

Minnesota State Colleges & Universities
Office of the Chancellor-Fire/EMS/Safety Center

**Automated External Defibrillation
Procedure Manual for
MN State Colleges & Universities**

Minnesota State Colleges & Universities
Office of the Chancellor
Medical Advisory Committee

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Automated External Defibrillator Procedure Manual

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Procedures for the AED

1. Scope:

This document describes the policies and procedures of the [Minnesota State Colleges & Universities](#) - Office of the Chancellor, relating to its Automated External Defibrillator (AED) program. This AED program will utilize employees who serve as responders trained in American Heart Association Cardio- Pulmonary Resuscitation, trained at least at the Heart Saver AED level or its equivalent.

2. Purpose:

The purpose of this document is to establish a consistent guideline for the application, location, maintenance, and various other components described herein involving the [Minnesota State Colleges & Universities- Office of the Chancellor](#) Automated External Defibrillation Program. It is the intent of the [Minnesota State Colleges & Universities](#) to provide the appropriate AED coverage for the campuses in accordance with established guidelines. A response time of three (3) minutes or less from the time of the incident to the first delivered shock is the intended goal, in order to increase survivability in the event of a sudden cardiac arrest (SCA).

3. Definitions:

AED Team Member: An individual who is trained in the American Heart Association Heart Saver AED Certification Course and is expected to respond to an incident as defined by his/her job description or assignment.

Automated External Defibrillator (AED): A semi-automatic computerized medical device programmed to analyze heart rhythm, recognize rhythms that require defibrillation, and provide visual and voice prompts for the

device operator to follow. The AED instructs the operator to deliver an electric shock if indicated after ensuring all personnel are clear.

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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.

Cardiopulmonary Resuscitation (CPR): Artificial ventilation and /or external cardiac compression applied to a victim in respiratory and/or cardiac arrest.

Emergency Medical System (EMS): Professional community responder agencies for medical/trauma events, providing medical assistance and/or ambulance transport. These local community based responders may be law enforcement, fire, rescue or ambulance responding from a Public Service Answering point.

Emergency Response Team (ERT): A group of designated College Campus responders who train on a regular basis and are expected to respond to medical emergencies on the college campus.

Sudden Cardiac Arrest (SCA): A significant life-threatening event when a persons' heart stops or they have low pulse (in an adult below 30 beats per minute).

4. Automated External Defibrillator Program Overview:

The [Minnesota State Colleges & Universities](#) sites shall provide an Emergency Medical Response Team that is trained to the level of the American Heart Association Heart Saver CPR/AED/First Aid Certification or its equivalent as approved by the Office of the Chancellor – Medical Advisory Committee. The goal is to provide rapid response to any victim of Sudden Cardiac Arrest on our campus, by providing early defibrillation to the victim within three (3) minutes of a witnessed collapse or discovery.

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5. AED Response Team Roles and Responsibilities:

See Appendix A for a roster of AED Team Members.

5.1 Environmental Health and Safety Manager or Field Manager:

The College President shall appoint an Environmental Health and Safety Manager to:

1. Communicate to the President of the college the status of the existing campus medical emergency response, including use of the AEDs.
2. Ensure adequate resources are allocated to achieve AED program goals.
3. Designate an AED Coordinator who is currently certified as an American Heart Association BLS CPR Instructor with an understanding of the use of AED's and the ability to manage the Emergency Response Teams.
4. Review the AED Program annually to evaluate effectiveness.

5.2 Medical Director/Physician Representative:

It is the responsibility of the physician* to:

1. Provide medical consultation and expertise.
2. Review and approve the [Minnesota State Colleges & Universities Office of the Chancellor Policies & Procedures Manual for the AED](#).
3. If possible the local ambulance medical director may provide the necessary medical direction for the AED.
4. Approve the AHA Heart Saver AED program and ensure all team members are currently certified.

*Ideally a physician within the community with AED experience.

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5.2 Medical Director/Physician Representative (continued)

- 5. Review all incidents with the AED Coordinator involving the use of the AED.**
- 6. The Medical Director or his/her designee provide post-incident debriefing support to team members involved in the incident.**
- 7. To assure program quality is maintained, the AED Coordinator shall ensure that all Emergency Response Team Members are current in all necessary training. This would include any updates of information or new materials. Any team member not currently certified must receive their recertification in Heartsaver AED/CPR or the equivalent before they can respond as a team member.**

5.3 AED Coordinator:

It is the responsibility of the AED Coordinator, typically a health and safety professional, HR representative, occupational health nurse, registered nurse, EMS certified (EMT-B/I/P) or a qualified designee to have direct governance over the AED team members (ERT) for enforcing the policies and procedures of the AED Program. And to:

- 1. Communicate with the Medical Director and the Office of the Chancellor for updates in AED practice and Protocols.**
- 2. Participate in case reviews, responder training and retraining, data collection and other quality assurance activities.**
- 3. Maintaining the AEDs and related response equipment.**
- 4. Develop and maintain the emergency response plan and campus policy and procedures.**

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5.3 AED Coordinator (continued)

5. Maintain a list of currently certified AED responders.
6. Assure compliance with American Heart Association current guidelines and have the ability to suspend or terminate any AED Team Member who does not follow established protocols.

5.4 AED Team Members:

It is the responsibility of the AED Team Members to:

1. Successfully complete the American Heart Association Heartsaver CPR and AED course, or its equivalent and other mandated training as defined by the campus.
2. Respond to emergency calls according to the campus AED protocols.
3. Maintain current status in all required training. If not current in AHA Heartsaver CPR and AED or its equivalent, the AED Coordinator or Medical Director have the authority to suspend or terminate the AED Team Member.

6. AED Equipment:

See Appendix B for the AED Location and Equipment Sheet.

6.1 Description:

The equipment provided in support of the AED program is to be used in the event of a SCA at the college campus. This equipment shall not be used outside the parameters of the AED program or for personal use of the employees. Each AED should be maintained according to

the campus policy and following the manufacturer's guidelines.

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6. **AED Equipment** (continued)

6.2 Location:

Each AED location shall include the following items:

Item Description	Quantity
AED – Brand to be determined by the campus	1
Carrying Case & Wall Mount with alarm	1 each
Spare Battery	2
Defibrillation Pads	2 Sets (pediatric set also recommended)
Data Card	1
Accessories – Scissors, alcohol wipes, razor, pocket mask, gloves	1 set per AED

6.3 **Accessories:**

All accessory equipment must remain with the AED unit and must be inspected on a regular basis, as stipulated by campus policy, for readiness of use and integrity of the device.

7. **AED Maintenance:**

See Appendix C for the Maintenance Checklist.

7.1 **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 Program Coordinator immediately.

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7. **AED Maintenance** (continued)

- 7.2 **Calibration.** The AED requires no calibration or verification of energy delivery. The AED performs regular self-tests to assure that it is ready for use. While the maintenance required for the AED is minimal, it is important that a regular check of the AED be performed to assure readiness.
- 7.3 **Daily Check.** Each AED shall be checked daily 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 a “flashing black hourglass” symbol, designating working order. If a solid or flashing “red X” is seen, the directions for troubleshooting provided in the user guide shall be followed. This must be reported to the AED Coordinator ASAP.
- 7.4 **Monthly Check.** Each AED shall be checked monthly for readiness and any visible damage on the case or AED 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 restocking purposes. If the battery should be replaced and the spare battery is damaged or not present, the AED 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.

Procedures for the AED

7. **AED Maintenance** (continued)

7.5 **After Each Use Check.** The AED shall be checked after each use prior to returning the unit to service. This check shall include:

- Visible inspection of the AED and its' case for outward damage or dirt that may impair operation of the AED.
- Replacement of all materials used during the SCA event.
- Removal of the data card for post incident review and data management by the AED Coordinator.
- Replacement of the data card and the data card tray in the device.
- Return of the AED to it's designated location, in working order.

7.6 **Minnesota State Colleges & Universities** – Office of the Chancellor has the following maintenance schedule to assist campuses.

Daily	Monthly	After Each Use	Maintenance Task
X		X	Check the Status Indicator
	X	X	Check supplies, accessories, and spares for damage and expiration dating.
		X	Check the operation of the AED by removing and reinstalling the battery and running the battery insertion self-test. Note: Perform also when replacing pads.
	X	X	Check the outside of the AED and the connector socket for cracks or other signs of damage.
		X	Check the data card if one has been used.
		X	Check the outside of the AED and the connector socket for signs of dirt or

			contamination.
		X	Check the connector socket to make sure that defibrillation pads are disconnected from the AED when not in use.
		X	Check to make sure the data card tray is installed, even if a data card is not being used.

7.7 Cleaning. When necessary, the AED shall be cleaned using the recommended cleaning agents, per the user guide.

8. AED Response Plan Overview:

8.1 Initiation of Response. Any employee who recognizes a medical emergency shall initiate the Emergency Response Plan immediately, by providing the following information to security or the AED Coordinator.

-Name of the person reporting the emergency

-Type of emergency

-Location of the emergency

-Brief description of what happened

-If the AED is utilized a report must be filed with the Medical Director and the Office of the Chancellor-Fire/EMS/Safety Center.

8.2 9-1-1 Notification. After the notification by the employee, 9-1-1 shall be contacted and the ERT or AED Team must be dispatched to the location of the emergency via radio, PA system or other means. The ERT or AED Team shall verify that 9-1-1 has been contacted and respond with the proper equipment.

Procedures for the AED

8. AED Response Plan Overview (continued)

- 8.3 AED Team Response.** The ERT or AED Team shall go to the scene and verify scene safety. If the Team cannot make the scene safe they must back out until the scene can be made safe. Compliance with OSHA Blood/Airborne Pathogens must be followed. The responders shall then assess the patient and render the proper care based upon the patient's condition and according to the Heart Saver First Aid Course or equivalent guidelines.
- 8.4 EMS Contact and Lead-in.** The ERT or AED Team shall then contact EMS on the patient's condition and provide lead-in instructions to the responding EMS unit while providing a continuum of patient care, until a higher medical authority arrives or a competent patient refuses care.
- 8.5 Transfer of Patient Care.** Once EMS arrives the ERT or AED Team shall transfer patient care to the EMS Agency for appropriate BLS (EMT-B) or ALS (EMT-P) and provide a written report to include:
- Initial time of the event
 - How long was the patient in SCA
 - When was CPR started on the patient
 - When was the AED placed on the patient
 - If not SCA then: patient condition when team arrived; what care and treatment was given; any assisted medications; any pertinent medical information about the patient.

Procedures for the AED

8.0 AED Response Plan Overview (continued)

8.6 **Post-Event Procedures.** After transferring patient care to EMS responders, the ERT or AED Team shall conduct the following post-event procedures:

- Post-use equipment check
- Removal of data card for data collection
- Replacement of necessary supplies used
- Placing AED back to its designated location

8.7 **Debriefing Procedures.** As soon as possible post event, a debriefing shall be conducted to evaluate the ERT or AED Team response and allow for evaluation of the need for any additional support of the responders involved. This debriefing can be conducted on an informal basis with the team or with the assistance of the CISD team in the campuses area. The AED Coordinator shall conduct a complete evaluation of all aspects of the particular emergency response and the strengths and deficiencies of the response plan as revealed by the incident. Modifications made to the plan must be discussed with the Medical Director and the ERT or AED Team prior to any changes in the response plan.

9. Protocol Authorization.

9.1 **Protocol Approval.** The AED program Medical Director may review and make changes in the [Minnesota State Colleges & Universities-Office of the Chancellor](#) protocols and approve them by signing the protocols. The signed protocols shall be used by members of the

college campus ERT or AED Team under the Medical Director's guidance.

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9. Protocol Authorization (continued)

9.2 Protocol Revisions. The AED Coordinator and program Medical Director shall be the only individuals authorized to revise the [Minnesota State Colleges & Universities](#)-Office of the Chancellor Policies and Procedures. The Office of the Chancellor's Medical Advisory Committee will review, and if necessary, revise these policies on an annual basis.

9.3 Operational Guidelines. The ERT or AED Team shall perform only to the level of their training with the guidance provided by the Minnesota State Colleges & Universities protocols. The entry level of response is that of the American Heart Association – Heart Saver AED/CPR/First Aid Certification. The individual college campus provides the medical liability coverage for approved team members. The [Minnesota State Colleges & Universities](#) does not certify or provide medical liability coverage for any ERT or AED Team member outside of campus property or approved off site function.

The Minnesota Good Samaritan Law for Publicly Access AED in section (e) “For purposes of this section, “emergency care” includes providing emergency medical care by using or providing an automatic external defibrillator, unless the person on whom the device is to be used objects; or unless the person is rendering this care during the course of regular employment, the person is receiving or expecting to receive compensation for rendering this care, and usual and regular duties of the person include the provision of emergency care.....”

Procedures for the AED

9. Protocol Authorization (continued)

9.4 Protocol Qualifications. All ERT or AED Team members shall be authorized to use the protocols based upon the following criteria:

- **Successful completion of the American Heart Association Heartsaver CPR/AED/First Aid Certification course or its equivalent.**
- **Appointment to and membership in good standing in the Minnesota State Colleges & Universities – Multi-Regional Training Center.**
- **Utilization of the AED during campus hours.**

9.5 Performance Evaluation. The AED Coordinator shall evaluate the performance of each ERT or AED Team member for completeness and competency. Any deficiencies in performance shall be handled immediately and, where warranted, suspensions given until identified deficiencies are rectified.

10. Protocol Guidelines.

See Appendix D for the AED Protocol.

10.1 AED Application Guidelines. Once the AED is turned on and the pads applied to the patient, the ERT or AED Team member shall not remove the pads or turn off the device unless so prompted by the device itself or so directed by a higher medical authority.

10.2 AED Application Criteria. The AED shall be applied only to victims who are unresponsive and not breathing. The AED can be

used on persons from 1- 8 years of age (special pediatric pads).

Policies and Procedures for the AED

10. Protocol Guidelines (continued)

- 10.3 Defibrillation Procedure.** Defibrillation shocks shall be delivered only in accordance with the Minnesota State Colleges & Universities Office of the Chancellor AED protocols. If no shocks are advised by the device, the ERT or AED Team responder shall follow the protocol regarding patient care and CPR.
- 10.4 Wet Environments.** Patients who are in wet environments shall be removed from standing water when possible and chest areas shall be wiped dry, prior to application of the AED.
- 10.5 Excessive Chest Hair.** Shaving of the patient's chest, is required for proper defibrillation pad adhesion. A prep razor, supplied in the AED kit will be used , a completely smooth shave is not required.
- 10.6 Medication Patches.** Medication patches, if present, shall be removed from the patient's chest, with a gloved hand prior to pad placement and the skin wiped clean with a cloth.
- 10.7 Implantable Pacemakers, Porta Caths and Defibrillators.** If the patient has an implantable pacemaker, a porta cath or an internal defibrillator, the defibrillation pads shall be placed above/below the the implanted device (not directly over the device). If the presence of an implanted device affects pad placement, the defibrillation pad shall be placed as close to original pad placement as possible.
- 10.8 AED Abuse or Vandalism.** Abuse or vandalism of the AED will not be tolerated and will be reported to the AED Coordinator immediately for proper evaluation of the AED device. Law Enforcement should be

notified and a report filed.

Procedures for the AED

11. AED Protocol.

11.1 Initial Assessment. The first ERT or AED Team Member responding shall conduct an initial assessment to determine the level of response required from the team and outside responding agencies. This initial assessment shall be conducted as follows:

- Survey the scene for safety of self and other responders.
- Use gloves and other universal precautions prior to patient contact.
- Assess the patient for absence of responsiveness and breathing (a pulse check may be done by those trained).
- Assess for additional information about the patient or scene.
- Ask when arriving at the scene ask how long has the patient been down? How long have you been doing CPR?
- Be certain to use a pocket mask and gloves for universal precautions. Do not give mouth-to-mouth without a barrier device.

All information gathered at the scene should be relayed to the communication center for proper dissemination to responding agencies.

11.2 AED Response Plan and 9-1-1. The initial ERT or AED Team responder will verify that the AED response plan has been activated and that 9-1-1 has been notified. If the AED is not present at the scene, the responder shall verify that it is being brought immediately.

11.3 CPR Procedures. In the absence on the AED, the ERT or AED Team member will initiate the initial assessment, establish an airway, ventilate the patient, and beginning compressions until the AED

arrives.

Procedures for the AED

11. AED Protocol (continued)

- 11.4 AED Application.** Once the AED arrives, it shall be turned on immediately and its prompts followed. If more than one ERT or AED Team member is present, one can apply the defibrillation pads while the other continues CPR until told to stop. Any special procedures required (removal of medication patches, shaving of excessive chest hair, etc) as outlined in the protocol guidelines (section 10) shall be accomplished prior to placing the pads on the patient's bare chest.
NOTE: 2 minutes of CPR should be prior to AED use for an unwitnessed arrest.
- 11.5 AED Heart Rhythm Analysis.** When the pads are properly attached to the patient and connected to the AED, the device will automatically analyze the patient for a shockable rhythm - ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). The ERT or AED Team responders shall ensure that no one touches the patient during rhythm analysis. On completion of rhythm analysis, the AED will prompt the rescuers as to the appropriate course of action. The ERT or AED Team member shall follow the device prompts in treating the patient.
- 11.6 AED Defibrillation Safety Precautions.** If the AED gives a "Shock Advised" prompt, the ERT or AED Team member shall first ensure that no one is touching the patient by stating loudly and clearly, "I'm clear, you're clear, we are all clear!" Then the responder shall press the shock button to deliver a shock to the patient as prompted. Shock delivery will be followed by 2 minutes of CPR then a re-analysis of the patient's heart rhythm by the AED. If additional shocks are advised by the AED, the above sequence shall be followed until the AED prompts otherwise or EMS arrives.

Procedures for the AED

11. AED Protocol (continued)

11.7 AED Shock Sequence. Based upon [Minnesota State Colleges & Universities – Office of the Chancellor](#) protocols, one shock shall be administered to the patient, followed by two (2) minutes of CPR. CPR shall be immediately initiated after each shock. The sequence is **ASSESS**→**2 min.CPR**→**AED analysis**→**2 min.CPR**→**AED**, etc.

11.8 No Shock Advised Procedure. If the AED gives a “No Shock Advised” prompt and the patient is not breathing and has no pulse, the ERT or AED Team member shall administer CPR until the patient regains a pulse, the AED advises to stop CPR for analysis, or EMS arrives and assumes care of the patient.

If the patient is not breathing but does have a pulse, rescue breathing shall be performed until the patient regains adequate respiration, the AED advises to not touch the patient for analysis, or EMS arrives and assumes patient care.

Continuous monitoring of the patient’s condition and evaluation of rescue efforts shall be conducted in accordance with ERT or AED Team training.

11.9 Patient Monitoring. Once the AED has been applied to the patient, the AED shall not be turned off and the pads not be removed unless so prompted by the device (e.g., “Replace battery” or “Replace pads”). The AED will continue background monitoring of the patient’s heart rhythm and alert the rescuers if additional shocks are required.

12. Transfer of Patient Care to EMS.

- 12.1 EMS Arrival.** Upon arrival of EMS, the ERT or AED Team member shall transfer patient care to the EMS team. If requested by EMS, the team member shall assist in patient care; otherwise, post-incident procedures shall be initiated (see section 13).
- 12.2 Oral Report.** The ERT or AED Team member shall give the EMS staff a complete oral report of the event and any significant findings. Unless requested to remain at the scene to assist, the ERT or AED Team member shall then complete the [Minnesota State Colleges & Universities](#)- Office of the Chancellor AED Incident Report.
- 12.3 AED Incident Report.** The AED Incident Report may be copied and given to the EMS agency as part of the patient care document, either while EMS is on-scene or after the ambulance has left with the patient. If the report is to be given later, it shall be the responsibility of the AED Coordinator to oversee this data transfer and delegate responsibility if necessary.
- 12.4 AED Retrieval.** An ERT or AED Team member who responded to the incident shall be responsible for retrieval of the AED and its data card for data collection.
- 12.5 Biohazard Disposal.** Upon completion of patient transfer and EMS departure, the ERT or AED Team member shall ensure that any biohazards are properly cleaned up and disposed of to prevent any further contamination. All biohazards shall be placed in a properly labeled biohazard container and given to a biohazard waste company for proper disposal to comply with OSHA standards.

Procedures for the AED

13. Post-Incident Procedures.

See Appendix E for the AED Incident Report.

- 13.1 AED Incident Report.** All accounts of the medical event and any patient care given shall be documented on the AED Incident Report form. This document shall be completed by the team member who rendered care of the patient. The report shall be completed in ink and signed by the attending team member. All fields on the report form are to be completed; any areas not pertinent to the particular incident will be so indicated by marking with a diagonal line across the space or N/A.
- 13.2 AED Report Confidentially.** Once the AED Incident Report is completed, the report and data card shall be provided to the AED Coordinator within 24 hours of the incident for data collection and quality review. The AED Incident Report is a part of the patient care record and is confidential to both the patient and the [Minnesota State Colleges & Universities-Office of the Chancellor](#). This report should not be altered once it is completed.
- 13.3 AED Defects and Protocol Deviations.** Any defects in the AED operation or deviations from protocol in the SCA event shall be reported to the AED Coordinator immediately for appropriate action.
- 13.4 Relaying of Information.** All aspects of the event shall be discussed only with other team members, in formal debriefing or training sessions. To prevent violation of patient confidentiality and liability for the [Minnesota State Colleges & Universities](#), ERT or AED Team members shall refrain from open discussion about any aspects of the medical event.

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13. Post-Incident Procedures (continued)

13.5 AED Debriefing Procedures. A debriefing shall be conducted with the team members involved. This debriefing process shall be headed by the AED Coordinator and will involve all team members who responded to the event, as well as any bystanders and co-workers who witnessed the event, the Medical Director if necessary, and CISD if deemed necessary by the AED Coordinator or the Medical Director.

13.6 Post-Event AED Check Procedures. The following post-event procedures shall be performed on the AED before returning the device to service:

- The AED shall be visually checked for damage or missing parts.
- The supplies used during the event shall be replaced.
- The data card shall be removed for data collection and then replaced according to Minnesota State Colleges & Universities policy.
- The battery insertion test shall be run and the battery replaced if indicated.
- The AED shall be returned to its designated area for future use.

14. Data Collection.

14.1 AED Incident Report and Data Card. Data collection begins with the AED Incident Report and data card from the AED. These two components shall be given to the AED Coordinator as soon as possible or within 24 hours of the event.

14. Data Collection (continued)

14.2 Data Card Removal. Removal of the data retrieval will be conducted according to [Minnesota State Colleges & Universities](#) policy. Once the data card is removed from the AED, either a replacement card will be inserted in the AED prior to returning the device to service, or the original data card shall be replaced after all data from the incident has been downloaded.

14.3 Data Card Transfer. Data shall be gathered and given to the AED Coordinator according to the [Minnesota State Colleges & Universities](#) policy. Both the AED Coordinator and the Medical Director shall review the data for the responder performance assessment and quality assurance.

14.4 Post-Incident Critique. Reviews of the post-incident critiques will be maintained by the AED Coordinator for integrity and confidentiality purposes.

14.5 Data Download Procedure. Data gathered from the event may be downloaded onto Code Runner Web Express or to Code Runner software. Either program can be used to render the data into a readable format for analysis. Data download shall be conducted by the AED coordinator. Once the data is downloaded, it can be transferred via file format or printed in a hard copy format.

14.6 Data Storage. Downloaded data for data storage shall be kept in either a password-protected computer file or a locked file cabinet under the direct supervision of the AED Coordinator.

Procedures for the AED

15. Training and Drill Procedures.

See Appendix F for the Post-Incident Critique form.

- 15.1 AED Certification Requirements.** The ERT or AED Team members shall be responsible for maintaining all required training certification. The AED Coordinator shall track these certifications and notify each team member of any deficiencies.
- 15.2 AED Response Plan Drills.** Periodic drills of the AED response plan and protocols shall be conducted to evaluate the effectiveness of the AED Program. These drills may comprise a live re-enactment of an SCA event or classroom discussion of the overall response plan and protocols. Additional critique discussions with the ERT or AED Team may also follow any actual events.
- 15.3 Post-Incident Critique.** A Post-Incident Critique form shall be completed at the conclusion of each drill and each real SCA event to evaluate the response model and debrief the ERT or AED Team. The completed form shall be discussed in the debriefing meeting following the drill or event. Further discussion shall be conducted with the Medical Director as necessary. In either event, written copies of the form shall be distributed to all necessary parties within the [Minnesota State Colleges & Universities](#) – Office of the Chancellor for administrative review.

Minnesota State Colleges & Universities – ERT or AED Emergency Response Team Members:

Medical Director -	AED Coordinator -
Phone # -	Phone # -
Pager # -	Pager # -
Cell Phone -	Cell Phone -
Location -	Location -
TEAM MEMBERS-	
Name	Name
Phone #	Phone #
Radio #	Radio #
Cell Phone #	Cell Phone #
Name	Name
Phone #	Phone #
Radio #	Radio #
Cell Phone#	Cell Phone#
Name	Name
Phone #	Phone #
Radio #	Radio #
Cell Phone #	Cell Phone #
Name	Name
Phone #	Phone #
Radio #	Radio #
Cell Phone #	Phone #

Minnesota State Colleges & Universities Campus AED Location & Equipment Sheet

AED Model # AED Serial #	Location	Accessories

AED Maintenance Checklist – Minnesota State Colleges & Universities

AED Model Number:	AED Serial Number:
--------------------------	---------------------------

AED Location:

Date							
Scheduled Frequency							

AED Clean, no dirt or contamination; no signs of damage							
Supplies							
2 sets of pads							
Hand towel scissors, razor							
Spare Battery							
Data Cards							
Status Indicator							
Inspected By Initials							
Remarks Problems Corrective Actions							

Minnesota State Colleges & Universities AED Protocol:

The following AED protocol is for use by the ERT or AED Team of **Minnesota State Colleges & Universities**. The **Minnesota State Colleges & Universities** Medical Directors and other local college Medical Directors have approved this policy for use by approved members only. The protocol shall be reviewed on a regular basis and replaced by a revised protocol as necessary. See the AED Protocol Flow Sheet, following.

- 1. Conduct an initial assessment:**
 - a. Assess for scene safety; use universal precautions.**
 - b. Determine unconsciousness and lack of breathing.**

- 2. Ensure that 9-1-1 has been notified and that the local EMS agency is in route.**

- 3. Open the patient's airway and initiate CPR until the AED arrives.**

- 4. When the AED is available, turn on the AED and follow the prompts. Make sure that the AED pads are placed in their proper location and that they are making good contact with the patient's chest. Never place the AED pads over the nipple, medication patches, implantable devices and port-a-caths.**

- 5. Deliver a shock to the patient when advised by the AED after first clearing the patient area: "I'm Clear – You're Clear – We're all Clear." Administer additional shocks as prompted by the AED until the AED advises no shock.**

- 6. If no shock is advised, check the patient's airway and breathing (pulse check for healthcare provider level of training) prior to initiation of CPR.**

7. If the patient exhibits no response or breathing continue to perform CPR until otherwise prompted by the AED, EMS BLS or ALS, and/or the Medical Director.

8. Document the SCA event and complete that documentation no more than 24 hours following the event. Give all documentation to the AED Coordinator within 24 hours post-event. Complete all areas on the AED Incident Report.

9. Remove the data card and transfer of patient care to EMS. Give the data card and the AED Incident Report to the AED Coordinator within 24 hours post-event for evaluation.

10. Check the AED and replace any used supplies as soon as possible following the event so that the AED may be returned to service. Perform a battery insertion test on the AED after each use or in the event of a battery change to ensure proper AED operation prior to returning to service.

The above has been approved by [The Minnesota State Colleges & Universities](#) –

Office of the Chancellor – Fire/EMS/Safety Center

Medical Director Signature:

Michael Wilcox, M.D.

Date Revised: _____

AED Coordinator – Office of the Chancellor

Gayle Steiner, RN/Training Center Coordinator

AED Coordinator Signature:

Date Revised: _____

Automated External Defibrillator – AED – Flow Diagram

Immediately Upon Arrival:

- Access the scene for safety
- Verify Sudden Cardiac Arrest
 1. Verify unconsciousness
 2. Activate the emergency response
 3. Open Airway
 4. Verify no Breathing
 5. Deliver two (2) rescue breaths
 6. (Optional for Healthcare Provider level of training): Verify no carotid pulse

After Verification of Sudden Cardiac Arrest:

- Perform CPR if there is a delay in obtaining or using the AED otherwise use the AED once it arrives for a witnessed arrest. For an unwitnessed arrest, perform 2 minutes of CPR then...
- Turn on the AED
- Apply Defibrillation Pads
- Follow Verbal and Visual prompts

Allow the AED to Analyze Heart Rhythm (Automatic)

Shock Advised

Clear patient verbally and Visually prior to shock Delivery.
Deliver Shock
Defibrillate once at the prescribed joules.
Check breathing
Absent? Perform CPR for one (2) minutes.

No Shock Advised

Check pulse
Absent? Perform CPR
Present? Support Airway and Breathing
Continue until AED prompts “Do not touch the patient ...” or external emergency medical services arrive and instructs you to stop.
Leave the AED on the patient until instructed to remove the device by EMS personnel or Higher medical authority.

Continue sequences of one (1) shock then two (2) minutes of CPR , until a “no shock” prompt or external EMS response arrives and instructs you to stop.

Minnesota State Colleges & Universities – AED Incident Report: Patient and Incident Information:

Campus: _____ Date: _____

Patient Name:

Patient Date of Birth: ___/___/___ Patient Age: ___ Patient Sex (M/F): ___

Incident Time: _____ Location: _____

Event History:

Patient activity prior to event:

Patient complaints prior to event:

Was the entire event witnessed? ___ No ___ Yes, at _____
(time) Was CPR started? ___ No ___ Yes, at _____
_____ (time)

If witnessed by whom: _____ (Rescuer) at _____ (time)

Assessment and Treatment:

Were airway & breathing & assessed: ___ No ___ Yes

If Yes by: _____ (Rescuer) at _____ Time

Was CPR Initiated? ___ Yes ___ No

If Yes by: _____ (Rescuer) at _____ Time

Was Shock #1 delivered? ___ Yes ___ No

If Yes by: _____ (Rescuer) at _____ Time

Was Shock #2 delivered? ___ Yes ___ No (Rescuer) at _____ Time

If Yes by: _____ (Rescuer) at _____ Time

Was Shock #3 delivered? Yes No
If Yes by: _____ (Rescuer) at
_____ Time

Was the AED Affective? Yes No at
_____ Time

Was respiration regained? Yes No at
_____ Time

Was consciousness regained? Yes No at
_____ Time

Was patient transferred to EMS? Yes No at
_____ Time

Comments:

Report Completed By: _____

Date: _____

Other Team Members Present:

_____,
_____,
_____,
_____.

Note: Use the back of this form for additional comments.

A copy of this report must be sent to the Minnesota State Colleges & Universities – Office of the Chancellor – Fire/EMS/Safety Center for review.

[Minnesota State Colleges & Universities – Post Incident Critique Form:](#)

Patient and Incident Data:

Patient Name: _____ Date: _____

Patient Date of Birth: ____/____/____ Patient Age: _____

Patient Sex: _____ M/F Incident Time: _____

Incident Location: _____

Call Notification:

How was the Team alerted? _____

When was the Team alerted? _____
Hour/Minute/Second

How was the Team dispatched? _____

When was the Team Dispatched? _____
Hour/Minute/Second

Who initiated 9-1-1 call? _____

When was 9-1-1 called? _____
Hour/Minute/Second

SCA Event Report:

Collapse/recognition: _____
Hour/Minute/Second

Bystander CPR started: _____
Hour/Minute/Second

ERT Team Arrival: _____
Hour/Minute/Second

AED Arrival: _____
Hour/Minute/Second

AED Turned On: _____
Hour/Minute/Second

First Shock Delivered: _____
Hour/Minute/Second

9-1-1 Called: _____
Hour/Minute/Second

EMS Dispatched: _____
Hour/Minute/Second

EMS Scene Arrival: _____
Hour/Minute/Second

EMS Arrival at Patient: _____
Hour/Minute/Second

Patient Unresponsive: ___ Yes ___ No _____
H/M/S

Rescue Breathing Started: ___ Yes ___ No _____
H/M/S

CPR Started: ___ Yes ___ No _____
H/M/S

Shock Advised: ___ Yes ___ No _____
H/M/S

Return of Pulse: ___ Yes ___ No _____
H/M/S

Return of Respiration: ___ Yes ___ No _____
H/M/S

Total Number of Shocks Delivered:

Patient Condition at EMS Hand-off:

Care Given By: _____ALS _____BLS

Patient Transported at: _____
H/M/S

Patient Transported to: _____
H/M/S

Patient Condition at Hospital: _____

Report Completed By: _____ **Date:**

Other Team Members Present:

_____,
_____,
_____,
_____,
_____,

This Document was reviewed and approved by:
College Medical
Director: _____ **Date:** _____

Campus AED Coordinator: _____

Date: _____

Gayle Steiner, RN
Minnesota State Colleges & Universities-Office of the Chancellor
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Minnesota State Colleges & Universities-Office of the Chancellor
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Jack McBride, M.D., Cardiologist – St. Paul