Program Standards for Public Access AED

Site Name

Vivian Longacre
Campus Program Coordinator Name

Site Coordinator Printed Name
Site Coordinator Signature

Effective Date

Dr. Karen Hord
Medical Director Name
Public Access Automated External Defibrillator (AED) Program Standards For

Site Name

Purpose
To provide policy, protocol and program standards for the Public Access AED Site listed above.

Authority
The authority to establish and maintain a Public Access AED program is referenced in the California Health and Safety Code Sections 1795.5, 1797.107, 1797.190 and 1797.196 and California Code of Regulations Title 22, Division 9, Chapter 1.8.

Definitions
A. Automated External Defibrillator (AED): 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.

B. Authorized Individual: An individual, who has successfully completed an AED 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.

C. AED Service Provider: 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.

D. AED Certified: Successfully completed the American Heart Association, American Red Cross or similar CPR/AED Program approved by the Medical Director.

E. Medical Director: A physician and surgeon, currently licensed in California. The Medical Director ensures that all AED regulatory requirements are implemented.

F. AED Readiness Check: Check consisting of at minimum verifying the expiration date on the AED's Battery and Pads, making sure the indicator light is green, and any other manufacturer's recommended checks.
Site Coordinator
At all times, while these policies and procedures are in effect, the department will maintain a site coordinator. This person is responsible for the overall coordination, implementation, and continued operation of the program within their department.

A. The site 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.

B. The site coordinator will ensure employees assigned to the Public Access AED Program are 'AED Certified'.

C. Will maintain a current list of all department employees who are 'AED Certified' and verify it every (6) months.

D. Will attempt to have at least one trained and certified employee on duty (available) during normal business hours and ensure there are sufficient numbers of employees trained to support the Public Access AED program.

E. In concert with the Medical Director, will ensure that each Public Access AED Program site employee receives CPR/AED training at a minimum of every 2 years.

F. The site 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 22 requirements and manufacturer's recommendations.

G. If the program coordinator or designee needs to have a quality assurance issue addressed, she/he may contact the Campus Program Coordinator or Medical Director.

H. Will notify the Campus Program Coordinator as soon as possible following the activation of the AED; activation/utilization is defined as any instance in which as AED is turned on (employed) for anything other than routine maintenance or battery change.

I. The site coordinator, or his/her designee, will provide the Campus Program Coordinator with the "Public Access AED Notification of Use" form within 48 hours following the date of the incident, should the AED be utilized.
**Campus Program Coordinator**

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

A. 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.

B. The program coordinator will ensure employees assigned to the Public Access AED Program are ‘AED Certified’.

C. Will maintain a current list of all employees who are ‘AED Certified’ and verify it every (6) months.

D. In concert with the Medical Director, will ensure that each Public Access AED Program site employee receives CPR/AED training at a minimum of every 2 years.

E. The program coordinator, or his/her designee, will provide the “Public Access AED Site Notification” form to the San Luis Obispo County EMS Agency.

F. The program coordinator, or his/her designee, will provide the San Luis Obispo County EMS Agency, with specific locations(s) (including address, room, suite, office, etc.) of all AEDs.

G. If the program coordinator or designee needs to have a quality assurance issue addressed, she/he may contact the Medical Director.

H. Will notify the Medical Director as soon as possible following the activation of the AED; activation/utilization is defined as any instance in which an AED is turned on (employed) for anything other than routine maintenance or battery change.

I. The program coordinator, or his/her designee, will provide the San Luis Obispo County EMS Agency with the “Public Access AED Notification of Use” form within 96 hours following the date of the incident.

J. The program coordinator will ensure that the Public Access AED program complies with all federal, state and local regulations regarding the program.

**Medical Director**

A. The California licensed physician will provide medical direction to the Public Access AED program until that responsibility is transferred in writing to another California licensed physician.

B. The Medical Director will review and approve the training curriculum and testing provided for the Public Access AED site employee(s).
C. The Medical Director or their designee will write an AED Prescription if Applicable.

D. The Medical Director will ensure that the Public Access AED program follows guidelines of the American Heart Association or American Red Cross.

E. The Medical Director, or his/her designee, will review all utilizations of an AED within 72-hours of AED activation. The Medical Director will provide feedback regarding AED utilization to the Site Program Coordinator for appropriate action. The goal of such feedback is to improve the performance of individuals as well as the Public Access AED program in general.

**Maintenance and Documentation**

A. The AED manufacturer determines the maintenance and battery replacement schedules for its AED’s.

B. The Program Coordinator in conjunction with the Site Coordinators shall maintain a log indicating where all AED’s are located; last date of routine maintenance; next scheduled date of maintenance; routine testing; next date of testing; date of battery change; and any and all uses of the defibrillator.

C. When initiating a spare unit or when returning a unit to service, a routine maintenance and battery check shall be performed and documented in the maintenance log.

D. The Site Coordinator is responsible for ensuring that regular maintenance, testing and battery changes occur as required. The AED will be checked for readiness after each use and at least every thirty (30) calendar-days, if it has not been used in the previous thirty (30) calendar-days.

E. The Site Coordinator is responsible maintaining a list of all AED certified personnel and sending changes to the Campus Program Coordinator within (6) months. The Site Coordinator must ensure a minimum of one person per AED is certified and regularly onsite during normal business hours.

**Training Requirements**

A. In concert with the Medical Director, the Program Coordinator will determine the optimal number of employees who will be ‘AED Certified’ and assigned to the Public Access AED program to ensure availability of a trained site employee during normal business hours.

B. Designated employees will complete and maintain certification in a CPR/AED course according to the standards set forth by the American Heart Association or American Red Cross. The course shall consist of not less than four hours of training.

C. All persons successfully completing the CPR/AED training will receive a card signed by an approved CPR/AED instructor, authorizing employees to utilize an AED.

**Internal Emergency Response Plan**

A. Upon learning that an employee or a member of the public is ill, a Public Access AED Site Employee will quickly access the patient and determine the patient’s level of consciousness, breathing and pulse. If emergency assistance is required, the employee or a designee will immediately contact Emergency Communications (9-1-1) for medical assistance.
B. If it is not possible to quickly assess the patient’s condition, an employee or designee shall immediately call 9-1-1 and provide as much information as you know about the patient and his/her location. Stay on the line with 9-1-1 until you receive further direction.

C. If the patient is unconscious and demonstrates signs of lifelessness or the employee cannot tell if the patient has a pulse or is breathing, commence CPR and direct someone to bring the AED as quickly as possible to the patient’s location.

D. Once the AED is at the patient's location, expose the patient’s chest and activate the AED in accordance with the manufacture’s protocols until EMS arrives.

E. If the patient begins breathing on his/her own and a pulse can be felt, DO NOT PERFORM CPR. Monitor the patient closely for changes in breathing or pulse until EMS arrives.

F. If the AED does not recommend shocking the patient, but the patient is unconscious, not breathing, and you cannot feel a pulse, continue CPR. CPR shall be continued until instructed by EMS to stop. Do not remove the AED pads from the patient until instructed to do so by EMS.

Post-use Procedure
A. Complete documentation of the sudden cardiac arrest event no more than 24 hours following the event.

B. Give all documentation to the campus program coordinator.

C. Program coordinator will contact the AED vendor to download event data from AED (if applicable). Do not remove the battery.

D. Coordinator will assure that documentation is sent to the Medical Director within 72- hours of the date of the event.

E. Program coordinator or designee should conduct emergency incident debriefing as needed.

Quality Assurance
After AED use, the following quality assurance procedures will be utilized.
A. 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.

B. If grief counseling is deemed necessary, referrals may be made to professional grief counseling organizations.

C. In addition to information obtained from the AED, the “Public Access AED Notification of Use” form shall be completed whether or not shocks were delivered.

D. The “Public Access AED Notification of Use” form is to be sent to the Medical Director.

E. The “Public Access AED Notification of Use” form is to be sent to the San Luis Obispo County EMS Agency within 96 hours following the date of the incident.
F. The medical director, program coordinator, and/or designee will review the AED record of the event and interview the authorized individuals involved in the emergency to ensure that:

1. The authorized individuals quickly and effectively set up the necessary equipment

2. When indicated, the initial defibrillatory shock(s) was delivered within an appropriate amount of time given the particular circumstances.

3. Adequate basic life support measures were maintained.
4. Following each shock or set of shocks, as appropriate, the person was assessed accurately and treated appropriately.

5. The defibrillator was activated safely and correctly.

6. The care provided was in compliance with the internal emergency response guidelines set forth in this document.

G. 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.

H. 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.

Program Review
The Public Access AED Program Coordinator, Medical Director and applicable staff shall annually review this document and the Public Access AED program, and make appropriate improvements.