

# Public Access Defibrillation

## Policies and Procedures

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Prior to formally adopting this policies and procedures manual, you should review to ensure it meets the needs of your organization, including any internal, local or state statutes that may exist.

# Public Access Defibrillation

## Policies and Procedures

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## 1.0 - AED Overview

This document applies to the company's use of the Automatic External Defibrillator (AED) mentioned in Section 4.0

Any and all use of the AED, training requirements, policies and procedures reviews, and post event reviews will be under the auspices of the Medical Director/Prescribing Physician, a licensed physician in California.

## 2.0 - Definitions

This section defines terms related to AED policies and procedures.

Definitions

|    |   |
|----|---|
| 1. | AED shall refer to the FDA-approved automated external defibrillator capable of cardiac rhythm analysis, which will charge and deliver a shock after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia when applied to an unconscious patient with absent respirations and no signs of circulation. The AED requires user interaction in order to deliver a shock. |
| 2. | An AED Responder refers to an individual, who has successfully completed a nationally-recognized CPR/AED-training program, has successfully passed the appropriate competency-based written and skills examinations to receive CPR/AED certification, and maintains competency by participating in periodic reviews. The AED Responders shall also adhere to policies and procedures in this manual.              |
| 3. | AED Service Provider means any agency, business, organization or individual who purchases an AED for use in a medical emergency involving an unconscious person who has no signs of circulation. This definition does not apply to individuals who have been prescribed an AED by a physician for use on a specifically identified individual.  |
| 4. | Prescribing Physician is a physician licensed in California, who issues the Medical Authorization for the AED Service Provider's AED program.   |
| 5. | Medical Director meets the requirement of a prescribing physician and may also be the prescribing physician. The Medical Director reviews and approves the guidelines for emergency procedures related to the use of the AED. Additionally, the Medical Director provides post-event evaluation for the AED Service Provider.   |

## 3.0 - Program Coordinator

At all times, while these policies and procedures are in effect, Las Positas College will maintain a program coordinator. The Program Coordinator is responsible for the overall coordination, implementation, and continued operation of the program. As of the effective date of these policies and procedures, the Program Coordinator is Global Administrator.

|    |  |
|----|--|
| 1. | The program coordinator or alternate contact will be available in person or by phone within a reasonable amount of time to answer any questions or concerns of the AED Responders.   |
| 2. | The program coordinator or designee shall ensure that all issues related to training, such as scheduling of basic and periodic reviews, maintenance of training standards and AED Responder status, and record keeping is managed on a continuing basis.                                   |
| 3. | The program coordinator or designee will assure that all equipment stock levels are maintained and/or ordered as stipulated in "Equipment Requirement" and readiness checks and record maintenance are done in accordance with manufacturer's recommendations and any state or local laws. |

|    |   |
|----|---|
| 4. | If the program coordinator or designee needs to have a quality assurance issue addressed, she/he may contact the Medical Director.                |
| 5. | The program coordinator will have a list of the appropriate telephone numbers in compliance with above paragraphs, numbers 1 and 4. (Appendix A). |

**4.0 - Equipment Requirement**

The type and number of AEDs and related equipment will be maintained at each site as outlined below. The program coordinator or designee will assure replacements are ordered as soon as possible. Equipment is located as shown in Appendix B.

The following stock levels and expiration dates will be checked every month and maintained as follows:

| Item Description | Quantity |
|------------------|----------|
| Zoll AED Plus    | 1        |
| Zoll AED Plus    | 1        |
| Zoll AED Plus    | 1        |
| Zoll AED Plus    | 1        |
| Zoll AED Plus    | 1        |
| Zoll AED Plus    | 1        |
| Zoll AED Plus    | 1        |
| Zoll AED Plus    | 1        |
| Zoll AED Plus    | 1        |
| Zoll AED Plus    | 1        |
| Zoll AED Plus    | 1        |

Readiness will be checked at least every 30-days and after every AED use, according to the manufacturer’s recommended guidelines. Records will be maintained using the Arch system available at [annuvia.onlineoversight.com](http://annuvia.onlineoversight.com).

## 5.0 - Training Requirements

The training requirements for AED Responders are outlined below.

The course shall comply with the American Heart Association (AHA) or American Red Cross (ARC) standards.

|    |  |   |
|----|--|---|
| 1. | The AHA or ARC training standards should include, but may not be limited to, the following.  |   |
|    | a.   | Basic CPR skills  |
|    | b.   | Proper use, maintenance, and periodic inspection of an AED  |
|    | c.   | The importance of CPR, defibrillation, and advanced life support  |
|    | d.   | How to recognize the warning signs of heart attack and stroke   |
|    | e.   | Assessment of an unconscious patient to include evaluation of airway, breathing, and movement, to determine if cardiac arrest may have occurred and the appropriateness of applying and activation of an AED                      |
|    | f.   | Information relating to defibrillator safety precautions to enable the individual to administer shocks without jeopardizing the safety of the patient or the AED Responder or other nearby persons to include, but not limited to |
|    |  | 1) Age and weight restrictions for the use of the AED   |
|    |  | 2) Presence of water or liquid on or around the victim  |
|    |  | 3) Presence of transdermal medications, implanted pacemakers or automatic implanted cardioverter-defibrillators   |
| 2. | All successful participants will receive a CPR/AED course completion card.   |   |
| 3. | Basic and review sessions will be conducted according to the following schedule:   |   |
|    | a.   | CPR/AED renewal will be conducted at least every other year   |
|    | b.   | Periodic reviews will be at the discretion of the Medical Director. The program coordinator may schedule reviews more often if necessary  |
| 5. | Training records will be maintained by the program coordinator and will include documentation of course participants, training courses taken, and dates courses were taken. Information can be updated, stored, and saved in Arch by visiting <a href="http://annuvia.onlineoversight.com">annuvia.onlineoversight.com</a> . |   |

## 6.0 - AED Protocols

In order to be eligible to use an AED on an appropriate patient, AED Responders will:

|    |  |
|----|--|
| 1. | Meet the training requirements set forth in these policy and procedures  |
| 2. | Pass competency-based written and skills recognition examinations, as required by nationally-recognized CPR/AED training agencies  |
| 3. | Comply with the requirements set forth in these policies and procedures. Failure to comply with these requirements may result in the suspension of the individual's authorization. |

The authorization period for a trained responder will stay in effect as long as he/she adheres to the program guidelines.

### Internal Emergency Response System – The American Heart Association's Chain-of-Survival

It is recommended that Las Positas College follow the American Heart Association's Chain-of-survival when responding to possible cardiac arrest emergencies. A copy of the AHA's chain of survival can be found by visiting [www.heart.org](http://www.heart.org).

As of the effective date of this policies and procedures manual, the AHA's Chain of Survival is:

|    |                        |
|----|------------------------|
| 1. | Recognize an Emergency |
| 2. | Call 9-1-1!            |
| 3. | Begin CPR              |
| 4. | Use an AED             |

### AED Deployment Protocols

It is recommended that Las Positas College deploy your AED in accordance with your AED manufacturer's recommendations.

Your AED Manufacturer(s) is/are: Zoll

A copy of your AED manufacturer's deployment and maintenance recommendations can be found on their website(s): [www.zoll.com](http://www.zoll.com)

*When EMS arrives:*

|    |   |
|----|---|
| 1. | AED Responder working on the patient should document and communicate important information to the EMS provider such as: |
|----|---|

|    |                                      |   |
|----|--------------------------------------|---|
|    | a.                                   | Patient's name                              |
|    | b.                                   | Time patient was found                      |
|    | c.                                   | Initial and current condition of the victim |
| 2. | Assist as requested by EMS personnel |   |

*Post-use Procedure:*

|    |  |         |
|----|--|---------|
| 1. | Complete documentation of the sudden cardiac arrest event no more than 24 hours following the event  |         |
| 2. | Give all documentation to the program coordinator  |         |
| 3. | Program coordinator will contact the AED vendor to download event data from AED. Do not remove the battery. The AED vendor can be contacted through the Arch system at <a href="http://annuvia.onlineoversight.com">annuvia.onlineoversight.com</a> or: (800) 277-8269 |         |
|    |  | Annuvia |
|    |  |         |
|    |  |         |
| 4. | Coordinator will assure that documentation is sent to the Medical Director as soon as possible   |         |
| 5. | Program coordinator or designee should conduct emergency incident debriefing as needed   |         |

*Equipment Maintenance: To be performed no less than every 30 days*

Organization's AED unit should be maintained in accordance with the AED manufacturer's recommended guidelines. For more information on your AED unit's manufacturer, visit: manufacturer's homepage. Typically, the AED manufacturer's guidelines include, but aren't limited to, the following:

|    |   |   |
|----|---|---|
| 1. | Inspect the exterior and connector for dirt or contamination  |   |
| 2. | Check supplies, accessories and spares for expiration dates and damage  |   |
| 3. | Check operation of the AED by ensuring the AED unit's "readiness indicator" indicates that the AED is ready for use. For your AED unit, you must be able to answer "yes" to the following question: |   |
|    | Model   | Readiness Question  |
|    | Zoll AED Plus   | Does the Readiness Indicator on your AED have a green check mark? |

**7.0 - Quality Assurance**

After AED use, the following quality assurance procedures will be utilized:

|    |   |   |
|----|---|---|
| 1. | The program coordinator or designee shall be notified within 24 hours any time after the AED is deployed (even if no “shock” is delivered). Quality assurance shall be maintained by way of retrospective evaluation of the medical care rendered by the AED Responders on scene and during transfer of the patient to the appropriate transporting agency personnel. |   |
| 2. | If grief counseling is deemed necessary, referrals may be made to professional grief counseling organizations.  |   |
| 3. | In addition to information obtained from the AED, documentation of the incident shall be completed as follows:  |   |
|    | a.  | Documentation shall be initiated whether or not defibrillation (“shocks”) were delivered.   |
|    | b.  | The following information shall be provided if known: (AED Post Incident Report)  |
|    | 1)  | Patient’s Age   |
|    | 2)  | Patient’s Sex   |
|    | 3)  | Patient’s Date of Birth   |
|    | 4)  | Estimated Start Time of the Incident  |
|    | 5)  | Date of the Incident  |
|    | 6)  | Location of the Incident  |
|    | 7)  | Was CPR initiated prior to application of the AED?  |
|    | 8)  | Was the incident witnessed?   |
|    | 9)  | Time the first Shock was delivered  |
|    | 10)   | Total number of shocks delivered  |
|    | 11)   | Was the data downloaded by Las Positas College?   |
|    | 12)   | Was the data downloaded by EMS or the hospital providing care to the patient?   |
|    | 13)   | Brief narrative   |
| 1. | The AED Post Incident Report is to be sent to the Medical Director.   |   |
| 2. | The medical director, program coordinator, and/or designee will review the AED record of the event and the AED Post Incident Report and may interview the AED Responders involved in the emergency to ensure that:  |   |
|    | a.  | The AED Responders quickly and effectively set up the necessary equipment   |
|    | b.  | When indicated, the initial defibrillation shock(s) were delivered within an appropriate amount of time given the particular circumstances. |
|    | c.  | Adequate basic life support measures were maintained  |
|    | d.  | Following each shock or set of shocks, as appropriate, the person was assessed accurately and treated appropriately.                        |
|    | e.  | The defibrillator was activated safely and correctly  |



|    |   |
|----|---|
| 6. | The medical director will determine the occurrence and the range of action to be taken in response to identified problems or deficiencies, if any, as well as actions to be commended and notify the coordinator. |
| 7. | A copy of the AED Post Incident Report is to be sent to your local EMS Agency (if required)   |

Following the post incident review, a copy of all written documentation concerning the incident will be sent to the medical director and maintained on site for a period of not less than seven (7) years from the incident date.

## APPENDIX A - CONTACT PHONE LIST

### **If you are experiencing an emergency, dial 9-1-1**

For information and assistance regarding the AED program, the individuals listed below may be contacted. Every effort should be made to first contact the program coordinator or alternate contact. Only in a case of an emergency event or when the program coordinator or alternate cannot be reached, will contact be made with the Medical Director. If any contact information changes, the program coordinator should be notified within 72 hours.

| Role                | Name                | Phone Number   |
|---------------------|---------------------|----------------|
| Program Coordinator | Sean Prather        | (925) 424-1634 |
| AED Vendor          | Annuvia             | (800) 277-8269 |
| Medical Director    | Provided by Annuvia | (866) 364-7940 |
| Manufacturer        | Zoll                | 800-348-9011   |

## APPENDIX B - EQUIPMENT LOCATION

| Placement             | Serial Number |
|-----------------------|---------------|
| Security Office       | X07B107133    |
| Vehicle S-6           | X04J045340    |
| Vehicle S-8           | X07B106812    |
| 4000 Green Rm         | X11C493029    |
| Health Center         | X04J045626    |
| Pool house            | X09F414115    |
| PE Building (Offices) | X04J045634    |
| Weight Room           | X12I568352    |
| Field House           | X12I568788    |
| Gym Training Room     | X12I567458    |