

# Public Access Defibrillation

## Policies and Procedures

SAMPLE AED PROCEDURE



### Company Information

**Effective Date:** \_\_\_\_\_

# PUBLIC ACCESS DEFIBRILLATION POLICIES AND PROCEDURES

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Signatures by the appropriate representatives put these policies and procedures into effect. The policies and procedures will stay binding until revised, with a new signature page, or the program is terminated, and the policy and procedure will be considered null and void. Deviation from policy and procedures may cause physician to rescind authorization of the program.

The policies and procedures will be initiated and put into effect on the date below. An annual review and revision will be conducted if necessary. Any changes to these Policies and Procedures require prior approval by the parties signing below.

\_\_\_\_\_  
Prescribing Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
PAD Program Coordinator

\_\_\_\_\_  
Date

SAMPLE AED PROCEDURE



## SECTION NUMBER: 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.

## SECTION NUMBER: 2.0 - Definitions

This section defines terms related to AED policies and procedures.

### Definitions

1. *AED* shall refer to the automatic 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 automatic defibrillator requires user interaction in order to deliver a shock.
2. An *authorized individual* refers to an individual, who has successfully completed a defibrillator-training program, has successfully passed the appropriate competency-based written and skills examinations, and maintains competency by participating in periodic reviews. The authorized individuals 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 a written order for the use of the AED by authorized individuals.
5. *Medical Director* meets the requirement of a prescribing physician and may also be the prescribing physician. The Medical Director ensures that all AED regulatory requirements are implemented.

## SECTION NUMBER: 3.0 - Program Coordinator

At all times, while these policies and procedures are in effect, the company will maintain a program coordinator. The person is responsible for the overall coordination, implementation, and continued operation of the program.

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 authorized individuals.
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 authorized individual 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 Title XXII requirements and manufacturer’s recommendations.
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). If any contact information changes, the program coordinator will be notified within 72 hours.
6. The program coordinator or designee shall notify the local EMS agency of the existence, location and type of AED at the company site.

**SECTION NUMBER: 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 C.

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

	Item Description	Quantity

Readiness will be checked at least monthly and after every use, according to the manufacturer’s recommended guidelines. Records will be maintained using Appendix D.

## SECTION NUMBER: 5.0 - Training Requirements

The training requirements for authorized individuals are outlined below.

The course shall consist of not less than four hours and will comply with the American Heart Association (AHA) or American Red Cross (ARC) standards. The required hours for an AED training program can be reduced by no more than two hours for students who can show they have been certified in a basic CPR course in the past year and demonstrate that they are proficient in the current techniques of CPR.

1. The full four-hour course will include the following topics and skills:
  - a. Basic CPR skills
  - b. Proper use, maintenance, and periodic inspection of an AED
  - c. The importance of CPR, defibrillation, advanced life support, adequate airway care, and internal emergency response system
  - d. How to recognize the warning signs of heart attack and stroke
  - d. Overview of the local EMS system, including 9-1-1 access, and interaction with EMS
  - e. Assessment of an unconscious patient to include evaluation of airway, breathing, and circulation, to determine if cardiac arrest has 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 authorized individual 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
  - g. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
  - h. Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary
  - i. Authorized individuals responsibility for continuation of care, such as the repeated shocks if necessary, and/or accompaniment to the hospital, if indicated, or until the arrival of professional medical personnel
2. All successful participants will receive a CPR/AED course completion card.
3. The required text will meet the standards of the AHA or the ARC, although it does not have to be the AHA or ARC text.
4. 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, with a one-year minimum. 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 defibrillation skills proficiency.

## SECTION NUMBER: 6.0 - AED Protocols

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

- Meet the training requirements set forth in these policy and procedures
- Pass competency-based written and skills recognition examinations
- Comply with the requirements set forth in these policies and procedures. Failure to comply with these requirements shall 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.

Authorization shall be rescinded in the event of termination of the individual's association with the company.

While AB2041 allows AED to be applied to patients by individuals who have not been trained in CPR and AED, the law also requires organizations with AEDs to have authorized individuals.

### Internal Emergency Response System

The first person on the scene:

1. Will initiate the Chain of Survival by calling out for help with a medical emergency. The person at the desk will call 911 and delegate someone to go outside to escort the paramedics to the scene. The AED and other medical supplies are to be brought to the patient. If trained, the responder will initiate CPR until the AED arrives.

Initial protocol for the unconscious victim is as follows:

1. Upon arrival, assess the scene safety; use universal precautions
2. Assess patient for unresponsiveness
  - a. Call 911 (you will call if you are alone)
  - b. Send some to get the AED (you will get it if you are alone)
3. Assess breathing
  - a. If not breathing give 2 breaths.
4. If warranted, perform CPR until the AED arrives

Begin AED treatment:

1. Turn on AED and follow the prompts
2. Dry shave chest with disposable razor if indicated. Discard razor in a safe manner. Wipe chest if it is wet.

3. Apply defibrillation pads. Make sure the AED pads are placed in the proper location and that they make good skin contact with the chest. Do not place AED pads over the nipple, medication patches or implanted devices.
4. The AED will analyze the patient's heart rhythm and determine if a shock is needed. Do not touch the patient while the AED is analyzing. If a shock is advised, make sure everyone is clear and press the shock button. Once the AED shock has been delivered, immediately start chest compressions, 30 compressions pressing 1-1/2" to 2" in depth. Then deliver 2 breaths. Repeat 30 compressions and 2 breaths until the AED advises you to stop to re-analyze or the patient shows signs of improvement.

IF No Shock is advised, start CPR with compressions 30 compressions pressing 1-1/2" to 2" in depth. Then deliver 2 breaths. Repeat 30 compressions and 2 breaths until the AED advises you to stop to re-analyze or the patient shows signs of improvement.

1. Continue to follow AED prompts and perform CPR until EMS takes over

#### When EMS Arrives:

1. Authorized individual 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.
4. Coordinator will assure that documentation is sent to the Medical Director as soon as possible and no later than one week from the date of the event
5. Program coordinator or designee should conduct emergency incident debriefing as needed

#### Equipment Maintenance:

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 removing and reinstalling the battery and running a battery insertion test.

### **SECTION NUMBER: 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. Quality assurance shall be maintained by way of retrospective evaluation of the medical care rendered by the authorized individuals 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 defibrillator shocks are delivered.
  - b. The following information shall be provided if known: (AED Post Incident Report, Appendix B)
    - 1) Date
    - 2) Event location
    - 3) Person's name
    - 4) Person's address
    - 5) Person's telephone number
    - 6) Person's sex
    - 7) Estimated time elapsed from person's collapse until initiation of CPR, if witnessed or heard
    - 8) Total minutes of CPR prior to application of defibrillation
    - 9) Person's response to treatment rendered, i.e., regained pulse and breathing
    - 10) Name of transporting agency
    - 11) Name of authorized individual completing the report
4. The AED Post Incident Report is to be sent to the Medical Director.
5. The medical director, program coordinator, and/or designee will review the AED record of the event and the AED Post Incident Report and interview the authorized individuals involved in the emergency to ensure that:
  - a. The authorized individuals quickly and effectively set up the necessary equipment
  - b. When indicated, the initial defibrillator shock(s) was 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
  - f. The care provided was in compliance with the internal emergency response guidelines set forth in Section 6.0 of this document
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 the Alameda County EMS Agency at 1000 San Leandro Blvd., San Leandro, CA 94577, attn: PAD/AED Coordinator (510-618-2038).

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**

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.

Name	Phone number	Room/Building

**APPENDIX B****EQUIPMENT LOCATION**

Location	Room	Building

**APPENDIX C**

**AED CHECK LIST**

The checklist below should be modified as necessary based on manufacturer recommendations.

DATE											
<b>SUPPLIES AVAILABLE</b> a. Two sets of defibrillation cartridges, within expiration date, undamaged b. Ancillary supplies: towel, razor, shears, barrier pack c. Spare battery within "install before: date"											
<b>STATUS INDICATOR</b> a. Self test okay, verify by noting status indicator											
<b>ONSITE UNIT</b> a. Clean no dirt or contamination b. No damage present											
INSPECTED BY											



**REMARKS, PROBLEMS, CORRECTIVE ACTION:**

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EMS APPENDIX D

AED POST INCIDENT REPORT

Patient's last name		Patient's first name		Patient's address	
Phone number		City		State	Zip
Sex: Male Female		Incident Date:		AED operator:	
Incident date:				Assistant:	
Location:				Assistant:	
Estimated time from patient's collapse until CPR begun:				Estimated total time of CPR until application of AED	
Was cardiac arrest witnessed?		By whom:		Time:	
Yes No Unknown					
Was CPR started?		By whom:		Time:	
Yes No					
Did the patient ever regain a pulse?		Time:	Did the patient begin breathing?		Time:
Did patient ever regain consciousness?		Time:	Hospital patient taken to:		Time:
Other treatment:		Transporting agency:			

Communications: \_\_\_\_\_  
 \_\_\_\_\_

Comment/concerns: \_\_\_\_\_  
 \_\_\_\_\_

Report completed by: \_\_\_\_\_  
 Date: \_\_\_\_\_ EMS Notified: \_\_\_\_\_

Prescribing physician review/recommendations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Coordinator reviewed:	Date:	Reviewed with responders:	Date:
Physician reviewed:	Date:	Comments:	