

VALDOSTA STATE UNIVERSITY

Automated External Defibrillator Policy

Reviewed August 3, 2009

Valdosta State University

Automated External Defibrillator Use Policy

POLICY

Purchase, training of personnel, maintenance, use of and reporting requirements for automated external defibrillators (AEDs) will be in compliance with the responsibilities and procedures outlined in this policy and consistent with appropriate regulations and American Red Cross and/or American Heart Association guidelines. AEDs must be approved by the Oversight Committee prior to purchase and must be obtained through the University Purchasing office. The policy applies to all AED units on campus, whether obtained by individual departments or by the University.

RESPONSIBILITIES OF OVERSIGHT COMMITTEE

The Oversight Committee, consisting of the University Physician or designee, the Chief of Police or designee, the Director of Physical Plant and Facilities Planning or designee, and the Director of Environmental and Occupational Safety or designee, will meet at least once per year and will be responsible for performing and maintaining a record of the following activities:

1. Approve the type of AED unit which can be purchased, its location and placement, and guidelines for maintenance, testing, training, and recordkeeping.
2. Coordinate information regarding availability and location of AED's with the local EMS.
3. Review requests for purchase which will include but not be limited to consideration of need, public health issues, risk of location, population in building, response time of EMS, historical data on cardiac arrests, and ability to support a plan of response in 3-5 minutes.
4. Develop a standard post-incident debriefing protocol for individuals who use the AED.
5. Review each use of an AED as soon as possible after the event by the Oversight Committee Chairperson. This review may cause the chairperson to call a meeting of the Oversight Committee to review policy change prior to the next annual meeting.
6. Review departmental records of inspection, testing and maintenance annually.
7. Audit compliance with policy periodically.
8. Review annually that the department maintaining the AED has demonstrated responsibility for funding and ongoing planning for all costs and activity associated with equipment maintenance and personnel training for the following year.
9. Maintenance of records pertaining to the AED policy and Oversight Committee in the Office of Environmental and Occupational Safety.

PROCEDURE FOR THE PURCHASE, PLACEMENT & USE OF AEDS

The following procedures must be used to gain approval for AED purchases.

1. The department/unit will request approval from the Oversight Committee to purchase and maintain an AED. The request must include the following information:

- a. Justification for the need
 - b. Plan for training of personnel
 - c. Plan for trained personnel coverage of location(s)
 - d. Designation of Area Coordinator responsible for compliance with policy, including training, maintenance, testing and recordkeeping
 - e. Designated number and placement to support location
 - f. Funds available for unit(s), supplies, spare batteries
2. After receiving approval and properly obtaining one or more AEDs, the Area Coordinator must:
- a. Identify potential users and ensure that the users receive certified training. Forward a list of trained users to:
 - i. Environmental and Occupational Safety
 - ii. Employee and Organizational Development, unless they performed the training and have the records. Employee and Organizational Development will maintain a current database of all trained users.
 - b. Notify Environmental and Occupational Safety of the location and placement of the units.
 - c. Post signage near each unit that informs potential users that only persons with certified AED training are allowed to use the device.
 - d. Establish and sustain a maintenance schedule for the AED unit. This schedule must follow AED unit manufacturer's guidelines. Maintenance must be documented, with documentation forwarded to Environmental and Occupational Safety each January.
 - e. Maintain documentation concerning all repairs and replacements for the AED unit.
 - f. Complete the Post-Incident Report form (Attachment A) each time a unit is used or there is an attempt to use the unit. Forward the completed form to Environmental and Occupational Safety and retain a copy in the department.

3. Training

- a. Current certification in American Red Cross CPR training and/or American Heart Association Heartsaver AED course is required for personnel who will use the AED with renewal as required to maintain certification. In addition, training meeting the requirements of professional organizations will be accepted with adequate documentation forwarded to Employee & Organizational Development. Information concerning certified training can be obtained through the Employee and Organizational Development.

4. Maintenance and Testing

- a. Maintenance and testing must be performed in accordance with the manufacturer's specifications for the unit. Included in the Appendix B are maintenance and testing requirements for the units owned by the University, as well as samples of forms to use for documentation of the maintenance and testing.
- b. Batteries have a life span of approximately two to five years depending on battery capacity and usage pattern. Follow the manufacturer's guidelines on maintaining a spare battery.
- c. Disposable pads have a shelf life of approximately 18 months. Because pads cannot be reused, each AED unit must have at least two sets. The only exception to this requirement is when more than one of the same model unit is owned by the same department and stored within close proximity. At all times, at least one spare set of pads must be available where the unit is stored or carried for potential use.
- d. Pads must be replaced by the expiration date printed on the packages, whether or not they have been used.

RESPONSIBILITIES OF AREA COORDINATOR

The Area Coordinator will be responsible for performing and maintaining a record of the following activities:

1. Informing the Oversight Committee of the name, phone number and e-mail address of the Area Coordinator for the location where an AED is placed.
2. Assuring that there will be sufficient staff trained so that at least one trained staff member will be working whenever the location is in use or department is open. Training will consist of at least adult and child CPR training that includes a segment of initial AED training, and must be certified by either the American Red Cross or American Heart Association. In addition, training meeting the requirements of professional organizations will be accepted with adequate documentation forwarded to Employee & Organizational Development. Trained personnel must attend retraining sessions annually or as required to maintain their certification. A record of training dates and certification expiration dates will be maintained and trained staff will receive reminders in time to schedule necessary retraining.
3. Maintaining and/or replacing all AED equipment and supplies according to the manufacturer's recommendations and documenting the maintenance schedule and funds to accomplish this maintenance as required by the manufacturer of the AED.
4. Assuring the completion of the Post-Incident Report Form for all use of or attempted use of the AED. The form will be completed and delivered by hand or by fax within twenty-four hours to the Office of Environmental and Occupational Safety.

APPENDIX A

Post-Incident Report Form

Valdosta State University
Automated External Defibrillator (AED)
Post-Incident Report Form

Use this form to report any event, incident or situation that resulted in use or attempted use of an AED. The responder at the scene and the AED Area Coordinator shall assure its completion and forwarding within 24 hours of the event to the Office of Environmental and Occupational Safety with a copy retained by the Area Coordinator.

Facility or Building: _____

Location of Event: _____

Date of Event: _____ Time of Event: _____

Name & Contact Information for victim, if known: _____

Did the victim collapse (become unresponsive)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was someone present to see the person collapse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, was the person a trained AED employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the victim have a pulse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

How was the pulse checked? _____

Was the victim breathing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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How was breathing checked? _____

Was EMS (911) called?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what time did that happen? _____

Was CPR started?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Who started CPR? Bystander Trained AED Employee

Briefly describe the event, incident, or situation that resulted in the AED being brought to this victim:

Was the AED applied to the victim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, describe what actions the AED advised and how many times the patient was defibrillated:

Were University Police notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Were University Police at the scene?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Valdosta State University
Automated External Defibrillator (AED)
Post-Incident Report Form**

Status of patient at the time EMS personnel arrived:

Did the victim have a pulse? Yes No

How was the pulse checked? _____

Was the victim breathing? Yes No

How was breathing checked? _____

Name of person operating AED: _____

Has the AED unit been cleaned and put back to a state of readiness per American Heart Association guidelines & Manufacturer's recommendations? Yes No

Signature of responder completing this form & Date: _____

Signature of Area Coordinator & Date: _____

Name & Contact Information for other responders:

Return this form to: Environmental & Occupational Safety
Initial report may be e-mailed to Robert DeLong at
radelong@valdosta.edu with a signed copy submitted on the next
business day.

* Keep a copy in the Area Coordinator File.

APPENDIX B

Maintenance and Testing Requirements for University AEDs

Introduction

This section details the maintenance and testing requirements for each unit we have on campus. Information for each brand/model is taken from their manuals

Each department that has an AED must maintain a checklist for each unit that records the maintenance and testing for that unit. The checklist should also have an area to note any corrective action taken for equipment deficiencies.

Brand and Model: Defibtech DDU-100

Self-Tests are performed each time the unit is turned on. They test the basic operation of the unit. The unit also performs daily, weekly, monthly and quarterly self-tests automatically when a charged 9V battery is present.

Routine maintenance should be performed on the following schedule.

Daily	Monthly	After Each Use	Action
●	●	●	Check that Active Status Indicator is flashing green
	●	●	Check the condition of the unit and accessories
		●	Run manually initiated Self-Test
		●	Replace pads
	●		Check pads and battery pack expiration dates
		●	Check the DDC if one was installed

The DDC is the data recording card installed in the AED.

The following checklist may be used as the basis for an Operator's Checklist. The table should be copied and filled out as recommend by the schedule in the "Routine Maintenance" section. As each item is completed it should be checked off.

Defibtech DDU-100 Operator's Checklist						
Defibtech DDU-100 Serial Number: _____						
Defibtech DDU-100 Location: _____						
Date:						
Check unit and accessories for damage, dirt and contamination. Clean or replace as necessary						
Check that spare battery pack and pads available						
Check that battery pack and pads not past expiration dates						
Check ASI flashing green						
Comments:						
Inspection by: (initials or signature)						

Brand and Model: Zoll AED Plus

Maintenance Checklist

Use the following maintenance checklist when you periodically check your unit.

Table 4: Maintenance Checklist

Check the following	Pass	Fail
Is the unit clean, undamaged, free of excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any cracks or loose parts in the housing?	<input type="checkbox"/>	<input type="checkbox"/>
Verify electrodes are connected to the unit and sealed in their package. Replace if expired.	<input type="checkbox"/>	<input type="checkbox"/>
Are all cables free of cracks, cuts and exposed or broken wires?	<input type="checkbox"/>	<input type="checkbox"/>
Turn the unit on and off and verify the green check indicates ready for use.	<input type="checkbox"/>	<input type="checkbox"/>
Batteries within expiration date. Replace if expired.	<input type="checkbox"/>	<input type="checkbox"/>
Check for adequate supplies.	<input type="checkbox"/>	<input type="checkbox"/>

Brand and Model: Medtronic Lifepak CR Plus

MAINTAINING A STATE OF READINESS

The LIFEPAK CR Plus Defibrillator does not require routine maintenance. The defibrillator performs an automatic self-test once a week and every time you turn it on. The electrode indicators briefly flash during the test. If the automatic self-test detects a condition that requires attention, the OK symbol in the readiness display will fade and either the CHARGE-PAK symbol, the ATTENTION symbol, or the WRENCH symbol will appear, depending on the type of condition detected.

On a regular basis, you should do the following:

- Check to make sure that the OK symbol is visible in the readiness display.
- Check the Use By date on the electrode packet (visible through the clear plastic lid in the upper right-hand corner). If the date has passed, replace the electrode packet and the CHARGE-PAK in the defibrillator.
- Check other emergency supplies that may be stored with the defibrillator.

When establishing your local inspection schedule, consider how often the defibrillator will be used and how familiar the operators are with using a defibrillator. For example, if the defibrillator is used only rarely, monthly inspections may be appropriate. An inspection checklist is provided in Appendix D.

LIFEPAK CR® PLUS DEFIBRILLATOR USER'S CHECKLIST



Unit Serial Number _____

Department/Location _____

Instruction	Recommended Corrective Action	Date							
		Initials							
1 Check readiness display for: OK indicator CHARGE-PAK indicator ATTENTION indicator WRENCH indicator	None. Replace CHARGE-PAK™ and QUIK-PAK™ electrode packet. Refer to operating instructions. Contact authorized service personnel.								
2 Check Use By date on QUIK-PAK electrode packet.	Replace electrode packet and CHARGE-PAK if date passed.								
3 Check additional supplies.	Replenish as needed.								
4 Check defibrillator for: Damage or cracks Foreign substances	Contact authorized service personnel. Clean the device.								
5 Other:									