



Jan. 29, 2026

Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
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Re: Registered nurse automatic external defibrillator utilization

Dear Minister Jones,

The Registered Nurses' Association of Ontario (RNAO) and the Heart and Stroke Foundation (H&S) reiterate the need for the Ontario government to expand registered nurse (RN) scope of practice to authorize RNs to use automated external defibrillators (AEDs) and defibrillators in AED mode during in-hospital cardiac arrest (IHCA). Expanding this authority is central to ensuring timely access to life-saving interventions and reducing preventable morbidity and mortality among the approximately 5,000 persons that experience an IHCA each year in Ontario.

RNAO and the H&S are pleased to provide the attached Environmental Scan on RN AED Utilization. It outlines the impact of RN authorization on survival and includes a jurisdictional review showing RNs can use AEDs across Canada and internationally.

IHCA survival to discharge in Ontario rarely exceeds 20 per cent without early intervention. Defibrillation within one to three minutes for shockable rhythms improves survival and increases the likelihood of favorable neurological recovery. Survival decreases by 7 to 10 per cent for every minute that CPR and defibrillation are delayed, and corresponding neurological outcomes, with irreversible brain damage beginning after approximately 4 minutes of untreated cardiac arrest. These delays increase the risk of long-term disability, reduced quality of life, and death.

RNs in Ontario lack the authority to independently apply AEDs or use an AED in defibrillator mode during IHCA's, delaying life-saving care. Yet, RNs are often first at the bedside when a cardiac event occurs and RNs are trained in CPR and AED use. Evidence shows RNs can deliver AED within the first three minutes, improving survival by 15.6 per cent.

Minister, we urge you to expand RN scope of practice in Ontario to give RNs the authority to use AEDs and defibrillators in AED mode for IHCA's to improve timely access to care. We have also included endorsements from numerous organizations who support this change in policy.

We would be happy to meet with you to address any questions and discuss how we can make this expanded RN scope happen.

Best wishes for a healthy and productive 2026!

Warmest regards,



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Environmental Scan on RN AED Utilization

Background

Decreased morbidity and mortality occur when patients experiencing an in-hospital cardiac arrest (IHCA) are defibrillated within 3 to 5 minutes.¹ During a cardiac arrest, brain damage can begin after just 5 minutes, and survival rates decline with each passing minute.²⁻⁶ While current scope does not allow RNs in Ontario to apply defibrillation without a physician's orders or a medical directive in place, research shows that RNs are able defibrillate patients within 2 to 3 minutes when allowed to defibrillate independently in healthcare settings.⁷

- In Ontario hospitals, defibrillation is provided by a resuscitation team with an average 10-minute delay in non-monitored care areas; delays of this length contribute to low survival to discharge rates as low as 10%.⁸
- Registered nurses (RNs) are usually the first ones at a patient's bedside with training in cardiopulmonary resuscitation (CPR) and AED use, and have the ability to use automated external defibrillators (AEDs) in the community as a layperson – highlighting their value as first responders for early resuscitation.^{9,10}
- An implementation study that evaluated the impact of a medical directive allowing nurses to use AEDs in hospitals in Ottawa found a faster time to first shock (by six minutes), improving survival to discharge (by 15.6%) among patients.⁹

Expanding the scope of practice for RNs in Ontario to include the use of AED/defibrillators in AED-mode in hospital settings will reduce delays in treatment and significantly increase survival rates for patients experiencing cardiac arrest.^{9,11}

Jurisdictional Scan

- Canada: British Columbia, Manitoba, and New Brunswick (Horizon Health Network) allow RNs to use AEDs in hospitals.¹²⁻¹⁴ Alberta (AHS) allows RNs to use AEDs in certain health care settings (emergency rooms and urgent care) if a physician or nurse practitioner is not present.¹⁵
- United States: Jurisdictions such as Alaska, California, and New York **allow RNs to use AEDs independently, provided they are trained and are confident in their ability to defibrillate.**¹⁶⁻¹⁸
- Worldwide: Nurses in Australia, many European countries (e.g., Austria, Finland, Italy, Ireland, Norway, Sweden, the United Kingdom), Brazil, and Turkey, are authorized to use AEDs in healthcare settings.¹⁹⁻²⁹

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Increasing Registered Nurse scope to enable AED use for in-hospital cardiac arrest

Every year in Ontario there are approximately 5000 in-hospital cardiac arrests, which occur when the heart stops beating suddenly and unexpectedly. If not treated within minutes, cardiac arrest is fatal, and current rates of survival are low.

In Ontario hospitals, defibrillation is provided by a specialized resuscitation team, but research shows they cannot always arrive quickly to a patient's bedside, leading to life-threatening delays. Meanwhile, registered nurses (RNs) are usually the first ones at a cardiac arrest patient's bedside. Despite being trained in CPR and able to use an AED in the community during out-of-hospital cardiac arrests, current scope of practice regulations forbid RNs from using an AED/defibrillator in AED-mode in-hospital.

Therefore, despite being trained and able to provide lifesaving care, registered nurses are frequently forced to stand by helplessly while waiting for resuscitation teams.

Heart & Stroke and the **Registered Nurses Association of Ontario (RNAO)** are calling on the Government of Ontario to:

Expand the scope of practice for Registered Nurses (RNs) to allow them to use Automated External Defibrillators (AEDs) and defibrillators in AED-mode within hospitals. This change would reduce response times and improve survival rates for in-hospital cardiac arrests.

The following additional, organizations have formally endorsed this policy recommendation:

- **Ontario Association of Cardiologists**
- **Canadian Association of Emergency Physicians**
- **Canadian Cardiovascular Society**
- **HeartLife Foundation**
- **National Emergency Nurses Association**
- **Cardiac Arrest Response & Education (CARE)**