Ames Health and Safety Procedural Requirements

Chapter 46 - Automatic External Defibrillation Program

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46.1 Overview

46.1.1 Coronary heart disease is the leading cause of death in the United States.

46.1.2 Sudden Cardiac Arrest (SCA) is usually caused by an arrhythmia, which is an electrical malfunction of the heart.

46.1.3 An Automatic External Defibrillator (AED) can correct an arrhythmia and significantly improve the victim’s chance of survival, especially when used within the first few minutes of SCA, in conjunction with Cardio-Pulmonary Resuscitation (CPR) and rapid entry into the community Emergency Medical Services (EMS) system.

46.1.4 The AED Program at Ames Research Center (ARC) allows trained laypersons to respond rapidly to SCA, so that potentially lifesaving treatment can be provided quickly, while EMS personnel are being summoned; it complements but does not replace the care provided by EMS personnel.

46.2 Responsibilities

46.2.1 The AED Program Medical Director shall:

  a) Be the AHU Medical Director.
  b) Maintain current certification in Advanced Cardiac Life Support.
  c) Provide medical oversight for the Center AED Program including planning and implementation, approving AED siting, medical expertise, and ongoing guidance, support, and evaluation.
  d) Establish written AED Program operational procedures, equipment maintenance plan, and clinical care guidelines.
  e) Ensure linkage between the ARC AED Program and local community EMS.
  f) Review medical documentation related to AED use for purposes of quality assurance.
  g) Conduct an annual review of the ARC AED Program to identify opportunities for systematic program improvement.

46.2.2 The AED Program Coordinator shall:

  a) Be delegated by the AED Program Medical Director.
  b) Coordinate AED Program operations, including maintaining equipment and supplies.
  c) Facilitate AED Program communications, including preparation, submission, and maintenance of documentation related to the AED Program.
d) Maintain current certification in CPR/AED.

46.2.3 The Facility Manager for each building in which an AED is located shall:

a) Provide AED Program Site Support.
b) Assist the AED Program Coordinator with periodic AED maintenance.
c) Have the authority to remove an AED after use and submit it, along with relevant documentation of the events surrounding AED use, to the AED Program Medical Director or Coordinator, within one business day of the AED use.

46.2.4 AED User shall:

a) Have completed training for and be currently certified in CPR/AED by a nationally-recognized training organization, such as the American Heart Association, American Red Cross, or National Safety Council before using an AED.

46.3 AED Selection and Siting

46.3.1 The types and models of AEDs selected for use at ARC shall be approved by the AED Program Medical Director.

46.3.2 Siting of AEDs will be determined by the AED Program Medical Director.

46.3.3 Siting criteria may include, but are not limited to, population density, demographics, traffic patterns, industrial hazards, accessibility, and security.

46.4 AED use

46.4.1 An AED may be used in the context of SCA by any health professional or lay person responder who has been trained and is currently certified to perform emergency resuscitation (CPR/AED) by a nationally-recognized training organization, such as the American Heart Association, American Red Cross, or National Safety Council.

46.4.2 An AED shall be used in accordance with recognized CPR/AED guidelines.

46.5 Post-use

46.5.1 If an AED is used, it shall be temporarily removed from service.
46.5.2 A record from the AED’s internal memory shall accompany the patient upon entry to the EMS system, so that it may be included in the patient’s permanent medical record.

46.5.3 The AED itself, along with any additional documentation related to its use, shall be submitted to the AHU Medical Director or AED Program coordinator within one business day of the event.

46.5.4 The Medical Director shall alert the ARC Safety Officer immediately and shall facilitate timely reporting for a Mishap Investigation, as needed.

46.5.5 The AED shall be refurbished (i.e. unit cleaned, supplies restocked, and battery tested per manufacturer’s specifications) and returned to use as soon as deemed appropriate by the AED Program Medical Director.

46.5.6 The AED Program Coordinator shall request the Employee Assistance Program to conduct a critical incident stress debriefing for involved employees, as appropriate.

46.5.7 All documentation shall be reviewed by the AED Program Medical Director; information gathered will be used for AED Program evaluation and improvement, as deemed appropriate by the AED Program Medical Director.

46.6 RECORD KEEPING

46.6.1 Records related to equipment maintenance shall be retained by the AHU for two years.

46.6.2 Documentation related to AED use shall be retained as needed.

Appendices

Appendix A – Definitions

Arrhythmia - an electrical malfunction of the heart

Cardio-Pulmonary Resuscitation - a procedure employed after cardiac arrest in which cardiac massage, drugs, and mouth-to-mouth resuscitation are used to restore breathing

Defibrillate – to restore the normal rhythm of a heart
### Appendix B – Acronym List

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AHU</td>
<td>Ames Health Unit</td>
</tr>
<tr>
<td>ARC</td>
<td>Ames Research Center</td>
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<tr>
<td>AED</td>
<td>Automatic External Defibrillator</td>
</tr>
<tr>
<td>CPR</td>
<td>Cardio-Pulmonary Resuscitation</td>
</tr>
<tr>
<td>EMS</td>
<td>Emergency Medical Services</td>
</tr>
<tr>
<td>OCHMO</td>
<td>Office of the Chief Health and Medical Officer</td>
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<tr>
<td>SCA</td>
<td>Sudden Cardiac Arrest</td>
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### Appendix C – References

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