sup>13</sup> AND NON-COMMUNICABLE DISEASE MORTALITY<sup>14</sup>

- For the sixth year in a row, the 2012 Active Healthy Kids Report Card gave Canada a failing grade – only 7% of children and youth meet its guideline of 60 minutes of physical activity a day. Grades 6-12 students spend 7 hours and 48 minutes a day in front of screens such as televisions and computers.<sup>15</sup>
- School-based programs can be effective in reducing "screen time" and obesity in children.<sup>16</sup>
- In BC, parents report that:
  - ♦ During school, 11% of children have less than 30 minutes of daily physical activity and 3% have none – after school, 18% have less than 30 minutes of physical activity, 7% have none;
  - ♦ 45% of children are driven to school, 35% walk and 3% bike, rollerblade, or skateboard;<sup>17</sup> and
  - ♦ The risk of obesity has been shown to decline by 4.8% for each additional kilometre walked per day and increase by 6% for each hour spent in a car per day.<sup>18</sup>

### EATING BEHAVIOURS OF BC CHILDREN FOSTER UNHEALTHY WEIGHTS

- Overweight and obesity are directly linked to over-consumption of energy-dense foods and beverages. Up to 80% of heart disease and stroke can be prevented through lifestyle changes including healthy eating.<sup>19</sup>
- A BC health assessment of school-aged children found:
  - ♦ Only 33% of girls and 34% of boys reported consuming vegetables and fruit at least six times the day before the survey;
  - ♦ 77% of students reported eating candy, baked sweets or frozen desserts; 53% reported eating salty snacks at least once the previous day; and 71% reported drinking at least one serving of a sweetened beverage the day prior to the survey;<sup>20</sup> but
  - ♦ School-based gardens have demonstrated potential for contributing to nutrition education and improving vegetable and fruit intake among school students.<sup>21</sup>

### SCHOOLS CAN FOSTER HEALTHY LIFESTYLE HABITS

Causes of the obesity epidemic are complex, but one thing is clear – obesity is not the result of simple individual choices of whether to eat well or not; to be physically active or sedentary. Individual choices are made in the context of societal, cultural, and environmental factors that affect and can determine or even preclude individual choices. Action is required at the social and political level to help children and families make healthy decisions affecting their obesity and overweight.<sup>22</sup>

Evidence suggests that adopting healthy lifestyles is "promising as a counteractive force" to address childhood obesity.<sup>23</sup> Increased physical activity is also positively associated with students' academic success.<sup>24</sup>

Lifestyle changes that can promote healthy weights need to begin at an early age and continue throughout life. Schools are an ideal setting to establish and promote healthy eating and physical activity by children and youth. And the school years are an ideal time.<sup>25</sup>

In the last 20 years, a range of strategies and programs have evolved that are based on a more integrated, holistic and strategic approach that recognizes all aspects of the school community in promoting the health of students. Evidence shows that the globally recognized framework called "Comprehensive School Health" produces better health and education outcomes than singular approaches that are mainly information and classroom based. It is becoming clear that it is necessary to do more than just offer health education classes in the curriculum. The Directorate of Agencies for School Health (DASH) in BC suggests that the best school health approaches to adopt are ones that coordinate activities around an organized set of policies and procedures that are designed to protect, promote and improve the health and well-being of students and staff, thus improving a student's ability to learn.<sup>26</sup>





## RECOMMENDATIONS

Key stakeholders have already taken significant steps to foster healthy weights in BC. But the persistence of high rates of obesity and overweight makes it clear that additional steps are urgently needed. This POSITION STATEMENT offers priority recommendations at the province-wide level. Addressing regional and local circumstances and the varying needs of groups – such as those with low income, inner city and rural children and youth, aboriginal children and youth, children and youth with special needs and other groups – will necessitate adapting these provincial-level recommendations to fit local requirements and developing specific, targeted initiatives.

### PROVINCIAL GOVERNMENT, MINISTRY OF EDUCATION AND MINISTRY OF HEALTH

The Government of BC must play a lead role in addressing the range of factors that affect unhealthy weights in children and in coordinating actions across government and by all levels of government, key stakeholders, parents and children themselves. HSF recommends that the provincial government:

- Ensure that the Comprehensive School Health approach continues to be adopted by schools, and continue to encourage partnerships with all members of the school community to maximize benefits.
- Continue to direct health authorities to help schools assess their health environments and develop specific action plans to address obesity,<sup>27</sup> and establish school health leads as specialists to support school initiatives.
- Work with schools and their boards to fully deliver a strong physical education curriculum to ensure that students develop the knowledge, skills and habits that are foundational to a physically active lifestyle.
- Ensure that all students receive a minimum of 30 to 60 minutes of quality physical activity per day; re-institute mandatory physical education classes for grades 11 and 12;<sup>28</sup> and adopt mandatory food skills training.<sup>29</sup>
- Implement classroom-based curricula to reduce recreational screen time.
- Enforce BC's School Guidelines for Food and Beverage Sales<sup>30</sup> and expand their application to food marketing in schools, including corporate sponsorships – consistent with the approach taken in other provinces.<sup>31</sup>

### SCHOOL COMMUNITY

Students, families, parent advisory councils, educators, administrators and boards all have important roles to play in enhancing physical activity and promoting healthy eating in schools but face many pressures and demands across a wide range of issues. As such, the Foundation recommends that school communities:

- Work with local health authorities to assess the school's health environment / circumstances and to develop policies and annual action plans.
- Implement strong health and physical education curricula and curricula to enhance the overall health literacy of children and youth through a Comprehensive School Health approach.<sup>32</sup>

- Increase the media awareness of children and youth to help to protect them from false claims of food and beverage marketing.<sup>33</sup>
- Systematically address issues that could inhibit health promotion development and sustainability in schools.
- With support from their school boards and the Ministry of Education, commit to and support the full delivery of the physical education curriculum to ensure that every child develops the knowledge, skills and habits that are foundational to a physically active lifestyle (physical literacy).<sup>34</sup>
  - ♦ Adopt and implement policy to ensure the delivery of physical education curriculum through specialists.
  - ♦ Provide adequate time for quality daily physical activity in class schedules and provide sufficient resources and equipment.
  - ♦ Provide opportunities for physical activity outside the classroom by integrating school-community partnerships.
  - ♦ Ensure opportunities for daily physical activity, school sport, intramurals, spontaneous play, active transportation and decreased sedentary behaviours.
- Establish a web-based network of parents who wish to improve food and physical activity environments. One example is an Australian initiative called the Parents Jury.<sup>35</sup>

### NON-GOVERNMENT ORGANIZATIONS

To assist the school community in successfully fostering a healthy school environment, non-government and community organizations – such as the Heart and Stroke Foundation, the Childhood Obesity Foundation, the BC Healthy Living Alliance, DASH BC, the Healthy Schools Network, Action Schools! BC, BC Healthy Communities and the Dietitians of Canada – can provide support and advice to identify programs and initiatives that encourage a healthy lifestyle. This could include working with school boards, health authorities, local governments and recreation centres to develop courses, seminars, educational materials and websites for parents so that they can teach and guide their children in healthy eating and physical activity.

- Develop partnerships with broader community organizations to add value to school-based programs and initiatives.
- Make resources available to assist school staff and their partners in the health and education sectors to plan, implement, and evaluate school health initiatives. These could include evidence-based guidelines, and surveillance and assessment tools, for example.

## Position Statement

## REFERENCES

- 1 See Federal/Provincial/Territorial Ministers of Health and / or Health Promotion / Healthy Living, *Curbing Childhood Obesity: A Federal, Provincial, Territorial Framework for Action to Promote Healthy Weights*, <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/index-eng.php>.
- 2 See "Body mass index of Canadian children and youth, 2009-2011," Statistics Canada, <http://www.statcan.gc.ca/pub/82-625-x/2012001/article/11712-eng.htm>.
- 3 Final Report: Data and Evidence Working Group, *Recommendations for Obesity Reduction in BC*, July 13, 2010.
- 4 Obesity Reduction Strategy Task Force of BC, *Recommendations for an Obesity Reduction Strategy for British Columbia*, August 2010. For children and youth, obesity is defined as the 95<sup>th</sup> percentile of Body Mass Index (BMI) and overweight is between the 85<sup>th</sup> and 95<sup>th</sup> percentile. BMI is a measure of individuals' weight relative to their height. Op. cit. pp. 12-13.
- 5 Ipsos Reid, "Canadians' Perceptions of, and Support for, Potential Measures to Prevent and Reduce Childhood Obesity," Final Report, prepared for Public Health Agency of Canada, November 2011. A November 2012 survey of the general BC population found that 62% of respondents were very concerned about children being overweight and another 36% moderately concerned. Angus Reid survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 6 See Legislative Assembly of British Columbia, Select Standing Committee on Health, "A Strategy for Combating Childhood Obesity and Physical Inactivity in British Columbia Report," November 29, 2006, Appendix B, <http://www.leg.bc.ca/cmt/39thpad/session-2/health/reports/RptHealth-38-2-29Nov2006/index.htm>.
- 7 Heart and Stroke Foundation of British Columbia and Yukon Position Statement, *Obesity Reduction in British Columbia* citing BC Vital Statistics, *Vital Statistics Quarterly Digest*, 2009 16(4) and McLaren, L et al. *Are Integrated Approaches Working to Promote Healthy Weights and Prevent Obesity and Chronic Disease? A Review and Synthesis of the Literature with Suggestions and Recommendations for Policy and Decision Makers*, 2004. Centre for Health and Policy Studies, Dept Community Health Sciences, University of Calgary.
- 8 L. Ashleigh, et al, "Prevalence of Cardiovascular Disease Risk Factors Among US Adolescents, 1999-2008," *Pediatrics*, vol 129, no 6, June 2012. See also, Ball, Geoff D.C. and Linda J. McCargar, "Childhood Obesity in Canada: A Review of Prevalence Estimates and Risk Factors for Cardiovascular Disease and Type 2 Diabetes," [http://www.ualberta.ca/~goball/pubs/Ball\\_McCargarReview\\_2003.pdf](http://www.ualberta.ca/~goball/pubs/Ball_McCargarReview_2003.pdf). See also, Institute of Medicine, *Local Government Actions to Prevent Childhood Obesity*, Report Brief, September 2009, <http://www.iom.edu/Reports/2009/Local-Government-Actions-to-Prevent-Childhood-Obesity.aspx>.
- 9 Must, Aviva, et al, "Long-term morbidity and mortality of overweight adolescents: A follow-up of the Harvard Growth Study of 1922 to 1935," *New England Journal of Medicine*, November 5, 1992, pp. 1350-55. The one exception to the independence of weight in adulthood was for diabetes.
- 10 Heart and Stroke Foundation, *Making Healthy Choices Easy Choices for All Our Children* Submission to "Our Health our Future - A National Dialogue on Healthy Weights," July 28, 2011.
- 11 McKinsey Quarterly, October 2010, *Healthcare Payor and Provider Practice: Why Governments must lead the fight against obesity*.
- 12 Heart and Stroke Foundation of Canada Position Statement, *Community Design, Physical Activity, Heart Disease and Stroke*.
- 13 Klonoff EA. Predicting Exercise Adherence in Women: The Role of Psychological and Physiological Factors. *Preventive Medicine* 1994;23:257-262.29 April 2008 ([http://phac-aspc.gc.ca/pau-vap/fitness/work/res\\_laver3\\_e.html](http://phac-aspc.gc.ca/pau-vap/fitness/work/res_laver3_e.html)). Health Canada. Canadian Guidelines for Body Weight Classification in Adults [Catalogue H49-179] Ottawa: Health Canada, 2003; Gilmore J. Body mass index and health. *Health Reports* 1999;11 (1): 31-43; Canadian Institute for Health Information. Improving the Health of Canadians. Ottawa: Canadian Institute for Health Information, 2004; Warburton DER, Katzmarzyk PT, Rhodes RE, Shephard RJ. Evidence-informed physical activity guidelines for Canadian adults. *Applied Physiology, Nutrition and Metabolism*, 2007;32 (suppl.2E):S16-S68; and Mackay J and Mensah G. World Health Organization. The Atlas of Heart Disease and Stroke. 23 May, 2008 ([http://www.who.int/cardiovascular\\_diseases/en/cvd\\_atlas\\_Q3\\_risk\\_factors.pdf](http://www.who.int/cardiovascular_diseases/en/cvd_atlas_Q3_risk_factors.pdf)).
- 14 See I-Min Lee et al, "Effect of physical inactivity on major non-communicable diseases world-wide: an analysis of burden of disease and life expectancy," *The Lancet*, 380: 219-29; and Harold W. Kohl et al, "The Pandemic of physical inactivity: global action for public health," *The Lancet*, 2012, 380: 294-305.
- 15 "Is Active Play Extinct?" 2012 Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth. <http://dndas2b7c6.cloudfront.net/reportcards/2012/AHKCR2012%20-%20Report%20Card%20Short%20Form%20-%20FINAL.pdf>. Health Canada and the Canadian Society for Exercise Physiology recommend 60 minutes of moderate to vigorous physical activity each day for children aged 5-11 and youth aged 12-17.
- 16 Obesity Reduction Strategy Task Force of BC, *Recommendations for an Obesity Reduction Strategy for British Columbia*, August 2010. The Task Force noted that "The Canadian Paediatric Society recommends that screen time in children and adolescents be limited to no more than 2 hours per day. The Health Behaviour in School-aged Children (HBSC) Survey's most recent cycle (2005-2006) reported that Canadian youth are accumulating more than 6 hours of screen time on weekdays and more than 7 hours per day on weekends (20 hours per week)." In addition it found that "Delivering a classroom-based screen time reduction curriculum was one of the few strategies supported by evidence that reduces the effects of television viewing on children's weight. School-based education programs that focus on screen-time reduction are effective in reducing screen time and obesity."
- 17 Environics Research Group, Heart and Stroke Foundation Back to School 2012, *British Columbia Report*, May 2012. The Daily Physical Activity K-12 Program Guide (2011) requires 30 minutes/day for K-7 and 30 minutes/day or 150 minutes/week for Grades 8-12.
- 18 Heart and Stroke Foundation, Position Statement, *Community Design*, citing: Frank, L et al. Obesity Relationships with Community Design, Physical Activity, and Time Spent in Cars. *American Journal of Preventative Medicine* 2004; 27:87-95.
- 19 Heart and Stroke Foundation of Canada Position Statement, *Access to Affordable, Healthy and Nutritious Foods ("Food Security")* citing World Health Organization, *Facing the Facts: The Impact of Chronic Disease in Canada* 2005.
- 20 Data and Evidence Working Group, op. cit., citing British Columbia Health Assessment of School-Aged Children Project. British Columbians are concerned about children's unhealthy eating and drinking habits. A November 2012 survey found that 94% of respondents were either very (52%) or moderately (42%) concerned. Angus Reid Survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 21 Somerset S, Ball R, Flett M, Geissman R. "School-based community gardens: Re-establishing healthy relationships with food" (2005) *Journal of the Home Economics Institute of Australia*, Vol. 12, No.2.
- 22 See Final Report: PHSA/Working Group on Food Recommendations for Obesity Reduction in BC, August 10, 2010, p. 6; and Final Report: Data and Evidence Working Group, *Recommendations for Obesity Reduction in BC*, July 13, 2010. See also the discussion of the "ecological model" in Heart and Stroke Foundation, *Interventions Related to Obesity: A State of the Evidence Review*, 2005.
- 23 Ashleigh, L op cit.
- 24 See Erwin, H., Fedewa, A., Beighle, A., & Aln, S. (2012). A Quantitative Review of Physical Activity, Health, and Learning Outcomes Associated with Classroom-Based Physical Activity Interventions. *Journal of Applied School Psychology*, 28(1), 14-36. Raspberry, C. N., Lee, S. M., Robin, L., Laris, B. A., Russell, L. A., Coyle, K. K., & Nihiser, A. J. (2011). The association between school-based physical activity, including physical education, and academic performance: a systematic review of the literature. *Preventive Medicine*, 52 Suppl 1, S10-20. Singh, A., Uijtendwillingen, L., Twisk, J. W. R., van Mechelen, W., & Chinapaw, M. J. M. (2012). Physical Activity and Performance at School: A Systematic Review of the Literature Including a Methodological Quality Assessment. *Archives of Pediatrics and Adolescent Medicine*, 166(1), 49-55.
- 25 For a review of the literature on the effectiveness of school-based programs in promoting physical activity see, S. Kriemler et al, "Effect of school-based interventions on physical activity and fitness in children and adolescents: a review of reviews and systematic update," *British Journal of Sports Medicine* 2011, 45: 923-930 and George W. Heath et al, "Evidence-based intervention in physical activity: lessons from around the world," *Lancet* 2012; 380:272-81. A November 2012 survey of BC parents found that 70% believe that schools should play a greater role in combating overweight/obesity in children and youth and 86% felt schools should play a greater role in establishing and promoting healthy eating and physical activity. Angus Reid Survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 26 O. Koehn and K. Cassels, *The Interaction of Health Agencies and British Columbia's Education System Facilitated by The Network of Healthy Schools*. See also [http://dashbc.ca/index.php?option=com\\_content&view=article&id=21&Itemid=37](http://dashbc.ca/index.php?option=com_content&view=article&id=21&Itemid=37) L.
- 27 As part of the Healthy Families BC Schools initiative, the Ministries of Health and Education are working together to enable health authorities to provide assessments for individual schools and to develop action plans.
- 28 The Daily Physical Activity K-12 Program Guide (2011) requires 30 minutes/day for K-7 and 30 minutes/day or 150 minutes/week for Grades 8-12. See [http://www.bced.gov.bc.ca/imp/course.php?lang=en&subject=DailyPhysicalActivity\\_K12&course=DailyPhysicalActivity\\_K12\\_Program\\_Guide&year=2011](http://www.bced.gov.bc.ca/imp/course.php?lang=en&subject=DailyPhysicalActivity_K12&course=DailyPhysicalActivity_K12_Program_Guide&year=2011). The most recent annual student satisfaction survey shows that only 33% of grade 7 students and 43% of grades 3 / 4 students participated in moderate to vigorous physical activity for at least 30 minutes daily during the school week. Note that the online survey of parents by Environics Research Group cited earlier found that 89% of BC parents strongly support schools providing at least 30 minutes of physical activity a day and 63% strongly support increased funding to implement a strong health / physical education curriculum.
- 29 For a review of Canadian and international programs designed to improve cooking and food preparation for children and families see Government of Canada, "Improving Cooking and Food Preparation Skills: A Profile of Promising Practices in Canada and Abroad," 2010, [http://www.hc-sc.gc.ca/fnan/alt\\_formats/pdf/nutrition/child-enfant/ctps-acc-profile-sperce-eng.pdf](http://www.hc-sc.gc.ca/fnan/alt_formats/pdf/nutrition/child-enfant/ctps-acc-profile-sperce-eng.pdf).
- 30 At present, implementation of the guidelines is supported by one dietitian through the Dial-a-Dietitian program. The last Provincial Report on the implementation of the guidelines was in 2008 based on a survey of schools in 2007. That report found progress being made but further action required. See [http://www.bced.gov.bc.ca/health/sales\\_policy\\_feb08.pdf](http://www.bced.gov.bc.ca/health/sales_policy_feb08.pdf). A more recent analysis of the support provided for implementing the guidelines by dietitians in 2010 also found challenges in implementing the guidelines. See Social Research Demonstration Corporation, "Evaluation of the Dietitians of Canada School Guidelines Support Initiative," March 31, 2010.
- 31 For example, under current policy in BC, soft drink companies can sponsor activities in schools and coupons for unhealthy foods may be provided to children as incentives or rewards. 79% of BC parents believe that schools should do more to limit students' access to unhealthy food and beverages; and 77% believe schools should ban the marketing of unhealthy food and beverages. Angus Reid Survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 32 A November 2012 survey of BC parents found 89% support mandatory curricula on healthy living and health literacy. Angus Reid Survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 33 88% of parents support schools providing more education to children on critical media viewing. Angus Reid Survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 34 See Active Canada 20/20: A Physical Activity Strategy and Change Agenda for Canada; Creating a Culture of an Active Nation; May 2012 version.
- 35 See <http://www.partnershipagainstcancer.ca/wp-content/uploads/Reducing-Food-Marketing-Directed-at-Children-an-Australian-Experience-Kathy-Chapman.pdf>.

# Position Statement

March 2013

## HEART HEALTHY CHILDREN & YOUTH Marketing of Unhealthy Foods & Beverages

### ISSUE

- Canada and British Columbia are experiencing twin epidemics of physical inactivity and unhealthy eating that threaten the health and well-being of our children.<sup>1</sup>
- Unhealthy weight among children is a complex issue underpinned by deep-rooted and multi-faceted causes that require a range of approaches and cooperative action by government, non-government organizations, parents, children and youth to address.
- HSF-funded research shows that societal changes have put healthy lifestyles beyond the reach of many families while unhealthy environments have worsened eating patterns and inactivity.
- While growth of child overweight and obesity is a relatively recent phenomenon, HSF believes it is **one that can be reversed**. With this in mind, addressing childhood obesity and its associated health impacts has become a key strategic priority for the Foundation.
- Regulating the marketing of energy-dense, nutrient-poor foods and beverages to children is one strategy that can help to prevent overweight and obesity and reduce the risk of chronic disease and premature death.
- This POSITION STATEMENT outlines evidence regarding the link between marketing to children and obesity, and facts respecting the twin epidemics of unhealthy eating and physical inactivity; and provides recommendations on the marketing of unhealthy food and beverages to children.

### SUPPORTIVE EVIDENCE

#### MARKETING TO CHILDREN IS STRONGLY ASSOCIATED WITH CHILDHOOD OBESITY

- Children's exposure to television advertising is associated with overweight and obesity.<sup>2</sup>
- A 12-nation study of children's television programs during peak viewing times found 37% of advertisements were for food, and of these, 95% were for unhealthy foods.<sup>3</sup> Canadian children see more than 50 fast food commercials on television each month.<sup>4</sup>
- Most children eight years of age or under do not understand the persuasive intent of marketing messages; and, children under four cannot consistently tell the difference between television advertisements and programming.<sup>5</sup>
- Even children 10 to 12 years of age will not use their critical evaluation skills to interpret advertisements unless prompted to do so.<sup>6</sup>
- Food and beverage companies reach children through venues such as schools, TV, the Internet, product placement in movies, logo-covered clothing, toys, books, popular songs, music videos and video games, and gifts-with-purchases.<sup>7</sup>
- A recent study conducted in Australia showed that restricting televised advertisements targeting children could potentially be one of the most cost-effective population-based

obesity prevention interventions available to governments today.<sup>8</sup>

- The Internet is also a key venue – 85% of food brands most heavily promoted to children have websites that directly target children or have content that interests them. The websites include games, promotion, viral marketing and messaging techniques, and links to movies and television.<sup>9</sup>
- 61% of popular children's websites market unhealthy food and beverages.<sup>10</sup>

#### LEGISLATION / REGULATION OF MARKETING TO CHILDREN CAN HELP TO ADDRESS CHILDHOOD OBESITY

- In Canada (except Quebec), advertising to children is self-regulated by industry.
- The Chronic Disease Prevention Alliance of Canada found that "the system of self-regulation of advertising to children – however extensive it is – is insufficient and was not designed to deal with the public health crisis of rising rates of childhood obesity. We live in a world where marketers are not just selling products, but are surrounding those products with multi-layered experiences. The current regulatory environment is insufficient in scope and vision to respond to this new world."<sup>11</sup>

The Heart and Stroke Foundation recognizes that the life-long heart health of Canadians is affected by both individual and social factors. Individual factors include genetic make-up, personal health choices and actions, and social support. Social factors include social, economic and environmental conditions in which Canadians live, work, learn and play. The Foundation encourages Canadians to make heart-healthy choices and encourages governments and the private sector to develop policies and programs that support healthy communities and reduce inequalities that negatively affect health and well-being.



HEART &  
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# Position Statement

## MARKETING OF UNHEALTHY FOODS & BEVERAGES

### LEGISLATION / REGULATION OF MARKETING TO CHILDREN CAN HELP TO ADDRESS CHILDHOOD OBESITY (CONT'D)

- Quebec has shown that regulating advertising to children is effective. Fast food expenditures declined by 13% per week in French-speaking households leading up to 22 million fewer fast food meals eaten per year or up to 4.4 billion fewer calories consumed by children. Quebec has one of the lowest soft drink consumption rates in Canada, among the highest fruit and vegetable consumption rates, and lowest obesity rates among 6 to 11 year olds.<sup>12</sup>
- A large majority of parents (77%) support restricting the marketing of unhealthy food and beverages to children.<sup>13</sup>
- While addressing cross-border marketing to children is important, Canadian regulation can be effective – 89% of children's viewing involves Canadian television channels.<sup>14</sup>

### RECOMMENDATIONS

The World Health Organization notes that the effectiveness of marketing is a function of exposure and power and recommends "both the exposure of children to, and power of, marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt" should be reduced.<sup>15</sup> Federal / Provincial / Territorial Ministers of Health have recognized the need to look at ways of increasing the availability of nutritious foods and decreasing the marketing of unhealthy foods and beverages to children.<sup>16</sup> The Heart and Stroke Foundation recommends the following actions.

#### FEDERAL GOVERNMENT

- Work with provinces and territories to:
  - ✦ Protect children from the marketing of unhealthy food and beverages by foreign-based television and other communications media.
  - ✦ Develop national standards, criteria, and definitions to support regulation of the marketing of unhealthy food and beverages to children.
  - ✦ Regulate the Internet, including social media (through amendments to the Competition Act or other legislation) to protect children from the marketing of unhealthy food and beverages.
- In the absence of regulation, develop a transparent system of monitoring and reporting on the marketing of unhealthy food and beverages to children by the food industry. This system could be modelled after Health Canada's Trans Fat Monitoring Program.

#### PROVINCIAL GOVERNMENT

- Adopt policies, legislation and regulations prohibiting the marketing of unhealthy food and beverages to children across the broad range of modern media. Specifically:
  - ✦ Ban television advertising of these products during programming viewed by children;
  - ✦ Ban the use of celebrities and all cartoon characters to promote unhealthy foods and beverages;
  - ✦ Ban advergames that promote unhealthy foods and beverages;
  - ✦ Block access to Internet sites that market unhealthy food and beverages to children;<sup>17</sup> and,
  - ✦ Provide for effective complaints mechanisms and procedures to ensure effective implementation of the law.

- Work with the federal government to regulate the Internet to protect children from marketing of unhealthy food and beverages.
- Develop standards and criteria respecting food industry-sponsored events or programs at school or elsewhere that involve or include children.
  - ✦ Make all school funding received from the provincial government conditional on these standards and criteria being followed.
  - ✦ Until these standards and criteria are developed, require schools, school boards or other organizations receiving provincial government funding to provide information on the nature, extent and amount of sponsorship funding received from the food industry for sponsored events or programs at school or elsewhere.
- Restrict food industry sponsorship depending on the extent to which a company has unhealthy foods and beverages in its product line for events attended by or aimed at children.<sup>18</sup> Develop criteria to determine how sponsorship restrictions should be applied.
- Consider introducing incentives to the food and beverage industry that will encourage and reward them to market healthier foods and beverages to children and youth (such as tax incentives or recognition awards).

#### SCHOOL COMMUNITY

Nutrition literacy and nutrition education are important means of helping children to assess and respond appropriately to the marketing of unhealthy food and beverages. It is recommended that students, families, parent advisory councils, educators, administrators and boards take the following steps:

- Until standards and criteria are developed by the provincial government as described above respecting food industry-sponsored events or programs at school or elsewhere, provide information on the nature, extent and amount of funding received from the food industry for sponsored events or programs.
- Establish a web-based network of parents who wish to improve the food and beverage environment in schools, including the marketing of these products. One example is an Australian initiative called the Parents Jury.<sup>19</sup>
- Parents and teachers become aware of the techniques that the food industry uses to market unhealthy foods and beverages and introduce strategies at home and at school to bring children and students gradually to the point where they are able to make critical assessments of these techniques.<sup>20</sup>

#### NON-PROFIT GROUPS, HEALTH CARE ORGANIZATIONS AND HEALTH CARE PROFESSIONALS

- Develop a BC-based website to help parents, educators and students to learn about:
  - ✦ The nature and extent of the marketing of unhealthy foods and beverages to children including the techniques and types of media used and how these advertisements can mislead children and parents;
  - ✦ The opportunities that the food and beverage industry could reasonably use for marketing healthy foods and beverages to children, and how parents and concerned groups could support the food and beverage industry to take this approach.
- The various steps groups and individuals can take to:
  - counter the marketing strategies of unhealthy foods and beverages;
  - encourage the provincial and federal governments to regulate the marketing of food and beverages to children.



## NON-PROFIT GROUPS, HEALTH CARE ORGANIZATIONS AND HEALTH CARE PROFESSIONALS (CONT'D)

- ✦ Provide information on the appropriate grounds for complaints about marketing to children and how complaints can be made most effectively.
- Play a role in investigating and monitoring marketing practices in schools and communities and report their findings to government and industry for remedial action.
- Collaborate on a joint declaration or position statement urging the federal and provincial governments to take action on restricting the marketing of unhealthy foods and beverages to children.
- Exercise discretion in accepting sponsorships by the food industry so as not to unintentionally endorse or promote unhealthy foods and beverages.

## THE BC FOOD AND BEVERAGE INDUSTRY

- In conjunction with the provincial government, health care organizations and professionals, and concerned stakeholders, develop strategies and plans to:
  - ✦ Augment the marketing of healthy food and beverages to children and voluntarily reduce the marketing of unhealthy food and beverages to children.
  - ✦ Develop and enforce the highest standards for marketing food and beverages to children and youth.
  - ✦ Develop a robust and rigorous self-monitoring system for the food industry to follow until the federal government implements a monitoring and reporting system as described above.

## KEY FACTS

### THE EPIDEMIC OF UNHEALTHY WEIGHT AMONG CHILDREN AND YOUTH

- More than 31% of Canadian children are overweight or obese (with 19.8% being overweight and 11.7% obese).<sup>21</sup> In 25 years, the number of overweight and obese children increased by 11%.<sup>22</sup>
- 27% of BC children and youth are obese or overweight and growth rates are alarming; e.g., between 1978/79 and 2004 the number of obese adolescents tripled.<sup>23</sup>
- BC parents consider obesity to be the leading health issue faced by children today.<sup>24</sup>
- The direct and indirect costs of obesity to BC's health system are estimated at \$1 billion.<sup>25</sup>

### A MAJOR THREAT TO THE HEALTH OF BRITISH COLUMBIANS

- Cardiovascular disease (including heart disease and stroke) is the #1 cause of death and disability in BC. Excess body weight or obesity is a common risk factor for cardiovascular disease.<sup>26</sup>
- Recent research has found that half of overweight teens and 61% of obese teens have at least one major health risk factor such as high blood pressure (hypertension), high cholesterol levels, and prediabetes / diabetes.<sup>27</sup>
- Rates of disease in adulthood are greater for men and women who were overweight as adolescents. In adulthood, they suffer from higher rates

of coronary disease, diabetes, atherosclerosis, arthritis, and colorectal cancer *independently of their weight in adulthood*.<sup>26</sup>

- Obesity-related diseases may negate the past 100 years' progress in public health care. Our children may not enjoy the life expectancy or quality of life of past generations.<sup>29</sup>
- Excess weight may soon rival tobacco as the world's leading cause of preventable premature deaths.<sup>30</sup>

### EATING BEHAVIOURS AND SEDENTARY BEHAVIOUR OF BC CHILDREN FOSTER UNHEALTHY WEIGHTS

- Overweight and obesity are directly linked to over-consumption of energy-dense foods and beverages. Up to 80% of heart disease and stroke can be prevented through lifestyle changes including healthy eating.<sup>31</sup>
- A BC health assessment of school-aged children found:
  - ✦ Only 33% of girls and 34% of boys reported consuming vegetables and fruit at least six times the day before the survey; but
  - ✦ 77% of students reported eating candy, baked sweets or frozen desserts; 53% reported eating salty snacks at least once the previous day; and 71% reported drinking at least one serving of a sweetened beverage the day prior to the survey.<sup>32</sup>
- For the sixth year in a row, the 2012 Active Healthy Kids Report Card gave Canada a failing grade – only 7% of children and youth meet its guideline of 60 minutes of physical activity a day. Grades 6-12 students spend 7 hours and 48 minutes a day in front of screens such as televisions and computers.<sup>33</sup>
- In BC, parents report that:
  - ✦ During school, 11% of children have less than 30 minutes of daily physical activity and 3% have none – after school, 18% have less than 30 minutes of physical activity, 7% have none;
  - ✦ 45% of children are driven to school, 35% walk and 3% bike, rollerblade, or skateboard;<sup>34</sup> and
  - ✦ The risk of obesity has been shown to decline by 4.8% for each additional kilometre walked per day and increase by 6% for each hour spent in a car per day.<sup>35</sup>



# Position Statement

## REFERENCES

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# Position Statement

March 2013

## HEART HEALTHY CHILDREN & YOUTH Healthy Community Design

### ISSUE

- Canada and British Columbia are experiencing twin epidemics of physical inactivity and unhealthy eating that threaten the health and well-being of our children.<sup>1</sup>
- Unhealthy weight among children is a complex issue underpinned by deep-rooted and multi-faceted causes that require a range of approaches and cooperative action by government, non-government organizations, parents, children and youth to address.
- HSF-funded research shows that societal changes have put healthy lifestyles beyond the reach of many families while unhealthy environments have worsened eating patterns and inactivity.
- While growth of child overweight and obesity is a relatively recent phenomenon, HSF believes it is one that can be reversed. With this in mind, addressing childhood obesity and its associated health impacts has become a key strategic priority for the Foundation.
- Community design can foster healthy weights and lifestyles and contribute towards reducing the risk of chronic disease and premature death.
- This POSITION STATEMENT sets out the facts respecting the twin epidemics and offers recommendations respecting the design of BC communities.

The Heart and Stroke Foundation recognizes that the life-long heart health of Canadians is affected by both individual and social factors. Individual factors include genetic make-up, personal health choices and actions, and social support. Social factors include social, economic and environmental conditions in which Canadians live, work, learn and play. The Foundation encourages Canadians to make heart-healthy choices and encourages governments and the private sector to develop policies and programs that support healthy communities and reduce inequalities that negatively affect health and well-being.

### KEY FACTS

#### THE EPIDEMIC OF UNHEALTHY WEIGHTS AMONG CHILDREN AND YOUTH

- More than 31% of Canadian children are overweight or obese (with 19.8% being overweight and 11.7% obese).<sup>2</sup> In 25 years, the number of overweight and obese children increased by 11%.<sup>3</sup>
- 27% of BC children and youth are obese or overweight and growth rates are alarming; e.g., between 1978/79 and 2004 the number of obese adolescents tripled.<sup>4</sup>
- BC parents consider obesity to be the leading health issue faced by children today.<sup>5</sup>
- The direct and indirect costs of obesity to BC's health system are estimated at \$1 billion.<sup>6</sup>



**HEART &  
STROKE  
FOUNDATION**

## Position Statement

### HEALTHY COMMUNITY DESIGN

#### A MAJOR THREAT TO THE HEALTH OF BRITISH COLUMBIANS

- Cardiovascular disease (including heart disease and stroke) is the #1 cause of death and disability in BC. Excess body weight or obesity as well as physical inactivity are common risk factors for cardiovascular disease and most other chronic diseases.<sup>7</sup>
- Recent research has found that half of overweight teens and 61% of obese teens have at least one major health risk factor such as high blood pressure (hypertension), high cholesterol levels, and prediabetes / diabetes.<sup>8</sup>
- According to Action Canada 20/20, a change agenda strategy developed by a broad cross-section of the physical activity communities across Canada, physical inactivity is the fourth leading cause of chronic disease mortality such as heart disease, stroke, type 2 diabetes and some cancers.<sup>9</sup>
- Rates of disease in adulthood are greater for men and women who were overweight as adolescents. In adulthood, they suffer from higher rates of coronary disease, diabetes, atherosclerosis, arthritis, and colorectal cancer *independently of their weight in adulthood*.<sup>10</sup>
- Obesity-related diseases may negate the past 100 years' progress in public health care. Our children may not enjoy the life expectancy or quality of life of past generations.<sup>11</sup>
- Excess weight may soon rival tobacco as the world's leading cause of preventable premature deaths.<sup>12</sup>

#### PHYSICAL INACTIVITY - A KEY RISK FACTOR FOR OBESITY,<sup>13</sup> HEART DISEASE AND STROKE,<sup>14</sup> AND NON-COMMUNICABLE DISEASE MORTALITY<sup>15</sup>

- For the sixth year in a row, the 2012 Active Healthy Kids Report Card gave Canada a failing grade – only 7% of children and youth meet its guideline of 60 minutes of physical activity a day. Grades 6-12 students spend 7 hours and 48 minutes a day in front of screens such as televisions and computers.<sup>16</sup>
- In BC, parents report that:
  - ♦ During school, 11% of children have less than 30 minutes of daily physical activity and 3% have none – after school, 18% have less than 30 minutes of physical activity, 7% have none;
  - ♦ 45% of children are driven to school, 35% walk and 3% bike, rollerblade, or skateboard;<sup>17</sup> and
  - ♦ The risk of obesity has been shown to decline by 4.8% for each additional kilometre walked per day and increase by 6% for each hour spent in a car per day.<sup>18</sup>

#### EATING BEHAVIOURS OF BC CHILDREN FOSTER UNHEALTHY WEIGHTS

- Overweight and obesity are directly linked to over-consumption of energy-dense foods and beverages. Up to 80% of heart disease and stroke can be prevented through lifestyle changes including healthy eating.<sup>19</sup>
- A BC health assessment of school-aged children found:
  - ♦ Only 33% of girls and 34% of boys reported consuming vegetables and fruit at least six times the day before the survey; but
  - ♦ 77% of students reported eating candy, baked sweets or frozen desserts; 53% reported eating salty snacks at least once the previous day; and 71% reported drinking at least one serving of a sweetened beverage the day prior to the survey.<sup>20</sup>

#### COMMUNITY DESIGN CAN FOSTER OR INHIBIT HEALTHY WEIGHTS

Causes of the obesity epidemic are complex, but one thing is clear – obesity is not the result of simple individual choices of whether to eat well or not; to be physically active or sedentary. Individual choices are made in the context of societal, cultural, and environmental factors that affect and can determine or even preclude individual choices. Community design is one key environmental factor. Action is required at the social and political level to help children and families make healthy decisions affecting their obesity and overweight.<sup>21</sup>

By properly designing or redesigning communities, we can enable / promote physical activity and healthy eating and reduce weights. For example, we can increase road and pathway connectivity to promote walking and cycling, increase public transit, increase the availability and affordability of recreational facilities and parks, and improve access to healthy food while discouraging junk foods.<sup>22</sup>

##### *Community Design and Physical Activity:*

The risk of obesity declines 4.8% for each additional kilometre walked per day.<sup>23</sup> But many Canadian neighbourhoods are not conducive to safe walking. For example, 42% of schools are located on high-volume / high-speed roads and 14% have no sidewalks nearby.<sup>24</sup>

- Since 1985, the proportion of Canadian children regularly walking to school has fallen by 50% to just 1 in 3.<sup>25</sup> 45% of BC children are driven to school because their parents feel the school is too far away, walking or biking is unsafe, or there is too much traffic.<sup>26</sup>
- Almost 68% of BC's indoor recreational facilities are over 25 years old, rapidly aging and in need of renewal or replacement.<sup>27</sup>





## COMMUNITY DESIGN CAN FOSTER OR INHIBIT HEALTHY WEIGHTS (CONT'D)

### *Community Design and Healthy Eating:*

- Students who attend schools with three or more fast food outlets within one kilometre have less healthy nutritional intakes than students who attend schools with no fast food outlets nearby.<sup>28</sup>
- Children who live in neighbourhoods where there are easily accessible stores that have modestly priced fresh produce have healthier diets and reduced risks of being overweight.<sup>29</sup>

## RECOMMENDATIONS

### PROVINCIAL GOVERNMENT

The Government of BC must play a lead role in addressing the range of factors that affect unhealthy weights and physical inactivity in children and in coordinating actions across government and by all levels of government, key stakeholders, parents and children themselves. HSF recommends that the provincial government:

- Continue to provide direction to health authorities to work with local governments to assess how the design of their communities can better promote physical activity and healthy eating.<sup>30</sup>
- Provide access to user-friendly health information to help inform local planning.
- Provide opportunities for local governments and community-based organizations to share and exchange knowledge of promising community design practices and lessons learned.
- Provide grants or increased funding to local governments to:
  - ✦ Develop and implement local plans to increase participation in physical activity;<sup>31</sup>
  - ✦ Foster healthy eating, for example, by supporting the development of community gardens, and providing access to fresh fruits and vegetables;<sup>32</sup> and
  - ✦ Develop health-promoting community infrastructure including public transit, sidewalks, foot and bike paths, adequate lighting, traffic calming, bike lanes, parks, playgrounds and green spaces.<sup>33</sup>
- Adopt and implement the BC Recreation and Parks Association recommendations for renewing BC's deteriorating recreation facilities and re-institute funding for the association's Active Communities Program to support physical activity in communities across BC.<sup>34</sup>
- Provide funding for schools to serve as community hubs and for affordable, accessible community recreation programs during after-school hours.<sup>35</sup>

- Apply a Health Impact Assessment lens to Cabinet and ministry decisions and other key policy and budget decisions that may affect children's health.

### LOCAL GOVERNMENTS

- Work with health authorities and local organizations to ensure that community plans, zoning, land use and development decisions support healthy living and active transportation, discourage sedentary behaviours, and eliminate barriers to active lifestyles.
- Pursue opportunities to introduce public policy and support programs, services and other activities that promote healthy living in local public facilities.
- Adopt urban zoning policies for areas surrounding schools that limit the proliferation of fast food outlets and increase access to stores selling healthy and affordable food.<sup>36</sup> This could include local governments using their bylaw authority to specify signage, accessibility, business licensing and landscaping to support the goal of promoting healthy eating, physical activity and smoking cessation near schools.
- Use community policing and other policing strategies to ensure that parks and recreational facilities are safe and perceived to be safe for children and families.

### LOCAL AGENCIES AND NON-GOVERNMENT ORGANIZATIONS

Non-government organizations and local agencies play leadership roles in their communities in identifying and advocating for community design changes and initiatives to support healthy weights for children and youth.

- Non-government organizations such as the BC Healthy Living Alliance, BC Healthy Communities, BC Recreation and Parks Association, the Heart and Stroke Foundation, and the Childhood Obesity Foundation should work together to provide support and advice to local organizations to achieve healthy community design.
- Educate the public about the importance of land use planning, zoning and transportation decisions for the health of children and youth.
- Establish a web-based resource that provides information, tools and steps to take to improve the food and physical activity environments in communities.<sup>37</sup>
- Consider including urban planners and engineers on volunteer boards and committees.

## Position Statement

## REFERENCES

- 1 See Federal/Provincial/Territorial Ministers of Health and / or Health Promotion / Healthy Living, *Curbing Childhood Obesity: A Federal, Provincial, Territorial Framework for Action to Promote Healthy Weights*, <http://www.phac-aspc.gc.ca/hp-ps/tl-mvs/framework-c2-drel/index-eng.php>
- 2 See "Body mass index of Canadian children and youth, 2009-2011," Statistics Canada, <http://www.statcan.gc.ca/pub/82-625-x/2012001/article/11712-eng.htm>
- 3 Final Report: Data and Evidence Working Group, *Recommendations for Obesity Reduction in BC*, July 13, 2010.
- 4 Obesity Reduction Strategy Task Force of BC, *Recommendations for an Obesity Reduction Strategy for British Columbia*, August 2010. For children and youth, obesity is defined as the 95<sup>th</sup> percentile of Body Mass Index (BMI) and overweight is between the 85<sup>th</sup> and 95<sup>th</sup> percentile. BMI is a measure of individuals' weight relative to their height. Op. cit. pp. 12-13.
- 5 Ipsos Reid, "Canadians' Perceptions of, and Support for, Potential Measures to Prevent and Reduce Childhood Obesity," Final Report, prepared for Public Health Agency of Canada, November 2011. A November 2012 survey of the general BC population found that 62% of respondents were very concerned about children being overweight and another 36% moderately concerned. Angus Reid survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 6 See Legislative Assembly of British Columbia, Select Standing Committee on Health, "A Strategy for Combating Childhood Obesity and Physical Inactivity in British Columbia Report," November 29, 2006, Appendix B, <http://www.leg.bc.ca/cm1/38thparl/session-2/health/reports/Rpt-Health-38-2-29Nov2006/index.htm>
- 7 Heart and Stroke Foundation of British Columbia and Yukon Position Statement, *Obesity Reduction in British Columbia* citing BC Vital Statistics, *Vital Statistics Quarterly Digest*, 2009 18(4) and McLaren, L et al. *Are Integrated Approaches Working to Promote Healthy Weights and Prevent Obesity and Chronic Disease? A Review and Synthesis of the Literature with Suggestions and Recommendations for Policy and Decision Makers*, 2004. Centre for Health and Policy Studies, Dept Community Health Sciences, University of Calgary.
- 8 L. Ashleigh, et al, "Prevalence of Cardiovascular Disease Risk Factors Among US Adolescents, 1999-2006," *Pediatrics*, vol 129, no 6, June 2012. See also, Ball, Geoff D.C. and Linda J. McCargar, "Childhood Obesity in Canada: A Review of Prevalence Estimates and Risk Factors for Cardiovascular Disease and Type 2 Diabetes," [http://www.usalberta.ca/~gdball/pubs/Ball\\_McCargar-Review\\_2003.pdf](http://www.usalberta.ca/~gdball/pubs/Ball_McCargar-Review_2003.pdf). See also, Institute of Medicine, *Local Government Actions to Prevent Childhood Obesity*, Report Brief, September 2009, <http://www.iom.edu/Reports/2009/Local-Government-Actions-to-Prevent-Childhood-Obesity.aspx>
- 9 Active Canada 20/20, *Creating a Culture of an Active Nation*, May 2012 version.
- 10 Must, Aviva, et al, "Long-term morbidity and mortality of overweight adolescents: A follow-up of the Harvard Growth Study of 1922 to 1935," *New England Journal of Medicine*, November 5, 1992, pp. 1350-55. The one exception to the independence of weight in adulthood was for diabetes.
- 11 Heart and Stroke Foundation, *Making Healthy Choices Easy Choices for All Our Children* Submission to "Our Health Our Future - A National Dialogue on Healthy Weights," July 28, 2011.
- 12 McKinsey Quarterly, October 2010, *Healthcare Payor and Provider Practice: Why Governments must lead the fight against obesity*.
- 13 Heart and Stroke Foundation of Canada Position Statement, *Community Design, Physical Activity, Heart Disease and Stroke*.
- 14 Klonoff EA. Predicting Exercise Adherence in Women: The Role of Psychological and Physiological Factors. *Preventive Medicine* 1994;23:257-262.29 April 2008 [phac-aspc.gc.ca/pau-wap/fitness/work/res\_layer3\_e.html]; Health Canada. Canadian Guidelines for Body Weight Classification in Adults (Catalogue H49-179). Ottawa: Health Canada, 2003; Gilmore J. Body mass index and health. *Health Reports* 1999;11 (1): 31-43; Canadian Institute for Health Information. *Improving the Health of Canadians*. Ottawa: Canadian Institute for Health Information, 2004; Warburton DER, Katzmarzyk PT, Rhodes RE, Shephard RJ. Evidence-informed physical activity guidelines for Canadian adults. *Applied Physiology, Nutrition and Metabolism*. 2007;32 (suppl.2E):S16-S68; and Mackay J and Mensah G. World Health Organization. *The Atlas of Heart Disease and Stroke*. 23 May, 2008 ([http://who.int/cardiovascular\\_diseases/en/cvd\\_atlas\\_03\\_risk\\_factors.pdf](http://who.int/cardiovascular_diseases/en/cvd_atlas_03_risk_factors.pdf))
- 15 See I-Min Lee et al, "Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy," *The Lancet*, 380: 219-29; and Harold W. Kohl et al, "The Pandemic of physical inactivity: global action for public health," *The Lancet*, 2012, 380: 294-305.
- 16 "Is Active Play Extinct?" 2012 Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth. <http://cvgas9ty7g6.cloudfront.net/reportcards2012/AHKC%202012%20-%20Report%20Card%20Short%20Form%20-%20FINAL.pdf>. Health Canada and the Canadian Society for Exercise Physiology recommend 60 minutes of moderate to vigorous physical activity each day for children aged 5-11 and youth aged 12-17.
- 17 Environics Research Group, Heart and Stroke Foundation Back to School 2012, British Columbia Report, May 2012. The Daily Physical Activity K-12 Program Guide (2011) requires 30 minutes/day for K-7 and 30 minutes/day or 150 minutes/week for Grades 8-12.
- 18 Heart and Stroke Foundation Position Statement, *Community Design*, citing: Frank, L et al. *Obesity Relationships with Community Design, Physical Activity, and Time Spent in Cars*. *American Journal of Preventative Medicine* 2004; 27:87-95.
- 19 Heart and Stroke Foundation of Canada Position Statement, *Access to Affordable, Healthy and Nutritious Foods ("Food Security")* citing World Health Organization, *Facing the Facts: The Impact of Chronic Disease in Canada* 2005.
- 20 Data and Evidence Working Group, op. cit., citing British Columbia Health Assessment of School-Aged Children Project. British Columbians are concerned about children's unhealthy eating and drinking habits. A November 2012 survey found that 94% of respondents were either very (52%) or moderately (42%) concerned. Angus Reid Survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 21 See Final Report: PHSA/Working Group on Food, *Recommendations for Obesity Reduction in BC*, August 10, 2010, p. 6; and Final Report: Data and Evidence Working Group, *Recommendations for Obesity Reduction in BC*, July 13, 2010. See also the discussion of the "ecological model" in Heart and Stroke Foundation, *Interventions Related to Obesity: A State of the Evidence Review*, 2005.
- 22 Provincial Health Services Authority, "Creating a Healthier Built Environment in British Columbia." See also Physical Activity Working Group, *Recommendations for Obesity Reduction in BC*, April 19, 2010. See also George W. Heath et al, "Evidence-based intervention in physical activity: lessons from around the world," *Lancet* 2012; 380:272-81.
- 23 Frank, L et al. *Obesity Relationships with Community Design, Physical Activity, and Time Spent in Cars*. *American Journal of Preventative Medicine* 2004; 27:87-95. A cross-country comparison (Europe, North America and Australia) of rates of active transportation, such as walking and cycling, found that generally, the countries with higher rates of active transportation had lower levels of obesity. Bassett DR, Pucher J, Buehler R, Thompson DR, Crouter SE. Walking, Cycling, and Obesity Rates in Europe, North America, and Australia. *Journal of Physical Activity and Health* 2008, 5, 795-814.
- 24 O'Loughlin S, Pickett W, Janssen I. Active transportation environments surrounding Canadian schools. *Canadian Journal of Public Health*. 2011;102(5):364-68.
- 25 Active and Safe Routes to School. March 26, 2012. <http://www.saferroutestoschool.ca/>
- 26 Environics Research Group, Heart and Stroke Foundation Back to School 2012, British Columbia Report, May 2012.
- 27 BC Recreation and Parks Association, "A Time for Renewal: Assessing the State of Recreation Facilities in British Columbia," [http://www.bcrpa.bc.ca/recreation\\_parks/facilities/sports\\_recreation/documents/Full\\_Report\\_Final.pdf](http://www.bcrpa.bc.ca/recreation_parks/facilities/sports_recreation/documents/Full_Report_Final.pdf)
- 28 He M, Tucker P, Irwin JD, Gilliland J, Larsen K and Hess P. *Obesogenic neighbourhoods: the impact of neighbourhood restaurants and convenience stores on adolescents' food consumption behaviours*. *Public Health Nutrition*. March 6, 2012: 1-9. E-publication ahead of print. On the proximity of fast food outlets to schools in BC see Jennifer R. Black, PhD, RD, "Analysis of the Food Environment Surrounding BC Schools Baseline Report," UBC, March 2011.
- 29 Veugelers P, Sithole F, Zhang S, Muhajarine N. Neighbourhood characteristics in relation to diet, physical activity and overweight in Canadian children.
- 30 The Ministry of Health recently directed health authorities to work with municipalities to conduct baseline scans of decisions made regarding community design, compare the decisions to best practices and prepare reports on possible directions or plans.
- 31 See Nova Scotia's Physical Activity Leadership Program, <http://www.gov.ns.ca/hpp/pasp/akhk-municipal-leadership.asp>.
- 32 An example of such an initiative was the Produce Availability Initiative (PAI). This pilot project was a joint partnership of the Heart and Stroke Foundation and the Government of British Columbia. PAI assisted rural or remote areas and aboriginal communities in gaining access to fruits and vegetables, supported development of community gardens, and provided training and information on the use and preservation of fresh produce.
- 33 The Environics Research Group online survey referenced earlier found that 60% of BC parents strongly supported more government funding to facilitate physical activity such as playgrounds and recreation centres.
- 34 See "A Time for Renewal" op. cit.
- 35 The Environics Research Group online survey found that 61% of BC parents strongly supported increasing the availability and affordability of after-school programs. In 2011, Federal / Provincial / Territorial Ministers Responsible for Sport, Physical Activity and Recreation identified the after-school period as an important area for focus to reduce children and youths' physical inactivity. See "Actions Taken and Future Directions, 2011: Curbing Childhood Obesity: A Federal, Provincial, and Territorial Framework for Action to Promote Healthy Weights," November 25, 2011.
- 36 See CHNET-WORKS! Improving Children's Food Access through School Zoning Bylaws, Fireside Chat #296 presentation, September 25, 2012.
- 37 One example is an Australian initiative called the Parents Jury: see <http://www.partnershipagainstcancer.ca/wp-content/uploads/Reducing-Food-Marketing-Directed-at-Children-an-Australian-Experience-Kathy-Chapman.pdf>.

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30275

**Perry, Nancy L HLTH:EX**

**Subject:** FW: (CLIFF #956096): Urgent: Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - due Fri Dec 7  
**Attachments:** BC PAD Program Overview\_FINAL\_Oct12.pdf.pdf.pdf; Municipal Survey Summary NOV2012.ppt.ppt.ppt.ppt; Briefing Note for Dr Stilwell MLA.doc.doc.doc.doc; AED Members Statement Original.PDF.PDF.PDF.PDF; Meeting Material Template.dotx.dotx  
**Importance:** High

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**From:** HLTH FCS Documents Processing HLTH:EX  
**Sent:** Friday, December 7, 2012 9:40 AM  
**To:** Perry, Nancy L HLTH:EX  
**Subject:** (CLIFF #956096): Urgent: Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - due Fri Dec 7  
**Importance:** High

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**From:** Kronick, Ilana HLTH:EX  
**Sent:** Friday, December 7, 2012 9:28 AM  
**To:** Codner, Tamara A HLTH:EX; Hooton, Raylene HLTH:EX; Nisbet, Corinna HLTH:EX; Shorthouse, Ashley HLTH:EX  
**Cc:** Gamble, Christine HLTH:EX; Cowan, Darynn HLTH:EX; Reid, Sandra HLTH:EX; Stearn, Anne HLTH:EX  
**Subject:** FW: Urgent: Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - due Fri Dec 7 (CLIFF #956096)  
**Importance:** High

Formal assignment email:

Please assign to staff to prepare Meeting Material for Min Meeting with Mark Collison, Heart and Stroke Foundation re Public Access Defib program. Be sure to note whether this will need Finance and/or Data approval.

Looping in FCS staff in case FCS Gord Cross should be involved.

Please submit to ADMO asap

I will drop folder off shortly.

Thanks!

---

**From:** Cowan, Darynn HLTH:EX  
**Sent:** Friday, December 7, 2012 8:25 AM  
**To:** Casanova, Tamara HLTH:EX  
**Cc:** Kronick, Ilana HLTH:EX  
**Subject:** Fw: Urgent: Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - due Fri Dec 7 (CLIFF #956096)

Darynn Cowan: Message sent from handheld 250 217-9850

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**From:** Paton, Arlene HLTH:EX  
**Sent:** Friday, December 07, 2012 08:20 AM  
**To:** Grant, Nick HLTH:EX  
**Cc:** Moulton, Holly HLTH:EX; Currie, Patty L HLTH:EX; Campbell, Corrie L HLTH:EX; Beckett, Daryl K HLTH:EX; Cowan,

Darynn HLTH:EX; Woodland, Laurie HLTH:EX

**Subject:** Re: Urgent: Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - due Fri Dec 7 (CLIFF #956096)

s.13

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**From:** Grant, Nick HLTH:EX

**Sent:** Thursday, December 06, 2012 09:36 PM

**To:** Paton, Arlene HLTH:EX

**Cc:** Moulton, Holly HLTH:EX; Currie, Patty L HLTH:EX; Campbell, Corrie L HLTH:EX; Beckett, Daryl K HLTH:EX; Cowan, Darynn HLTH:EX

**Subject:** Re: Urgent: Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - due Fri Dec 7 (CLIFF #956096)

Ok, I thought Mark said they got \$1m at end of fiscal last year. He said he had some contact last summer with Laurie Woodland about it. May be wrong... will leave it with you. Thanks.

On 2012-12-06, at 9:05 PM, "Paton, Arlene HLTH:EX" <[Arlene.Paton@gov.bc.ca](mailto:Arlene.Paton@gov.bc.ca)> wrote:

s.13,s.17

Regards,

Arlene Paton  
Assistant Deputy Minister  
Population and Public Health  
Ministry of Health  
(250) 952-1731

On 2012-12-06, at 5:36 PM, "Grant, Nick HLTH:EX" <[Nick.Grant@gov.bc.ca](mailto:Nick.Grant@gov.bc.ca)> wrote:

s.13

So Arlene, can you get something together to support this meeting? I don't think it needs much as it seems John Manning and our GPCE shop has been doing some work with Heart and Stroke about a February launch.

---

**From:** Beckett, Daryl K HLTH:EX

**Sent:** Thursday, December 6, 2012 4:42 PM

**To:** Moulton, Holly HLTH:EX

**Cc:** Grant, Nick HLTH:EX; Currie, Patty L HLTH:EX; Campbell, Corrie L HLTH:EX

**Subject:** RE: Urgent: Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - due Fri Dec 7 (CLIFF #956096)

*Daryl K. Beckett, JD | Director, Professional Regulation | Planning & Policy Branch | BC  
Ministry of Health | 250-952-2303 | [Professional Regulation Home](#)*

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**From:** Moulton, Holly HLTH:EX  
**Sent:** Thursday, December 6, 2012 4:27 PM  
**To:** Campbell, Corrie L HLTH:EX; Beckett, Daryl K HLTH:EX  
**Cc:** Grant, Nick HLTH:EX; Currie, Patty L HLTH:EX  
**Subject:** FW: Urgent: Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - due Fri Dec 7 (CLIFF #956096)

Hi Corrie/Daryl, could either of you confirm if this comes under one of your branches.  
Thanks  
Holly

---

**From:** Docs Processing HLTH:EX  
**Sent:** Thu, December 6, 2012 4:19 PM  
**To:** Currie, Patty L HLTH:EX  
**Cc:** Moulton, Holly HLTH:EX; Docs Processing HLTH:EX  
**Subject:** Urgent: Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - due Fri Dec 7 (CLIFF #956096)

Hi Patty,

As described in the thread below, the MO has requested urgent meeting material for the Minister's meeting with Mark Collison regarding the BC Public Access to Defibrillation (PAD Program) on the morning of December 10<sup>th</sup>. This material is required as soon as possible. Please let me know if there are any questions.

Regards,  
Robin Pascoe  
Documents Processing  
Ministry of Health  
Phone: (250) 952-2636  
Email: [robin.pascoe@gov.bc.ca](mailto:robin.pascoe@gov.bc.ca)

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**From:** Cowan, Darynn HLTH:EX  
**Sent:** Thursday, December 6, 2012 3:47 PM  
**To:** Fisher, Kiersten D HLTH:EX; Casanova, Tamara HLTH:EX; Moir, Lindsay HLTH:EX  
**Cc:** Docs Processing HLTH:EX; Foran, Grace E HLTH:EX  
**Subject:** RE: RUSH Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - Staff and materials required

s.13

Darynn Cowan | Executive Coordinator, Assistant Deputy Minister's Office, Population and Public Health, Ministry of Health | P: 250.952.1468 | F: 250.952.1713

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**From:** Fisher, Kiersten D HLTH:EX  
**Sent:** Thursday, December 6, 2012 3:45 PM  
**To:** Casanova, Tamara HLTH:EX; Cowan, Darynn HLTH:EX; Moir, Lindsay HLTH:EX  
**Cc:** Docs Processing HLTH:EX; Foran, Grace E HLTH:EX  
**Subject:** RE: RUSH Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - Staff and materials required

s.12,s.13,s.17

Thoughts??

Thanks,  
Kiersten

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**From:** Casanova, Tamara HLTH:EX  
**Sent:** Thursday, December 6, 2012 3:27 PM  
**To:** Fisher, Kiersten D HLTH:EX; Cowan, Darynn HLTH:EX; Moir, Lindsay HLTH:EX  
**Cc:** Docs Processing HLTH:EX; Foran, Grace E HLTH:EX  
**Subject:** RUSH Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - Staff and materials required

Thanks Kiersten. I will need a lead confirmed today please.

**Tamara Casanova | Executive Coordinator & Minister's Office Liaison Officer | Office of the Deputy Minister | Ministry of Health | P: 250.952.1908 | C: 250.217.3655 | F: 250.952.1909 | [tamara.casanova@gov.bc.ca](mailto:tamara.casanova@gov.bc.ca)**

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**From:** Fisher, Kiersten D HLTH:EX  
**Sent:** Thursday, December 6, 2012 3:17 PM  
**To:** Cowan, Darynn HLTH:EX  
**Cc:** Casanova, Tamara HLTH:EX  
**Subject:** RE: RUSH Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - Staff and materials required

I don't think this is us, but I am doing some digging

Thanks,  
Kiersten

---

**From:** Cowan, Darynn HLTH:EX  
**Sent:** Thursday, December 6, 2012 2:24 PM  
**To:** Fisher, Kiersten D HLTH:EX  
**Cc:** Casanova, Tamara HLTH:EX  
**Subject:** FW: RUSH Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - Staff and materials required

Hi Kiersten,

Staff recall that a similar request ended up being redirected to HAD...maybe Brenda Canitz. Can you please confirm and let us know.

Thanks so much!

Darynn Cowan | Executive Coordinator, Assistant Deputy Minister's Office, Population and Public Health, Ministry of Health | P: 250.952.1468 | F: 250.952.1713

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**From:** Casanova, Tamara HLTH:EX  
**Sent:** Thursday, December 6, 2012 12:20 PM  
**To:** Cowan, Darynn HLTH:EX  
**Cc:** Docs Processing HLTH:EX; Foran, Grace E HLTH:EX  
**Subject:** RUSH Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - Staff and materials required

Hi Darynn,

Please see below. This one is an urgent, so if you could please let me know if PPH could lead as soon as possible, it would be greatly appreciated.

Many thanks,

---

**From:** Moir, Lindsay HLTH:EX  
**Sent:** Thursday, December 6, 2012 12:18 PM  
**To:** Casanova, Tamara HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX; Hagerman, Shannon GCPE:EX; Jabs, Ryan GCPE:EX  
**Subject:** RE: RUSH Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - Staff and materials required



Elaine has reviewed and has recommended that we have Arlene Paton's area take a look to see if this would fall under them.

If you require any further information, just let me know.

- *Lindsay Moir*

Office of the Chief Operating Officer | Sandra Carroll  
Ministry of Health  
5-3 1515 Blanshard St, Victoria BC V8W 3C8  
Mailto: [lindsay.moir@gov.bc.ca](mailto:lindsay.moir@gov.bc.ca)  
Phone: (250) 952-1556

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**From:** Casanova, Tamara HLTH:EX  
**Sent:** Thursday, December 6, 2012 11:34 AM  
**To:** Moir, Lindsay HLTH:EX  
**Cc:** Foran, Grace E HLTH:EX; Docs Processing HLTH:EX; Hagerman, Shannon GCPE:EX; Jabs, Ryan GCPE:EX  
**Subject:** RUSH Confirmed December 10: Minister meeting with Mark Collison re: BC Public Access to Defibrillation (PAD) Program - Staff and materials required

Good morning Lindsay,

Please be advised the MO has now scheduled a meeting with Mark Collison to discuss the BC Public Access to Defibrillation (PAD) Program. Additional materials attached.

*I believe this program falls under the EHSC. Can you please have Elaine review and advise if she is the lead?*

**Date:** Monday, December 10th  
**Time:** 9:30 to 10:00 am  
**Location:** Minister's Office, Room 337, Victoria

**Attendees:** Please advise appropriate staff to attend and we will have calendar invites sent shortly.

**GCPE** – Please advise if communications staff will need to attend also.

**Materials:** DocsProcessing will formally assign for materials.

Please advise if staff have any concerns.

Many thanks,

**Tamara Casanova | Executive Coordinator & Minister's Office Liaison Officer | Office of the Deputy Minister | Ministry of Health | P: 250.952.1908 | C: 250.217.3655 | F: 250.952.1909 | [tamara.casanova@gov.bc.ca](mailto:tamara.casanova@gov.bc.ca)**

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**From:** Mark Collison [<mailto:MCollison@hsf.bc.ca>]  
**Sent:** Monday, November 05, 2012 04:29 PM  
**To:** Manning, John HLTH:EX  
**Subject:** PAD Program Update

Hi John,

As mentioned last week during our phone conversation, I would appreciate the opportunity to update the Honourable Margaret MacDiarmid, Minister of Health, yourself and other staff on the BC Public Access to Defibrillation (PAD) Program. It has been a while since we spoke and a lot has transpired with the program's development, all of which is very positive and exciting.

Our plan is to formally launch the program in February as part of Heart Month. This launch would also present an ideal opportunity to announce the Provincial Government's funding contribution of \$1.0 Million towards the program. We could do this at either an opportune venue actually requiring an AED, or as part of an MLA Breakfast that the Foundation is planning on holding in Victoria once the legislature is sitting again. Either way, it is a great opportunity to demonstrate the government's commitment to saving lives and making communities even more proactive and safe. In order to acknowledge this commitment, it is our intention to feature the official provincial insignia/logo (alongside the Foundation's) on every AED cabinet that is placed as part of this program.

s.13

I have attached a few items for your consideration:

- PAD Program Overview – details the six program components that are currently in development
- 3 PowerPoint Sides – that detail the results of a municipal survey that identify some of the priority locations for AED placement around the province thus far. Results continue to be collected.

s.13

- Members' Statement – Dr. Stillwell's members' statement on sudden cardiac arrest and AEDs that she read in the legislature on May 10, 2012

Please let me know at your soonest convenience when it might be possible to meet with the Minister and staff on the BC PAD Program and its imminent public launch. Thank you.

Regards,

Mark

**Mark Collison**, MPA  
Director, Advocacy & Stakeholder Relations | BC & Yukon

Heart and Stroke Foundation  
T Victoria Office: 250.592.8040 | Vancouver Office 604.737.3422 | E  
[mcollison@hsf.bc.ca](mailto:mcollison@hsf.bc.ca)  
[heartandstroke.ca](http://heartandstroke.ca)

**THE HEART&STROKE CALENDAR LOTTERY IS HERE!**

The **Heart&Stroke Calendar Lottery** is now available in BC! This \$25 wall calendar gives you a chance to win a \$3,000 cash prize EVERY day of the year and other great cash prizes - it's perfect for holiday gift giving! Order today:  
[heartandstroke.bc.ca/calendar](http://heartandstroke.bc.ca/calendar) 1-855-495-6101.

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## PAD Briefing Document

PREPARED FOR: Dr. Moira Stilwell, MLA (Vancouver Langara)  
Parliamentary Secretary to the Minister of Health

s.13

TITLE:

PURPOSE:

BACKGROUND: The Need for a PAD Program in BC

- Over 40,000 sudden cardiac arrests (SCAs) occur each year in Canada or one every 12 minutes.
- Over 2000 British Columbians die from SCA every year.
- Nearly 80% of SCA's happen outside hospitals and 95% of people suffering SCA outside hospital will not survive.
- Evidence supports placing Automated External Defibrillators (AEDs) in public places. Cardiopulmonary resuscitation (CPR) combined with AEDs in public places can help up to 75% of SCA victims survive.
- Defibrillation is more successful if performed within 3 minutes of the arrest – chances of survival decline 7-10% with every minute that passes. But it often takes more than 9 minutes for ambulances or other EMS providers to arrive.
- 37% of BC's population lives in small, rural communities where response times are significantly longer.
- Any location that has 1000 adults over the age of 35 present per day during the normal business hours (7.5 hours/day, 5 days per week, 250 days per year) can expect 1 incident of sudden cardiac arrest every 5 years
- Recreation and sport facilities and community centres represent public places with high risk of cardiac arrest and many are cost effective locations for saving lives.

The Heart and Stroke Foundation PAD Program

- The Heart and Stroke Foundation of BC & Yukon (HSFBCY) has developed a model to enhance and increase access to AEDs in public places across BC.
- The PAD Program will increase the survival rate of people suffering out-of-hospital SCAs by improving access to early defibrillation with AEDs, as well as strengthening other elements of the chain of survival such as activating the emergency medical services system and initiating immediate CPR.
- The PAD Program model was developed based on peer-reviewed literature, best practices of other jurisdictions in Canada and the United States, a series of interviews with key stakeholders in BC and across Canada, and consultation with the team at HSFBCY.
- The model includes primary AED placement priorities, an education campaign, AED deployment protocols for each venue, medical oversight responsibilities, training, creation and maintenance of an AED registry.

- The PAD program involves multi-phased placing of AEDs in BC recreation and community facilities in year one, broadening to other high traffic public and private sites such as parks, libraries, and other public gathering areas in year two, and placement in BC secondary schools in the program's third year.

s.13

#### Legislation in Other Jurisdictions

- In Canada, Ontario and Manitoba have developed AED legislation.
- Ontario has two separate statutes, one dealing with liability issues; the other with the designation of premises where AEDs must be provided and provisions respecting the maintenance and inspection of the AEDs. The liability provisions are in force; the other statute has not yet been proclaimed.
- Manitoba, in one concise Act (See Appendix), provides for the full range of legislative requirements including designated premises required to have AEDs, registration of AED locations; signage and availability; notification of emergency service providers; maintenance and testing; inspection; offences, and protection from civil liability. This legislation has passed but not yet been proclaimed.
- Every US State and a number of US municipalities have legislation addressing some aspects of AEDs including:
  - civil liability for members of the general public, health professionals and organizations/businesses having AEDs;
  - requiring venues such as schools, health studios and fitness centres; day cares, dental offices, and buildings with large numbers of

- occupants (200 or 300 or more) to have AEDs;
- requirements for registration of AEDs;
- requirements for signage, maintenance of AEDs and provisions for inspection, enforcement and penalties. (See Appendix.); and
- training requirements.

DISCUSSION:

s.13,s.17

RECOMMENDATION: s.13

APPENDICES:

1. Heart and Stroke Foundation Position Statement on PAD
2. BC PAD Program Overview
3. Summary of Evidence
4. Manitoba Legislation
5. Manitoba Consultation/Regulation Development Process

HSF CONTACT: Mark Collison, Director of Advocacy [mcollison@hsf.bc.ca](mailto:mcollison@hsf.bc.ca)

# Heart and Stroke Foundation's

## BC Public Access to Defibrillation Program

The BC Public Access to Defibrillation (PAD) program will place Automated External Defibrillators (AEDs) in strategic locations throughout the community where there is a chance someone could suffer a sudden cardiac arrest.

Sudden cardiac arrest (SCA) strikes suddenly and affects people of all ages. Over 2000 British Columbians die from sudden cardiac arrest every year.

Sudden cardiac arrest is different from a heart attack. A heart attack occurs when one or more of the arteries to the heart are blocked and the heart does not receive enough blood.

In contrast, sudden cardiac arrest occurs when the heart's electrical system malfunctions and the heart beats irregularly and dangerously fast. The ventricles begin to quiver and can no longer pump blood from the heart to the rest of the body.

In the first few minutes, blood flow to the brain is reduced so drastically that the victim loses consciousness. Death soon follows unless emergency treatment begins immediately. Studies show that the chances of survival decrease 7 - 10% with every minute that passes after the arrest.

Emergency treatment includes cardiopulmonary resuscitation (CPR) and defibrillation, or an electric shock to the heart.

An Automated External Defibrillator (AED) is a device that analyzes the heart's electrical activity and determines if a shock is needed. If needed, the device safely delivers the shock to the victim.

Through the Public Access to Defibrillation Program currently in development, The Heart and Stroke Foundation is working to ensure defibrillators are readily available to victims of sudden cardiac arrests in public places, including recreation and community centres, swimming pools, arenas, busy parks and beaches and secondary schools that serve as community centres in the evenings and on weekends.

### The Cardiac Chain of Survival



Early defibrillation is a key link in the Chain of Survival™. The Chain of Survival™ consists of a series of seven links that give the victim of a medical emergency the best chance of living:

#### Chain of Survival™

All links in the Chain of Survival™ are important to reduce death and disability from heart disease and stroke. The Chain of Survival™ is only as strong as its weakest link. The success of each link depends on the link immediately before and after. Recognizing the warning signals of cardiac arrest and reacting by rapid notification of the Emergency Medical Services system (by calling 9-1-1 or other emergency response number), helps to get an AED to the victim quickly and reduce delay to defibrillation.

### The need for publicly accessible defibrillators

Unfortunately in Canada, early defibrillation is seldom available to victims in public places. Public AED placement is sparse, and the median Emergency Medical Services response time is 9.3 minutes. By placing AEDs in public spaces across the province we can strengthen the Chain of Survival and help up to 50% of SCA victims survive. SCA victims who receive early defibrillation have shorter recovery times and are more likely to lead healthy, productive lives.



Up to 40,000 cardiac arrests occur each year in Canada. That's one cardiac arrest every 12 minutes.

Sudden cardiac arrest doesn't discriminate. It can strike anyone at any time in any place. Even people who are young, healthy and fit can succumb to cardiac arrest, and without a shock from an AED, they are unlikely to survive.



Less than 5% of individuals who suffer a SCA out of hospital survive. Survival rates fall by 7-10% for every minute that passes without defibrillation.

Public access to AEDs will help save lives.

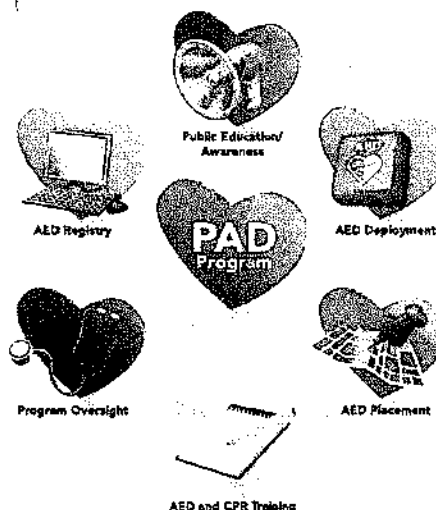


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## Overview of the BC PAD Program

The BC PAD Program was designed based on an evidence review of peer-reviewed literature; a series of interviews with experts across Canada; key research data from respected researchers such as the Resuscitation Outcomes Consortium; the best practices of successful programs across North America; and in consultation with the team at the Heart and Stroke Foundation.



### AED Placement

The Heart and Stroke Foundation is developing a multi-phased PAD Program focused on strategically placing AEDs in all recreation and community facilities in year one, broadening to other high traffic public sites such as parks, beaches, and libraries year two, and in high activity secondary schools in the program's third year. AEDs will also be placed in rural, remote communities where organized rescue response times are longer. The goal of the program is to make AEDs commonplace in public spaces across Canada.



### AED and CPR Training

The PAD program will help people become familiar with AED use and through training will teach them how easy it is to open an AED and follow the voice prompts during a rescue. People who receive AED training will also learn bystander CPR.



### AED Registry

A priority of the PAD Program is to link with 9-1-1 dispatch to inform callers if an AED is available at their location. The registry would serve as a database system that keeps track of where AEDs are placed. Eventually, the registry would not only track AED locations, but also to send maintenance and training reminders, and collect data to help refine the PAD program.



### Awareness and Education

Through the PAD Program, HSF is developing and implementing an awareness campaign about AEDs and where British Columbians can expect to find them. Protocols will ensure standard installation and signage, making it easy to recognize AEDs.



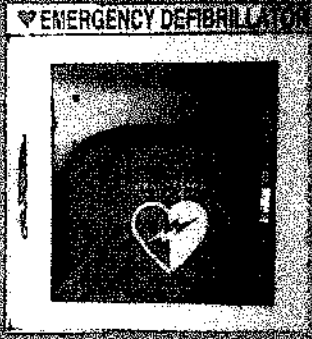
### AED Deployment

Agreements between the Heart and Stroke Foundation and the AED venue will ensure PAD Program AEDs are properly installed and maintained.



### Program Oversight

Trained medical professionals will be responsible for handling and analyzing AED data after an SCA, debriefing venue staff and others following an SCA, and consulting with venue staff about the AED, as required.



An Automated External Defibrillator (AED) is a safe and easy-to-use portable device used to deliver lifesaving electric shocks to SCA victims. An AED will only shock a shockable heartbeat. A bystander or trained professional can simply attach the pads to a person's chest and push the button when alerted by the AED. The AED demonstrates what to do throughout every step using voice prompts and on-screen instructions, including how to perform CPR.

The Heart and Stroke Foundation is working with the government to establish legislation:

- to protect responders from liability while using an AED
- requiring designated public places to have AEDs on site
- requiring registration of public AEDs

For more information, please contact the HSF at 1-888-473-4636 or [advocacy@hsf.bc.ca](mailto:advocacy@hsf.bc.ca)

## ***BC PAD Program and Community AED Donation – BACKGROUND***



- ❑ August 16<sup>th</sup> - survey and letter distributed to city managers in 160 municipalities and 29 regional districts
- ❑ Letter outlined the BC PAD program and offered donations of at least one AED to every local government in BC (dependent on size of population) – larger municipalities will get more than one
- ❑ Municipalities and regional districts were to identify up to 5 or 10 priority publicly-accessible venues in survey
- ❑ Suggested venues included recreation, community and senior centres; arenas; pools; municipal golf courses and busy playing fields, parks and beaches, town halls, etc.
- ❑ September 21<sup>st</sup> was the deadline, but survey continues to be left open for late-comers

## ***BC PAD Program and Community AED Donation – SURVEY RESULTS***



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- ❑ 82 municipalities completed the survey for a 51% response rate thus far
- ❑ 9 regional districts submitted venues for a 31% response rate thus far
- ❑ 261 priority venues identified thus far. High-level breakdown of sites included:
  - 126 community, recreation and senior centers
  - 112 arenas, pools, curling rinks, sport venues, busy playing fields and municipal golf courses
  - 53 municipal facilities (such as city halls, public work yards, landfills, police and fire halls)
  - 45 libraries and cultural venues (like galleries)
  - 21 beaches and parks
- ❑ More detailed list on following slide

# Number of AED by Venue Type



Community centers	61
Municipal facilities (such as public work yards, landfills, city halls, village-owned medical facility, etc)	53
Recreation centers	37
Busy playing fields	33
Senior centers	28
Pools (includes outdoor pools in Burnaby)	24
Arenas	23
Cultural venues (art galleries, theatres, museums)	23
Libraries	22
Busy parks & beaches	21
Municipal golf courses	19
Curling rinks	7
Low-income senior and disabled residential centers (6 in the City of Vancouver)	7
Sport venues	6
Miscellaneous (airports – 2; information centers – 4; children's farm, daycare, elementary school gym, high school, Christian camp, town centre)	12



Fourth Session, 39th Parliament

OFFICIAL REPORT OF

DEBATES OF THE  
LEGISLATIVE ASSEMBLY

(HANSARD)

Thursday, May 10, 2012

Afternoon Sitting

Volume 37, Number 7

Statements  
(Standing Order 25B)

CARDIAC ARRESTS AND  
AUTOMATED EXTERNAL DEFIBRILLATORS

Dr. Moira Stilwell, MLA, Vancouver-Langara

**Statements  
(Standing Order 25B)**

**CARDIAC ARRESTS AND  
AUTOMATED EXTERNAL DEFIBRILLATORS**

**M. Stilwell:** Every 26 minutes another Canadian suffers a sudden cardiac arrest. It happens without warning, striking anyone, anywhere, killing more Canadians each year than car accidents, diabetes, breast and prostate cancer combined.

The majority of people killed by sudden cardiac arrest have no previous history of heart disease. Without help, the sudden cardiac arrest victims have just minutes to live. Each minute that passes decreases their chance of survival by nearly 10 percent, and their survival rate out of hospital is just 5 percent.

Those survival rates are due in part to a shortage of automated external defibrillators at public places. AEDs are cost-effective, easy-to-use, life-saving devices that deliver a shock to cardiac arrest victims whose hearts need defibrillation. AEDs can significantly increase a victim's chance of survival and are small enough that they can be installed at locations throughout any community, such as recreation centres, arenas and schools.

Organizations like the Heart and Stroke Foundation have been instrumental in leading public access defibrillation programs, coordinating the placement of AEDs around the country. To date more than 3,000 AEDs have been installed nationwide.

Manitoba is the only province to pass legislation that makes registering and maintaining AEDs mandatory. This legislation ensures that all devices are properly maintained so they work when needed and also ensure that 911 dispatchers have access to a registry and can assist those helping a sudden cardiac arrest victim by guiding them to the nearest AED.

Our province can do better and save lives. By setting in place protocols for distributing and maintaining these life-saving tools, we can guard against further loss of life.

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APR 02 2012

924655

Ms. Bernice Scholten  
Vice President, Finance  
and Administration  
Heart and Stroke Foundation of Canada  
(BC and Yukon)  
200 - 1212 W Broadway  
Vancouver BC V6H 3V2

Dear Ms. Scholten:

Further to our discussions, and execution of the Transfer Agreement, I am pleased to enclose a cheque in the amount of \$1 million to distribute defibrillators in communities throughout BC. In accordance with the Transfer Agreement, the Heart and Stroke Foundation (BC and Yukon) will consult with the Ministry of Health regarding the placement of defibrillators.

On behalf of the Ministry of Health, I wish you continued success with this project.

Yours truly,

Manjit Sidhu, CA  
Assistant Deputy Minister  
Financial and Corporate Services



20120402  
DATE YYYYMMDD

PAY ONE MILLION DOLLARS 00CENTS

\$\*\*\*1,000,000.00

TO HEART & STROKE FOUNDATION OF B C & YUKON  
1212 BROADWAY W  
VANCOUVER BC V6H 3V2

s.17

BRITISH COLUMBIA  
GENERAL ACCOUNT

REMITTANCE STATEMENT - Detach before presenting cheque for cashing

Province of British Columbia  
(HE)

CHEQUE NUMBER

s.17

CHEQUE DATE

Y M D  
2012 Apr 02

INVOICE NUMBER

INVOICE DATE

Mar 29 2012

INVOICE AMOUNT

1,000,000.00

DESCRIPTION

Grant Re  
FUNDING  
TO SUPPORT THE DEFIBRILLATOR PROGRAM

s.17

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**Perry, Nancy L HLTH:EX**

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**From:** Cross, Gordon HLTH:EX  
**Sent:** Tuesday, April 3, 2012 1:12 PM  
**To:** 'harbour@hassi.ca'  
**Subject:** Your Enquiry

Mr. Robert Kelly  
Manager  
Salt Spring Harbour Authority  
[harbour@hassi.ca](mailto:harbour@hassi.ca)

Dear Mr. Kelly:

The Honourable Michael de Jong, Minister of Health, has asked me to respond to your email of March 8, 2012, regarding your request to acquire automated external defibrillators (AEDs) for numerous public docks on Salt Spring Island. I apologize for the lateness of this response.

The Ministry of Health relies on the regional health authorities to deliver health care services across the Province. In this case, the Vancouver Island Health Authority (VIHA) is responsible for the delivery of health care services in the Gulf Islands. I would encourage you, the local hospital foundation and the fire department to work with VIHA to see if it might be possible to secure some AEDs.

You may also wish to contact the Heart and Stroke Foundation Canada to see whether it may be able to assist you in your endeavours.

Yours truly

Gordon Cross  
Executive Director  
Regional Grants & Decision Support  
Ministry of Health  
(250) 952-1120  
[gordon.cross@gov.bc.ca](mailto:gordon.cross@gov.bc.ca)

**Knowles, Jessica D HLTH:EX**

*For Assign*  
*12.2.12*

**From:** Toda, Sarah HLTH:EX  
**Sent:** Friday, March 9, 2012 3:40 PM  
**To:** Health, HLTH HLTH:EX  
**Subject:** FW: Automated External Defibrillators

Reply direct

---

**From:** deJong, MLA, Mike [<mailto:Mike.deJong.MLA@leg.bc.ca>]  
**Sent:** Friday, March 9, 2012 12:51 PM  
**To:** Toda, Sarah HLTH:EX  
**Subject:** FW: Automated External Defibrillators

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**From:** Salt Spring Harbour Authority [<mailto:harbour@hassi.ca>]  
**Sent:** March-08-12 5:02 PM  
**To:** deJong, MLA, Mike  
**Cc:** de Jong, Michael HLTH:EX  
**Subject:** Automated External Defibrillators

Dear Michael de Jong,

I recently attended a briefing sponsored by our local hospital foundation and fire chief. Their program is aimed at installing AEDs (Automated External Defibrillators) at strategic locations across Salt Spring Island, BC. Access to an AED can save someone having sudden cardiac arrest. We would be getting the same cost as the BC Government gets. The cost is \$1649.00 per AED including tax. We are a not-for-profit Harbour Authority working with Small Craft Harbours (DFO). Unfortunately, funding for AEDs is outside the scope and mandate of Small Craft Harbours and Health Canada says that this falls into provincial jurisdiction. Ideally we would like to have an AED at each one of our docks. Would the BC Ministry of Health be able to help fund this very important equipment. If not, would you direct me to a department or organization that can respond to this request to save lives.

Sincerely,

Robert Kelly

Manager  
Ph. 250-537-5711  
Fax 250-537-5353

ü Please consider the environment before printing this email.

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## **Transfer Agreement**

THIS AGREEMENT made the 29<sup>th</sup> day of March, 2012.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF  
BRITISH COLUMBIA, represented by the Minister of Health

Ministry of Health ("the Ministry")  
1515 Blanshard Street  
Victoria, BC V8W 3C8

OF THE FIRST PART

AND:

Heart and Stroke Foundation of Canada  
200 – 1212 West Broadway  
Vancouver, BC V6H 3V2

OF THE SECOND PART

WHEREAS:

The Ministry has the authority and wishes to provide a grant to the Heart and Stroke Foundation of Canada (the Foundation), based on the terms and conditions hereinafter set forth.

The Foundation is eligible for the grant as determined by the Ministry.

NOW THEREFORE in consideration of the premises and covenants and agreements set out in this Agreement and for other good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged by the parties), the parties agree as follows:

## **PAYMENT OF FUNDS**

The Ministry will disburse \$1 million to the Foundation on the signing of this agreement.

Notwithstanding any other provision of this Agreement, in no event will the Ministry be or become obligated to the Foundation pursuant to this Agreement for an amount exceeding, in the aggregate, \$1 million.

## **TERMS AND CONDITIONS**

Notwithstanding any other provision of this Agreement, the provision of the grant pursuant to this Agreement is for the purpose outlined below.

## **PURPOSE**

The Ministry will provide funding to the Foundation to support a program to distribute defibrillators in communities throughout BC. The Foundation will consult with the Ministry regarding the placement of defibrillators.

The Foundation agrees that the funding will be used for these purposes.


Upon request, the Foundation will provide to the Ministry, a report in the form and manner prescribed by the Ministry, showing the expenditures made to date and the estimated future expenditures, from the \$1 million funding provided by the Ministry.

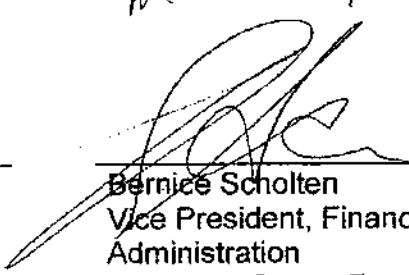
IN WITNESS WHEREOF the parties hereto have executed this Agreement the day and year first above written.

SIGNED AND DELIVERED on  
behalf of the Ministry of Health

SIGNED AND DELIVERED on  
behalf of the Heart and Stroke  
Foundation of Canada

*March 29, 2012*

  
for Arlene Paton  
Assistant Deputy Minister  
Population and Public Health  
Ministry of Health

  
Bernice Scholten  
Vice President, Finance and  
Administration  
Heart and Stroke Foundation  
of Canada (BC and Yukon)

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**Perry, Nancy L HLTH:EX**

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**From:** Sidhu, Manjit HLTH:EX  
**Sent:** Thursday, March 8, 2012 4:59 PM  
**To:** Taylor, Mark C HLTH:EX  
**Subject:** FW: Heart & Stroke Defibrillator Program  
**Attachments:** 20120308161429.pdf

Could you add this to the list.....\$1,000,000.

**From:** Miniaci, Mario HLTH:EX  
**Sent:** Thursday, March 8, 2012 4:18 PM  
**To:** Sidhu, Manjit HLTH:EX  
**Subject:** Heart & Stroke Defibrillator Program

Will call to discuss.

Mario

**Mario Miniaci** | Executive Assistant  
Office of the Honourable Michael de Jong, QC  
Minister of Health

T: 250.952.6779 | F: 250.356.9587



# **Saving Lives**

## **Public Access to Defibrillators Program**

# Sudden cardiac arrest strikes suddenly and affects people of all ages

- Sudden cardiac arrest (SCA) doesn't discriminate; it can strike **anyone, anywhere, anytime**
- SCA is one of the leading causes of death among adults in North America and can in some cases affect children
- Over 2000 British Columbians die from sudden cardiac arrest every year
- Two thirds of SCAs occur without previous history of heart disease



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OF BC & YUKON

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# SCA means the heart unexpectedly and abruptly quits beating



- In SCA, the heart is no longer able to pump blood to the rest of the body
- This is usually caused by an abnormal heart rhythm called ventricular fibrillation, or VF
- SCA is not a heart attack, which is a 'plumbing problem' where a blockage in a blood vessel interrupts the flow of blood to the heart causing an infarction
- In an SCA, VF (or the abnormal rhythm) occurs when the electrical signals that control the pumping ability (contractions) of the lower chambers of the heart (ventricles) suddenly become rapid and chaotic
- The ventricles begin to quiver and can no longer pump blood from the heart to the rest of the body
- During VF it is often possible to shock the heart back into a normal rhythm using an AED



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# The only treatment for VF is early defibrillation by electric shock

- An AED is a small, portable, easy to use device that can tell if the heart has stopped beating effectively
- An AED is capable of identifying life threatening rhythms causing cardiac arrest that can be converted by electrical shocks to a normal rhythm
- AEDs are completely safe and will **ONLY** shock a shockable (or correctable) rhythm
- If no shockable rhythm is detected, no shock can be given and the provider must perform CPR until advanced life support arrives

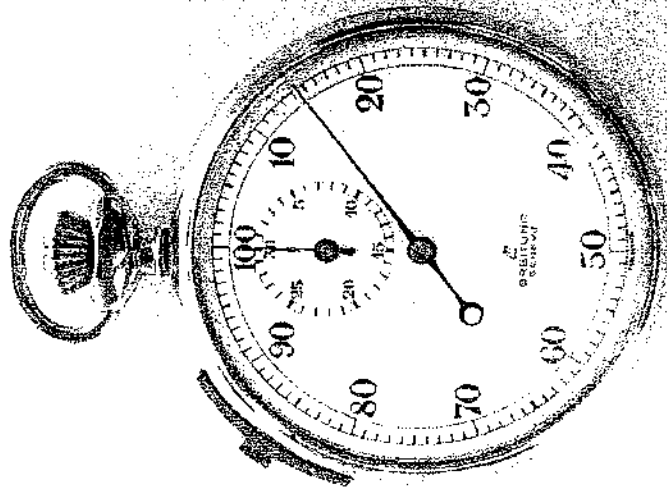


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# For each minute that passes without defibrillation, a person's chance of survival decreases by about 10%

- Studies have shown that an SCA victim in VF has a 75% chance of survival if defibrillated within 3 minutes of a collapse
- Every minute a person in VF is not defibrillated, their chance of survival decreases by 7-10%
- After 10 minutes, very few SCA victims survive
- The average survival rate for an out-of-hospital SCA is only 5%



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# In many situations, people are dying in public spaces before first responders can arrive



- Nearly 80% of SCAs happen outside a hospital
- It often takes 9 minutes or more for first responders to arrive → *BC median response time is 9.3 minutes*
- Often, members of the public stand by, watching helplessly
- In BC, 37% of the population live in small, rural communities and unincorporated areas where EMS response times are significantly longer



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# 95% of people suffering an SCA outside a hospital will not survive

- The Chain of Survival consists of a series of seven links that give the victim of a medical emergency the best chance of living
- All links in the Chain of Survival are important to reduce death and disability from heart disease and stroke
- Early defibrillation is perhaps the most key link in the Cardiac Chain of Survival
- Many trials have shown the success of using AEDs in community settings with trained responders – in most cases tripling (or even better) survival rates



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OF BC & YUKON

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# Solution: Increase public access to AEDs in public places



- By placing AEDs in public spaces we can strengthen the Chain of Survival and help increase the survival rates (up to 75%) of SCA victims who collapse in public places
- This has been demonstrated in many jurisdictions, most recently in Ontario where they have documented the number of lives saved over the past few years; they are now at over 30  
 → CPR centers  
 → now 44 AEDs  
 → school  
 Victims who receive early defibrillation in conjunction with bystander CPR:
  - Arrive at the hospital in better condition and have shorter hospital stays
  - Are more likely to be discharged from the hospital to home rather than a care facility
- Placing AEDs in public places is a proactive and preventative step to safer and better prepared communities



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# The Heart and Stroke Foundation is working to save lives by placing AEDs in public locations across BC

- The Heart and Stroke Foundation has developed a Public Access to Defibrillator (PAD) Program model to help save the lives of British Columbians
- It is a robust program developed over one year, based on:
  - an evidence review of peer-reviewed literature
  - consultation with medical and AED program experts
  - key learnings from respected PAD Program researchers
  - best practices of successful programs across North America

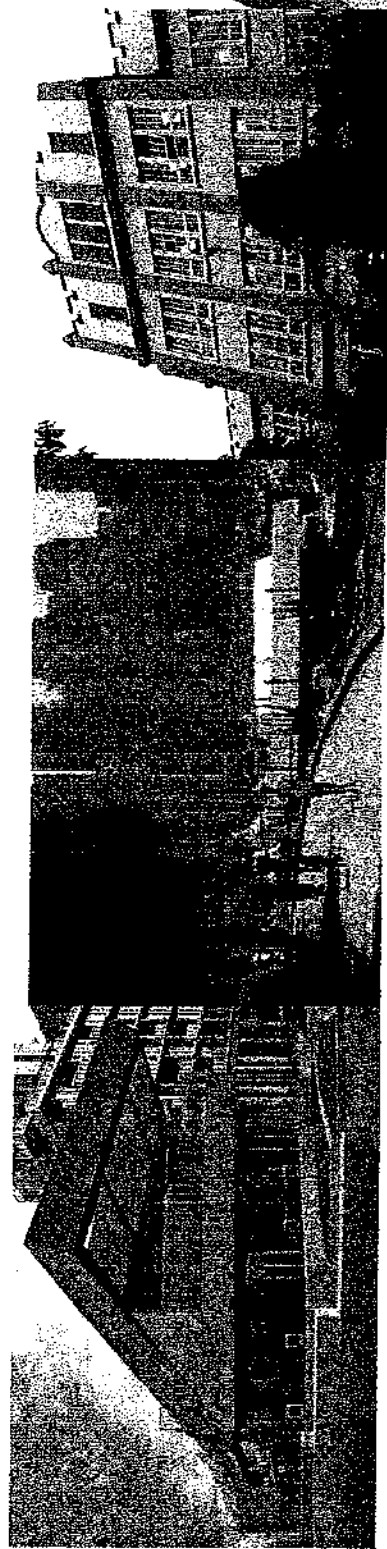


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# Through the PAD Program we will place AEDs in high traffic, and strategic public locations

- Three year program targeting:
  - all BC recreation facilities and community centres in Year 1 = approximately 200 AEDs
  - high traffic parks, beaches, libraries, and other priority public venues in Year 2 = approximately 200 AEDs
  - high activity BC secondary schools or in Year 3 = approximately 250 AEDs



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# AEDs also need to be placed in rural and remote communities

- In some remote communities, organized rescue response times are much longer than the median response time of 9.3 minutes
- We need to close the gap on emergency services response time
  - Many communities between 10-30,000 residents have no PAD programs
  - volunteer fire departments in smaller communities are less likely to have an AED
  - very few First Nations reserves have AEDs and a formal emergency response program



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# The BC PAD program will safely and effectively save lives

Through the BC PAD Program we are:

1. Developing and implementing an awareness campaign about AEDs and where British Columbians can expect to find them



Public Education/  
Awareness

2. Creating protocols to ensure standard installation, deployment and signage, making it easy to recognize and use them



AED Placement/  
Deployment

3. Offering training as part of broader lifesaving training initiatives; people who receive AED training will also receive bystander CPR training as that is an important and essential part of a SCA rescue



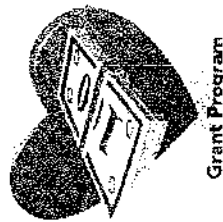
AED Training



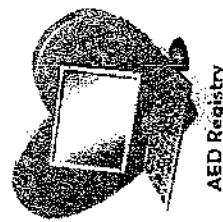
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# The BC PAD program will safely and effectively save lives



4. Setting up a grant program to help place AEDs in public places at a lower cost



5. Linking with 9-1-1 dispatch through an AED registry to inform callers if an AED is available at their location. Eventually, the registry will also to send maintenance reminders, and collect data to help refine the PAD program



6. Ensuring venues with PAD Program AEDs are adequately supported by trained medical professionals

# We will work with government to establish appropriate legislation to enable the PAD program



- We will also seek AED-related legislation requiring strategic public spaces to have AEDs on site and clarifying that AED users are exempt from liability under the *Good Samaritan Act*
- The Manitoba Legislature passed *The Defibrillator Public Access Act* on June 9<sup>th</sup>, 2011
- The Act allows the government to designate premises in which owners will be required to install AEDs that are accessible to the public and will also be required post clear signage indicating where AEDs are located and how to use them. It also clarifies liability of users.
- All AEDs must also be registered with an AED registry



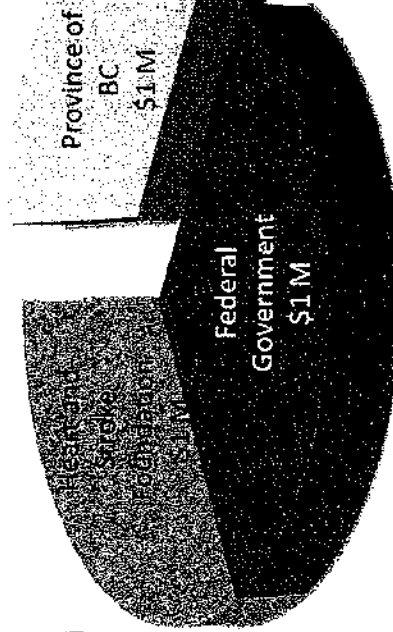
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# We are seeking your support

To start saving lives today, we respectfully request:

- A \$300,000 grant to the Heart and Stroke Foundation to contribute to the development and implementation of the BC Public Access to Defibrillators Program
- A \$700,000 grant to the Heart and Stroke Foundation to administer a grant program for the purchase and installation of defibrillators in target PAD Program priority locations along with the necessary training
- Development of BC legislation similar to Manitoba's Defibrillator *Public Access Act* to enable access and uptake of the BC PAD Program



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**With your support,  
we can start saving lives today**



**Contact:**  
Mark Collison, Director of Advocacy  
Heart and Stroke Foundation  
[mcollison@hsf.bc.ca](mailto:mcollison@hsf.bc.ca)



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# BC Public Access to Defibrillators Program

Public Access Defibrillation (PAD) programs focus on coordinating the placement of Automated External Defibrillators (AEDs) in strategic locations throughout the community where there is a chance someone could suffer a sudden cardiac arrest.

Sudden cardiac arrest (SCA) occurs when the heart unexpectedly stops beating effectively. SCA is a major cause of death in British Columbia. It can happen at any age. It can happen anywhere and anytime, but it usually happens in the home, workplace, or community, away from the advanced life support available in the hospital.

In sudden cardiac arrest, the heart no longer pumps blood to the brain. Without the oxygen and nutrients supplied by the blood, brain cells begin to die within minutes, and death soon follows. Cardiopulmonary resuscitation (CPR) can help maintain oxygenation and blood circulation, but unless defibrillation is performed quickly, survival is unlikely.

For a few minutes before the heart stops completely, it usually goes into a rhythm called ventricular fibrillation (VF), a quivering of the heart muscle. During VF, it is often possible to shock the heart back into a normal rhythm with a device called an Automated External Defibrillator (AED). The AED analyzes the heart's electrical activity through pads applied to the chest and determines if a shock is needed. The window of opportunity for using an AED is small - defibrillation is more successful if performed within three minutes of the cardiac arrest. Studies show that the chances of survival decrease 7 - 10% with every minute that passes after the arrest.

Through the BC Public Access to Defibrillators Program currently in development, The Heart and Stroke Foundation is working to provide prompt defibrillation to victims of sudden cardiac arrests in public places, including recreation and community centres, swimming pools, arenas, busy parks and beaches and larger secondary community, also known as high activity, schools.

## The Cardiac Chain of Survival

Early defibrillation is a key link in the Chain of Survival™. The Chain of Survival™ consists of a series of seven links that give the victim of a medical emergency the best chance of living:

Chain of Survival™



All links in the Chain of Survival™ are important to reduce death and disability from heart disease and stroke. The Chain of Survival™ is only as strong as its weakest link. The success of each link depends on the link immediately before and after. Recognizing the warning signals of cardiac arrest and reacting by rapid notification of the Emergency Medical Services system (by calling 9-1-1 or other emergency response number), helps to get an AED to the victim quickly and reduce delay to defibrillation.

## The Need for a PAD Program in British Columbia

Unfortunately in British Columbia early defibrillation is seldom available to victims in public places. Public AED placement is sparse, and the median Emergency Medical Services response time is 9.3 minutes. By placing AEDs in public spaces across the province we can strengthen the Chain of Survival and help up to 75% of SCA victims survive. SCA victims who receive early defibrillation have shorter recovery times and are more likely to lead healthy, productive lives.



Sudden cardiac arrest strikes without warning, killing 35-45,000 Canadians each year — that's one person every 12 minutes.

Sudden cardiac arrest doesn't discriminate. It can strike anyone at any time in any place. Even people who are young, healthy and fit can succumb to cardiac arrest, and without access to an AED, they are unlikely to survive.



Less than 5% of individuals who suffer a SCA out of hospital survive. Survival rates fall by 7-10% for every minute that passes without defibrillation.

Public access to AEDs will help save lives.

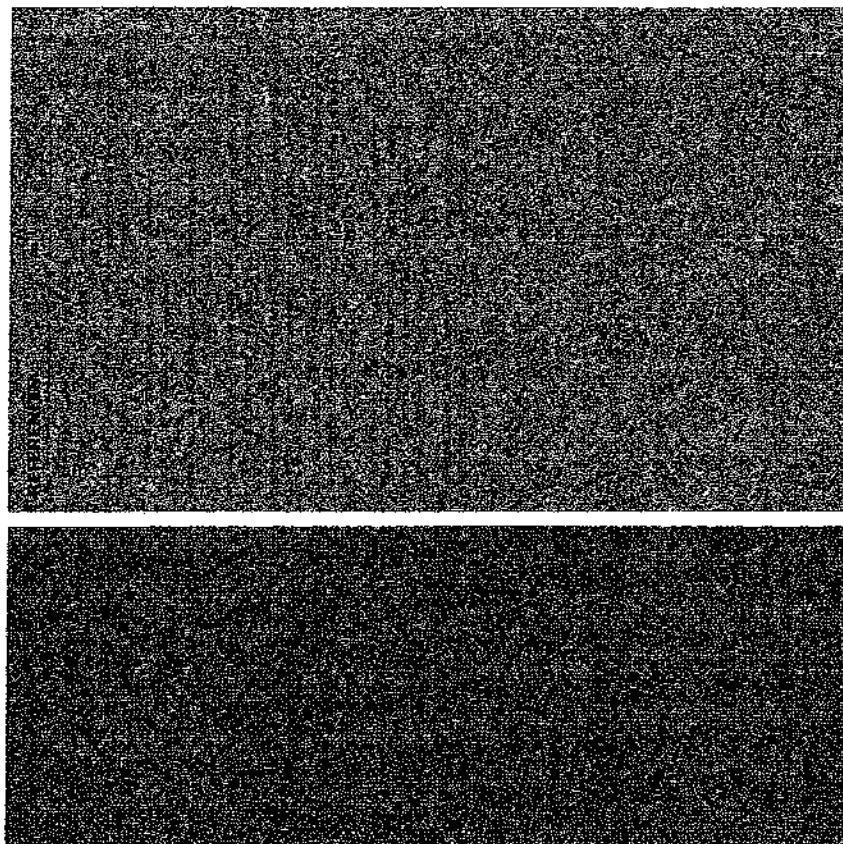


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## Position Statement

### PUBLIC ACCESS TO AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)



[www.heartandstroke.ca](http://www.heartandstroke.ca)

## Position Statement

### PUBLIC ACCESS TO AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

#### FACTS

- Cardiac arrests to "no heart, arrest" means stop. Sudden cardiac arrest is the sudden and unexpected loss of heart function in a person.
- Signs of cardiac arrest include: no breathing, no movement or response to initial rescue breaths, and no pulse.
- In Canada, 35,000 to 40,000 people die of sudden cardiac arrest each year.
- An automated external defibrillator (AED) is a device containing sophisticated electronics used to identify cardiac rhythms, and to deliver a shock to correct abnormal electrical activity in the heart. An AED will only advise the individual using the device to deliver a shock if the heart is in a rhythm which can be corrected by defibrillation.
- AEDs are safe, easy to use, and can be used effectively by trained medical and non-medical individuals. Trained responders have effectively used AEDs in many public settings, including casinos, airport terminals, and pharmacies. A trained responder's role in AED safety and effectively.
- An AED is an efficient and effective means of delivering rapid defibrillation in both the out-of-hospital and in-hospital setting.
- For every one minute delay in defibrillation, the survival rate of a cardiac arrest victim decreases by 7 to 10%. After more than 12 minutes of ventricular fibrillation, the survival rate of adults is less than 5%.
- Currently there is insufficient evidence to support a recommendation of whether or not to use AEDs for children less than 1 year of age.
- Across Canada, some provinces regulate the use of AEDs, while other provinces do not. Information about individual provincial regulations can be obtained from the provincial Heart and Stroke Foundation offices.



Heart and Stroke Foundation of Canada

[www.heartandstroke.ca](http://www.heartandstroke.ca)



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JUST ASK JIRI FISCHER.

Anyone can make a save. On November 21, 2005, late in the first period of an NHL® game, Red Wings defenseman Jiri Fischer collapsed. His heart was stopped and restarted thanks to those nearby armed with the knowledge of CPR and an on-site Automated External Defibrillator.

PUT YOUR HEART INTO IT.™ HELP US GET AEDs INTO MORE PUBLIC PLACES.



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