APPENDIX J
AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

J-1 PURPOSE

This appendix establishes protocols for the use of the Automatic External Defibrillators (AED) to ensure they are readily available, properly maintained, and properly accounted for on Fort Sill military installation. This policy also describes the AED placement guidelines, lifecycle replacement, software updates and procurement of AEDs.

J-2 BACKGROUND

AEDs are portable electronic devices that automatically diagnose life-threatening Sudden Cardiac Arrest (SCA) and, through the application of electrical therapy, reestablish an effective cardiac rhythm. AEDs are designed to enable laypersons through simple audio and visual commands to, administer effective treatment to a person experiencing SCA.

J-3 APPLICABILITY

This appendix applies to all Fort Sill personnel who witness a cardiac arrest and other resuscitative emergencies requiring the use of AEDs and to those responsible for maintaining resuscitative equipment and supplies.

J-4 EXPLANATION OF ABBREVIATIONS AND TERMS

a. Automatic External Defibrillator. An electronic device designed and manufactured to operate automatically or semi-automatically to deliver an electrical current to the heart of a person in SCA.

b. The Program Administrator is the Directorate of Emergency Services (DES), Fire & Emergency Services Division (F&ESD). F&ESD will oversee the use of AEDs on Fort Sill and share AED use information with the Garrison Commander.

c. The AED Program Coordinator is the person appointed by their respective command to implement and oversee the program within their organization.

d. Cardiopulmonary resuscitation (CPR). Artificial ventilation and/or external cardiac compression given to a victim in respiratory and/or cardiac arrest.

e. Bystander first aid/CPR. Initial first aid/CPR provided by a member of the general public who is not a part of an organized medical response system.

f. Emergency Medical System (EMS). Professional agencies that provide medical care and/or ambulance transport. (Law enforcement, fire, rescue, or ambulance services).

g. Public Access AED. An AED intended, by its markings or display, to be used or accessed by the public for the benefit of the general public that may be in the vicinity or location of that AED.

h. Sudden Cardiac Arrest. A significant life-threatening event when a person's heart stops, there is a low pulse (<30 bpm) or an irregular heartbeat that does not sustain life.

i. Good Samaritan Law: Any person who uses or attempts to use an AED device on a victim with a perceived life-threatening medical condition that requires an immediate medical response regarding the heart or other cardiopulmonary functioning of the individual may qualify for immunity from civil liability, pursuant to Title 42, United States Code, Section 238q, for any harm to the individual as a result of the use or attempted use of the AED device. These persons may also qualify for immunity from similar liability pursuant to the Oklahoma Good Samaritan Act.

j. Layperson: a person without professional or specialized knowledge in a particular subject.

J-5 RESPONSIBILITIES

a. The Program Administrator (Director of Emergency Services or Designee)

(1) Assist in guiding the Directorate/Agency Program Coordinators in ensuring AEDs are properly placed, lifecycle replacements are scheduled, software updates are conducted, AED training is accomplished, and AEDs within the areas of responsibility are properly accounted for on Directorate/Agency property books.

(2) At least annually, review this appendix and the protocols established herein, and recommend changes as necessary. Will ensure using organizations comply with inspection criteria and documented training. Using organizations will document training.

(3) Periodically review the commercial market for new AED technologies and make recommendations for their acquisition as appropriate.

(4) Periodically check with manufacturer(s) to determine if the AED has been recalled and inform using organizations.

b. AED Coordinator (Documented Unit Level appointment).

(1) Where practical, shall be CPR certified ideally at the instructor level, with an understanding of the use (and application) of AEDs.

(2) Shall assure compliance with current guidelines for CPR and AED use.

(3) AED Coordinator shall report to the Directorate of Emergency Services the locations and placements of the automated external defibrillator owned, leased, possessed or otherwise controlled by the entity or individual.

(4) Shall oversee the procurement, registration, placement, maintenance, testing, and documentation of public access AEDs and related response equipment.

(5) Shall ensure a site AED Procedure Manual is prepared and updated.

(6) Shall develop an emergency response plan appropriate for the nature of the site the AED is intended to serve.

(7) Shall participate in case reviews, data collection and other AED quality assurance activities.

(8) Shall work with Directorate of Emergency Services staff on updates in AED practice and protocols.

(9) Shall be encouraged, when certified, to offer AED and/or CPR training to volunteers.

(10) Shall ensure all AED units are maintained and tested according to manufacturer guidelines.

c. Fire Inspectors

(1) While conducting annual fire inspections of facilities, will conduct an inspection of AEDs for operability and condition.

(2) Ensure adequate resource needs are communicated to using organizations and their leadership to achieve AED program goals.

J-6 AED DEVICES

Organizations will utilize the following recommendations for providing public access AEDs:

a. Equipment. Each public access AED location will include the following items which will be inspected on a routine basis:

(1) AED: Brand to be determined by Directorate of Emergency Services. (AEDs purchased must meet current standards – i.e. Positive Feedback and voice prompts)

(2) Carrying case – 1 each

(3) Wall mount with alarm – 1 each

(4) Spare battery – 1 each site/campus

(5) Spare set of pads – 1 – Adult set and 1 – Pediatric set for reservice

(6) Defibrillation pads –1 – Adult set and 1 – Pediatric set

(7) Accessories: Scissors, alcohol wipes, razor, CPR mask or barrier device, and gloves.

(8) Signage: Signs bearing the universal AED symbol in order to increase the ease of access by the public to the AED in the event of an emergency are encouraged.

b. Placement. Public access AEDs should be placed in high traffic areas (i.e. Reception areas, auditoriums, fitness areas, cafeterias and near elevators). Once placed, the location shall be documented and updated as part of the registration process.

c. Registration. Each public access AED shall be placed into an AED registry that provides an AED maintenance program that will alert the AED owner when the AED has electrodes and batteries due to expire or replaces those expiring electrodes and batteries for the AED owner. The AED Coordinator shall notify the AED registry of any changes in the information that is required in the registration within 30 working days of the change occurring.

Registration requires providing:

(1) AED manufacturer, model, and serial number.

(2) Specific GPS coordinates of the location where the AED will be kept.

(3) Address and telephone number of a contact person (AED Coordinator) where the AED is located.

d. Inspections and maintenance. The AED Procedure Manual shall include instructions for AED inspections and maintenance as needed.

e. Regular inspections. Each AED shall be checked regularly to verify its readiness for use. It is not necessary to open the case; the Status Indicator can be seen through the window in the case. The Status Indicator shall be checked for an “X” symbol, designating working order. If an “X” is seen, there is something wrong. Follow the directions for troubleshooting provided in the user guide and report to the AED Coordinator as soon as possible.

f. Monthly maintenance. Each AED shall be checked monthly for readiness and any visible damage that may cause disruption of use. All accessories shall also be checked for presence, damage or defects, and expiration dates. Any defective accessories shall be replaced immediately and reported to the AED Coordinator for resolution. If the AED does not have a working battery, it shall be taken out of service until the battery can be replaced. If the AED is inoperable or has visible defects that could potentially impair its

operation, the AED shall be given to the AED Coordinator for dispensation. (See Attachment A)

g. After each use inspections. The AED shall be checked after each use prior to returning the unit back into service, at its designated location in full working order. This check shall include:

(1) Status indicator.

(2) Supplies, accessories, and spares for damage and expiration date. Replace all materials used during the event.

(3) Operation of the AED by removing and reinstalling the battery and performing the battery insertion self-test. Also perform when replacing pads.

(4) AED exterior and the connector socket for cracks, signs of dirt, contamination, or other signs of damage.

(5) Connector socket to ensure the defibrillation pads are disconnected from the AED when not in use (if appropriate for your model).

(6) Data card if one has been used. EMS personnel may request removal of the data card for post incident review and data collection.

h. Reports of damage. All scheduled AED maintenance checks shall follow the manufacturer’s recommendations. Any performance discrepancies, device defects, or missing, expired, and/or damaged accessories shall be reported to the AED Coordinator immediately. While maintenance required for an AED is minimal, it is important that a regular check be performed to assure readiness.

Monthly Automated External Defibrillator (AED) Inspection/Maintenance Log

Brand: Automatic External Defibrillator AED Model Number: AED LOCATION:	AED Serial Number: Expiration dates: Pads**:** Battery:

WEEKLY INSPECTION

Check the Status Indicator:	Green Light -OK	No Light or Red X -needs attention

MONTHLY MAINTENANCE (1st Week of Each Month)

Check supplies: pads, battery (changed in accordance with manufacture recommendations), alcohol wipes, scissors, razor, gloves, barrier devices, bag valve/pocket mask for damage and/or expiration date. If spare batteries or pads check those also.
Remove the AED from the soft case and check for cracks or other signs of damage. Check that the AED is clean no dirt or contamination and no signs of damage. Move to an area that won't disturb office workers and push **Green** start button. Listen for pre-recorded instructions. (5 sec.) Push **Green** button again to shutoff the AED.

AED WEEKLY CHECKLIST 2023 Date and Initial

	JAN	FEB	MAR	APR	MAY	JUN
1ST WEEK						
2ND WEEK						
3RD WEEK						
4TH WEEK						
5TH WEEK						
	JUL	AUG	SEP	OCT	NOV	DEC
1ST WEEK						
2ND WEEK						
3RD WEEK						
4TH WEEK						
5TH WEEK						