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Letter to the Editor

Singularities of AED implementation in occupational setting and COVID-19 pandemic



In response to “Use and Coverage of Automated External Defibrillators According to Location in Out-of-Hospital Cardiac Arrest”

To the Editor,

We have read with a particular interest the paper by Sarkisian L., Mickley H., Schakow H. et al. about “Use and Coverage of Automated External Defibrillators According to Location in Out-of-Hospital Cardiac Arrest”.¹ This very interesting study highlighted the singularities of occupational settings. As found by the authors, there is a low incidence of cardiac arrest in the “companies/workplace” (5% of the out-of-hospital cardiac arrest) and a relative low use of AED, contrasting with the relative high percentage of registered AED (Figure 2). However, cardiac arrests at the workplace also tend to affect younger people, with better survival chain and overall survival.^{2,3} It implies that the number of years of life saved is also generally high.⁴ Furthermore, workplace settings, such as construction sites, factories or offices, comprise very different realities regarding the cause of cardiac arrest, AED implementation, and survival.⁵ Finally, in the context of Covid-19, workplaces have changed for many workers who are teleworking from home, especially workers with high-risk of Covid-19, who are also at high risk of cardiac arrest. Progressive return-to-work of patients with long Covid-19 is also a topic of future research for occupational practitioners.

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Conflict of interest

No conflict of interest.

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