

## **Sample AED Policies**

The Following is three examples of different AED policies that have been implemented. Since each work site is different then we strongly encourage you to implement a policy that will best meet the needs of your company. These are simply suggestions of what might be included in an AED policy. If you would like more help in writing a policy please contact [scdavis@utah.gov](mailto:scdavis@utah.gov).

## AED Policy #1

Due to recent events where athletes have died as a result of sudden cardiac death, the University of West Alabama now has an automated external defibrillator (AED). The brand of the AED we have is the Zoll AED Plus. Its technical support is through SEMA, Inc Medical Equipment and Supplies from whom we purchased the device. The AED is very user friendly and can be used by any staff athletic trainer, first responder, athletic training student, coach, or athletic department administration certified in AED usage by either the American Red Cross or American Heart. EMT or higher certification also meets the criteria for usage. Following is the guidelines for usage by an AED certified staff member. Of note, remember the highest risk group we will deal with is probably the fan in bleachers. Be prepared for a spectator to go into cardiac arrest and do not hesitate to use our AED on a spectator.

- ❖ When the AED is not in use at an athletic event or practice the AED will be stored in the Head/Assistant Athletic Trainer's Office.
- ❖ Have the AED on site at each athletic facility or practice venue (currently, due to the fact that we only have one, this is not possible). The Director of Athletic Training & Sports Medicine, Head Athletic Trainer, or the Associate Athletic Trainer will determine the designation of the AED. The Director of Athletics will also be informed of the venue location of the AED.
- ❖ When selecting the site of the AED, the following must be taken into consideration:
  - ❑ Whether the sport is High Risk or Low Risk as denoted by the NCAA (high risk sports should have precedent over low risk sports). At UWA, football, rodeo, and men & women's basketball are the highest risk sports, followed by volleyball, baseball & softball. The lowest risk sports are men & women's cross-country.
  - ❑ The total number of participants and/or fans at the specific venues
  - ❑ All home contests will supersede practices, unless EMS is on site. If EMS is on site and activity is going on at another site (football and volleyball concurrently for example), our AED should be at the non-EMS covered site.
  - ❑ When there are multiple sites the most centralized site should be chosen, all athletic trainers or first responders at the other sites are informed of this and have the ability to contact the site person (by land line or cellular phone) with the AED where it can be easily moved to another site quickly if an emergency arises.
  - ❑ Remember Title IX; women have an equal right to all athletic medical equipment. When deciding on location, do not locate the AED at the male site always. Use the above criteria for decision-making, not gender.
- ❖ When an emergency arises and the AED is on site, it should be easily attainable from the emergency equipment location at each site.
- ❖ When it is determined by following the primary survey of standard first aid (responsiveness, breathing, circulation) that a cardiac emergency is taking place, the AED should be used only after enacting the EMS system. Another athletic training staff member, coach, athlete, or bystander can perform this action.
- ❖ After EMS is enacted, position supine, open airway, begins rescue breathing, and applies chest compressions in the correct sequence until the AED is in place.
- ❖ Apply the pads to the bare chest of the athlete in the fashion described on the pads or on the cover of the AED.
- ❖ Turn the AED on by pressing the on button
- ❖ Clear everyone from touching the victim to allow the AED to monitor the heart rhythm, Make sure the victim is not lying in water.
- ❖ After rhythm analysis is completed follow instructions of AED to deliver shock, begin CPR, or monitor vitals until EMS arrives (again make sure nobody is touching the victim when shock is to be delivered).

**Remember the AED is a fragile device. Care should be used when handling the AED. It should not be dropped, shaken, or stored where it could get wet or exposed to extreme heat. There is also a battery check on the exterior that should be checked periodically. As long as there is not an X in the window the batteries are charged. Replacement batteries are eight (8) Type 123 Lithium batteries.**

Priority for AED usage will be based on the following conditions:

- Competition/Scrimmage has priority over practice.
- Home games have priority over away games.
- Team priority:
  1. Football
  2. Men's Basketball
  3. Women's Basketball
  4. Baseball
  5. Rodeo
  6. Softball
  7. Cross Country

8. Volleyball

9. Cheerleading

Parameters used to determine priority include:

- Sudden cardiac death (SCD) occurs in male athlete's more than female athletes.
- SCD occurs in black athletes more than any other race of athletes.
- Men's basketball has the highest reports of SCD followed closely by football.
- Blunt injuries to the chest can cause ventricular fibrillation.

## **AED Policy #2**

IREH AED Policy and Procedure

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# **College of Public Health: IREH Automated External Defibrillator (AED) Policy and Procedure**

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## **College of Public Health-IREH**

### **Automated External Defibrillator (AED) Policy Purpose:**

An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. It is only to be applied to victims, who are unconscious, not breathing normally and showing no signs of circulation such as normal breathing, coughing or movement. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and deliver a shock.

### **Coordinator of Program:**

Michelle Umbarger RN, BSN  
Health & Safety Coordinator, College of Public Health  
100 Oakdale, #164 IREH  
(319) 335-4091  
hscoord@mail.public-health.uiowa.edu  
Under the direction of Kimberly Gordon RN, MA, BSN, COHN-S

### **Coordinator Responsibilities:**

- ❑ Coordinate medical emergency response team (MERT) members and distribution of MERT member lists as required
- ❑ Coordination of training for MERT members
- ❑ Coordination of equipment and accessory maintenance
- ❑ Review of this policy on an annual basis
- ❑ Communication with medical director, Dr. Laurence Fuortes, on issues related to medical emergency response program including post event reviews

### **Applicable Documents:**

- ❑ County AED guidelines
- ❑ IREH AED Procedure
- ❑ Bloodborne Pathogen Exposure Control Plan
- ❑ State AED legislation

### **Medical Control:**

Medical director of the AED program is Dr. Laurence Fuortes, M.D.

The medical advisor of the AED program is responsible for:

- ❑ Providing medical direction for the use of the AED at IREH
- ❑ Writing a prescription for AED
- ❑ Reviewing and approving guidelines for emergency procedures related to the use of the AED and CPR
- ❑ Evaluation of post-event review forms and digital files downloaded from the AED

**MERT Member Responsibilities:**

- ❑ Providing prompt basic life support including AED and CPR according to training and experience
- ❑ Understanding and complying with the requirements of IREH's AED policy
- ❑ Following the more detailed IREH AED procedure

**Volunteer Responder Responsibilities:**

- ❑ Anyone can, at their discretion, provide voluntary assistance to victims of medical emergencies. The extent to which individuals respond shall be appropriate to their training and experience. The emergency medical response may include activating IREH's emergency response system by calling **5-4415** and giving location of medical emergency, CPR, AED or medical first aid. Phones will be labeled with emergency number.

**Receptionist Responsibilities:**

- ❑ Receiving emergency medical calls from internal IREH locations
- ❑ Contacting the external community 911 response team (EMS) if required (need to dial **9-911**)
- ❑ Deploying the IREH MERT members to location of the emergency
- ❑ Responding to EMS aid vehicle to direct EMS personnel to the site of the medical emergency

**Equipment:**

The AED will be brought to all medical emergencies. The AED should be used on any person who is at least 8 years of age and displays ALL the symptoms of cardiac arrest. The AED will be placed only after the following symptoms are confirmed:

- ❑ Victim is unconscious
- ❑ Victim is not breathing
- ❑ Victim has no pulse and/or shows no signs of circulation such as normal breathing, coughing or movement

**Location of AED:**

- ❑ The IREH AED is located in the front entrance of IREH. It is on the wall across from the receptionist's desk in an unlocked cabinet. An alarm will sound when cabinet door is opened- alarm silences when cabinet door is closed.
- ❑ The AED will have one set of defibrillation electrodes connected to the device and one spare set of electrodes with the AED; these are located in AED case, in lid under flap. One resuscitation kit will be connected to the handle of the AED. This kit will include two pairs of latex-free gloves, one razor, one set of trauma shears, and one facemask barrier device.

**Initial Training:**

Initial CPR/AED training will be provided to volunteer MERT members.

**Coordination of MERT members:**

MERT members are volunteers and will be included in MERT if they are willing to respond to medical emergencies at IREH and go through the CPR/AED training.

**MERT Members:**

- Must complete training to provide CPR and use the AED. Training will be provided. AED training course must be approved by the state department of health. MERT members will also be trained in universal precautions against Bloodborne pathogens. The members of MERT shall be offered Hepatitis B vaccination free of charge. The Health and Safety Coordinator for the College of Public Health shall maintain training records of all MERT members.

**Refresher Training:**

Refresher training will be provided periodically or on an as needed basis; at the minimum, every year per American Red Cross guidelines.

**Medical Response Documentation:**

**Internal Post Event Documentation:** It is important to document each use of the medical emergency response system. The following forms shall be sent to the Health and Safety Coordinator within 24 hours of the medical event.

- A PAD medical event form (911 form) shall be completed by the responding MERT member for each accident requiring the use of medical supply kit or AED. These forms can be found in the AED cabinet; extra forms can be obtained from Michelle Umbarger, #164 IREH, ph: 5-4091.

**External Post Event Documentation:** Medical emergencies involving the use of an AED require special documentation.

- Any and all patient information generated during the AED use must be collected into the patient's confidential medical file.
- A copy of the AED use information shall be presented to the medical director of the AED program, Dr. Laurence Fuortes, and the Johnson County Ambulance, within 72 hours of the emergency. At a minimum, event information supplied shall include any recorded data, and all electronic files captured by the AED.

**Activation of EMS system:**

Receptionist will call **9-911**.

If after **5:00pm**, the first on the scene or a designated person will have to activate the Johnson County EMS by calling: **9-911**. If you dial only 911, this will get you the University of Iowa Dispatch, they can still help.

### **Emergency Equipment:**

#### **Medtronic Life-Pak CR PLUS**

Serial Number: 31254949

Reference Number: 3200731-003

University of Iowa Serial Number: 579022

### **Equipment Maintenance:**

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:

- ❑ IREH receptionist(s) shall be informed of changes in availability of emergency medical response equipment (AED). If AED is withdrawn from service, the receptionist will be informed and then notified when the AED is returned to service
- ❑ The Health and Safety Coordinator will be responsible for informing the response team of changes to availability of emergency medical equipment (AED).
- ❑ The Health and Safety Coordinator shall be responsible for having regular AED maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions. Records should be kept.
- ❑ Following use of AED, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected according to procedure.

### **Annual System Assessment:**

Once each calendar year, the Health and Safety Coordinator shall conduct and document a system readiness review. This review shall include review of the following elements:

- ❑ Training records
- ❑ Equipment (AED) operation records and maintenance

### **Monthly Monitor and System Checks:**

Once each calendar month, the Health and Safety Coordinator shall conduct and document a system check. These records shall be retained according to the schedule established for the health and safety function. This check shall include review of the following elements:

- ❑ Receptionist checklist availability
- ❑ MERT member phone/room number list availability
- ❑ Emergency kit supplies
- ❑ AED battery life
- ❑ AED operation and status

**Post Event Review:**

Following each deployment of the MERT or use of the AED, a review shall be conducted to learn from the experience. The Medical Director along with the Health and Safety Coordinator shall conduct and document a post event review. All key participants in the event shall participate in the reviews. Included in the review shall be the identification of actions that went well and the collection of opportunities for improvement as well as critical incident stress debriefing. The Health and Safety Coordinator, according to the record retention policy, shall maintain a copy of the post event review summary.

**Approvals:**

**Function Printed Name Signature Date**

Medical Director \_\_\_\_\_

Health & Safety \_\_\_\_\_  
Coordinator  
College of  
Public Health

## Automated External Defibrillator (AED) Procedures

Note: Only adequately trained team members may use the AED. (See requirements in policy)

- Activate the Medical Emergency Response Team (MERT) by **calling 5-4415**. This will alert the IREH receptionist.
- Tell the receptionist **where the victim is located**; give closest room number and which floor you are on if possible.
- The **receptionist** will then:
  - Alert team MERT members to assist with suspected cardiac arrest. (List of team members and their office phone numbers will be at the receptionist's desk).
  - Activate the EMS by **calling 9-911**.
  - Take AED out of cabinet (on wall across from receptionist's desk, by Wendy's office) and bring AED to where the victim is.
  - Respond to EMS aid vehicle to direct EMS personnel to the site of the medical emergency.
- **MERT member** will then:
  - Assess scene for safety.
  - Determine unresponsiveness
  - Open **Airway (A)**
  - Check for **Breathing (B)**. If not breathing give 2 slow breathes.
  - Check for signs of **Circulation (B)**, such as **pulse**, coughing or moving. **If NO PULSE**
    - **If AED is NOT PRESENT**, begin CPR until it arrives.
    - **If AED is PRESENT**, turn it on by pressing **the LID RELEASE/ON-OFF** button and follow voice prompts.
    - Apply electrodes to bare chest. Shave chest hair if needed for good contact of electrodes. If the chest is dirty or wet, wipe the chest dry. Stand clear of victim while AED analyzes rhythm
    - Additional team member should record event on an emergency report. If no one else is present, this can be filled out after the incident.
  - **If shock is advised:**
    - Clear area making sure no one is touching the victim.
    - AED will analyze and shock up to 3 times.
    - After 3 shocks, AED will prompt to check for pulse & breathing. If absent, Start CPR.
    - AED will count one minute of CPR, then prompt rescuers to stop CPR and
    - Get clear so device can analyze rhythm again.

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Continue cycles of analyses, shocks (if advised) and CPR until EMS arrives and disconnects AED.

- **If no shock advised:**
  - AED will prompt to check pulse & breathing, and if absent, start CPR.
  - After 1 minute of CPR, AED will prompt rescuer to stop CPR and get clear of victim so rhythm can be analyzed.
  - Continue cycles of CPR and analyses, following AED prompt until EMS] arrives and relieves rescuers.

### **After Use:**

- AED will be downloaded by the Health and Safety Coordinator within 24 hours (weekdays) and copies will be sent to EMS and the EMSLRC. One copy is kept by the Health and Safety Coordinator for the College of Public Health for AED quality assurance records.
- AED is wiped clean and disinfected according to policy. Supplies for cleaning AED can be found at receptionist's desk.
- Manufacturer's suggestions for maintenance of AED after incident will be followed.
  - Contents of attached resuscitation kit will be replaced as needed.
  - Electrodes will be replaced and reconnected to device.
  - Charge-Pak battery must be replaced.

### **Automated External Defibrillator (AED) Procedure**

#### Procedure for **Medical Emergency Response Team (MERT) Member**

- MERT member is called to a medical emergency by the receptionist or person whom found victim; MERT member is told the location of emergency.
- **MERT member** will then:
  - Go to the medical emergency location
  - Assess scene for safety.
  - Determine unresponsiveness
  - Open **Airway (A)**
  - Check for **Breathing (B)**. If not breathing give 2 slow breathes.
  - Check for signs of **Circulation (B)**, such as **pulse**, coughing or moving.
- **If NO PULSE and AED is NOT present**, begin CPR until it arrives.
- **If NO PULSE and AED IS present**, turn it on by pressing the **LID RELEASE/ON-OFF** button and follow voice prompts.
  - Apply electrodes to bare chest. Shave chest hair if needed for good contact of electrodes. If the chest is dirty or wet, wipe the chest dry.
  - Stand clear of victim while AED analyzes rhythm
  - Additional team member should record event on an emergency report.
- **If shock is advised:**
  - Clear area making sure no one is touching the victim.
  - Push shock button when prompted to do so.
  - AED will analyze and shock up to 3 times.
  - After 3 shocks, AED will prompt to check for pulse & breathing. If absent, start CPR.
  - AED will count one minute of CPR, then prompt rescuers to stop CPR and get clear so device can analyze rhythm again.
  - Continue cycles of analyses, shocks (if advised) and CPR until EMS arrives and disconnects AED.
- **If no shock advised:**
  - AED will prompt to check pulse & breathing, check and if absent start CPR.

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- After 1 minute of CPR, AED will prompt rescuer to stop CPR and get clear of victim so rhythm can be analyzed.
- Continue cycles of CPR and analyses, following AED prompt until EMS arrives and relieves rescuers.

### **After Use:**

- The Health and Safety Coordinator will be responsible for the downloading of AED data within 24 hours (weekdays) and copies will be sent to EMS and the EMSLRC. One copy is sent to the Medical Director, and one copy is kept by the Health and Safety Coordinator for the College of Public Health for AED quality assurance records.
- AED is wiped clean by MERT member and disinfected according to policy.
- Supplies for cleaning the AED can be found at the receptionist's desk.
- The Health and Safety Coordinator will be responsible for following the manufacturer's suggestions for maintenance of AED after incident, such as
  - Contents of attached resuscitation kit will be replaced as needed.
  - Electrodes will be replaced and reconnected to device.
  - Charge-Pak battery must be replaced.

**Automated External Defibrillator (AED) Procedure  
Procedure for IREH RECEPTIONIST**

- The receptionist will receive phone call acknowledging a medical emergency and its location.
- The **receptionist** will then:
  - Alert team MERT members to assist with suspected cardiac arrest.
  - (List of team members and their office phone numbers will be at the receptionist's desk).
  - Activate the EMS by **calling 9-911**.
  - Take AED out of cabinet (on wall across from receptionist's desk) and bring AED to where the medical emergency is.
  - Respond to EMS aid vehicle to direct EMS personnel to the site of the medical emergency
  - Fill out a PAD medical event form (911 form). These forms can be found in the AED cabinet; extra forms can be obtained from Michelle Umbarger, #164 IREH, ph: 5-4091.

**Reviewed by:**

**Printed Name Signature Date**

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# **AED Policy #3**

## **DRAFT**

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**STATE OF IOWA DEPARTMENT OF PUBLIC HEALTH**

**OFFICE OF THE DIRECTOR**

**DIRECTIVE: 04-01**

**ISSUANCE DATE: January 05, 2004**

**CATEGORY: Employee Safety**

**FROM: Mary Mincer Hansen, RN, PhD, Director**

**SUBJECT: AED Program**

**This directive outlines the purpose and requisites for the operation of the AED Program within the employee safety program.**

### **A. Statement of Purpose**

Cardiovascular disease is the single greatest cause of death in the United States. Nearly half of those deaths are due to sudden cardiac arrest (SCA) in out-of-hospital settings, including the workplace. Prompt application of the integrated skills of cardiopulmonary resuscitation (CPR) and automated external defibrillation (AED) provide victims of SCA with the greatest chance of survival. Therefore, the department shall provide AED coverage when appropriately trained personnel are available.

### **B. Department Responsibilities**

1. Each department worksite (except home offices) shall have an ample number of AED's available to ensure that an AED can be at the side of a collapsed person within 5 minutes.
2. The director shall appoint an AED Liaison for each worksite.
3. The department shall provide integrated AED and CPR instruction, materials and certification fees for each participant every two years.
4. The department shall provide adequate resources for purchase and maintenance of training equipment.

### **C. AED Liaison Responsibilities**

1. The AED Liaison shall be responsible for the overall supervision of the AED program at the appointed worksite.
2. Ensure AED program participants maintain skill competency through protocol and AED review, scenario practice and/or simulated exercises as dictated by individual performance needs.

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3. Monthly, the AED Liaison shall perform and document a check to ensure all equipment is available, clean, not outdated and in good working order.

A. Correct deficiencies as noted in the manufacturers' operations manual.

4. Contact the Bureau of EMS for supply replacement (90 days prior to expiration), AED maintenance/repairs, and post-event debriefing.

5. Notify all AED program participants when the location of an AED has changed.

## **D. Bureau of Emergency Medical Services Responsibilities**

1. Provide an adequate number of CPR/AED trainings.

2. Order, stock and maintain training equipment, supplies and materials.

3. AED supply acquisition and machine service and repair.

4. Provide program orientation to each AED Liaison

5. Mentor and monitor AED Liaisons.

6. Provide post incident analysis and debriefing as needed.

7. Provide immediate support [on day of event] if the appointed AED Liaison is not available.

## **E. Employee Responsibilities**

1. Department employees (with supervisor approval) may volunteer to participate in the AED program.

2. Employees that wish to participate shall:

a. keep their CPR/AED training current to national standards.

b. provide the AED Liaison with documentation of AED/CPR course completion.

c. attend an initial orientation provided by the AED Liaison.

d. participate in an annual (as a minimum) CPR/AED competency training provided by the AED Liaison.

3. Within 24 hours following the event, the lead rescuer involved in a CPR and/or AED rescue attempt shall notify the AED Liaison and assist with documentation of the event using the IDPH AED Event Report.

4. Participate in the post-event incident analysis as needed.

5. Consider attending a post-event stress debriefing when offered.