Northland Community & Technical College

Automated External Defibrillation

Operations Manual

November 2008
# Automated External Defibrillator Operations-Manual

## Contents:

1. **Scope** .................................................................................................................. 3
2. **Purpose** .................................................................................................................. 3
3. **Automated External Defibrillator Program Overview** ........................................ 3
4. **Roles & Responsibilities** ...................................................................................... 3
   4.1 Safety Officer ..................................................................................................... 3
   4.2 Medical Director ................................................................................................. 3
   4.3 AED Coordinators .............................................................................................. 4
5. **AED Equipment** .................................................................................................... 4
   5.1 Description ......................................................................................................... 4
   5.2 AED Supplies ..................................................................................................... 4
   5.3 AED Location ..................................................................................................... 4
   5.4 Accessories ........................................................................................................ 5
6. **AED Maintenance** ................................................................................................. 5
   6.1 Reports of Damage ............................................................................................. 5
   6.2 Weekly Check ..................................................................................................... 5
   6.3 Monthly Check ................................................................................................... 5
   6.4 After Each Use Check ......................................................................................... 5
   6.5 Maintenance Schedule ....................................................................................... 6
   6.6 Cleaning .............................................................................................................. 6
7. **Operational Guidelines** ......................................................................................... 6
   9.1 Operational Guidelines (Good Samaritan Law) .................................................... 6
8. **Post Incident Procedures** ....................................................................................... 7
   8.1 Incident Report .................................................................................................... 7
   8.2 AED Debriefing Procedures .............................................................................. 7
   8.3 Post-Event AED Check Procedures .................................................................... 7
9. **Training and Awareness** ....................................................................................... 7
   9.1 AED Training ..................................................................................................... 7
   9.2 AED Awareness ................................................................................................. 7

## Appendices:

A. **AED Team Roster** .............................................................................................. 8
B. **AED Location/Equipment Sheet** ....................................................................... 9
C. **Maintenance Checklist** ....................................................................................... 10
D. **AED Incident Report** .......................................................................................... 11
G. **Post-Incident Critique Form** ............................................................................... 13
1. **Scope:**
This document describes the operational guidelines of Northland Community and Technical College, relating to its Automated External Defibrillator (AED) program. This AED program will utilize employees who serve as trained responders in American Heart Association-Cardio Pulmonary Resuscitation - Heart Saver AED/First Aid or its equivalent level of training.

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 Northland Community and Technical College Automated External Defibrillation Program. It is the intent of the Northland Community and Technical College 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. **Automated External Defibrillator Program Overview:**
Northland Community and Technical College trained employees will be trained to the level of the American Heart Association Heart Saver and/or American Red Cross CPR/AED/First Aid Certification or its equivalent. Northland Community and Technical College will have available AEDs for use by college personnel and the general public. The goal is to provide rapid response to any victim of SCA on our campuses, by providing early defibrillation to the victim within three (3) minutes of a witnessed collapse or discovery.

4. **Roles and Responsibilities:**

   4.1 **Safety Officer:**
The College President shall appoint a Safety Officer for each campus to:

   1. Work with the President of the college to ensure adequate resources are allocated to achieve AED program goals.

   2. Designate campus AED Coordinators with an understanding of the use of AEDs and the ability to assist in the coordination of training.


   4.2 **Medical Director:**
The Medical Director shall be a physician within the community (with AED experience). Responsibilities of the Medical Director include:

   1. Provide medical consultation and expertise.

3. Review all incidents with the Safety Officer and AED Coordinators involving the use of the AED.

4. The Medical Director or designee shall provide post-incident debriefing support of individuals involved in the incident, if requested.

4.3 AED Coordinators:
It is the responsibility of the AED Coordinator, typically a health and safety professional, registered nurse, EMS certified (EMT-B/I/P) or a qualified designee to have direct governance over the AED program.

1. Communicate with the Safety Officer and Medical Director for updates in AED processes.

2. Participate/coordinate in case reviews, responder training and retraining, and other quality assurance activities.

3. Maintaining the AEDs and related response equipment.

5. AED Equipment

See Appendix B for the AED Location and Equipment Sheet.

5.1 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. Each AED should be maintained according to the college procedures and following the manufacturer’s guidelines.

5.2 AED Supplies:
Each AED shall include the following items:

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>AED</td>
<td>1</td>
</tr>
<tr>
<td>Carrying Case &amp; Wall Mount with alarm</td>
<td>1 each</td>
</tr>
<tr>
<td>Defibrillation Pads</td>
<td>1 Set</td>
</tr>
<tr>
<td>Accessories – Scissors, alcohol wipes, razor, pocket mask, gloves</td>
<td>1 set per AED</td>
</tr>
</tbody>
</table>

5.3 AED Location:
EGF: 1 – Student Commons, Main building
1 – Shop/Class, Building 505
5.4 Accessories:
All accessory equipment must remain with the AED unit and must be inspected on a regular basis for readiness of use and integrity of the device.

6. AED Maintenance:

See Appendix C for the Maintenance Checklist.

6.1 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.

6.2 Weekly Check. Each AED shall be checked weekly 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 green light” symbol, designating working order. If the “flashing green light” is not visible, the directions for troubleshooting provided in the user guide shall be followed. This must be reported to the AED Coordinator immediately.

6.3 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 needs replacing, 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.

6.4 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.
- Return of the AED to its designated location in working order.
### 6.5 Northland Community and Technical College has the following maintenance schedule to assist campuses.

<table>
<thead>
<tr>
<th>Weekly</th>
<th>Monthly</th>
<th>After Each Use</th>
<th>Maintenance Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>Check the Status Indicator</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>Check supplies, accessories, and spares for damage and expiration dating.</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>Check the outside of the AED and the connector socket for cracks or other signs of damage.</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>Check the outside of the AED and the connector socket for signs of dirt or contamination.</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>Check the connector socket to make sure that defibrillation pads are disconnected from the AED when not in use.</td>
</tr>
</tbody>
</table>

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

### 7. Operational Guidelines

Individuals shall perform only to the level of their training. The entry level of response is that of the American Heart Association – Heart Saver AED/CPR and/or American Red Cross AED/CPR/First Aid Certification.

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…..”
8. **Post-Incident Procedures.**

See Appendix E for the Incident Report.

8.1 Incident Report. All accounts of the medical event and any patient care given shall be documented on the Incident Report form. This document shall be completed by the individual who rendered care. The report shall be completed in ink and signed.

8.2 AED post use debriefing is available, upon request.

8.3 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 battery insertion test shall be run and the battery replaced if indicated.
- The AED shall be returned to its designated area for future use.

9. **Training and Awareness**

9.1 AED Training – AHA –Heart Saver/AED/CPR and/or American Red Cross AED/CPR/First Aid Certification.

9.2 AED Awareness – A one hour in-service demonstrating the use of an AED and the importance of their availability on our campuses.
<table>
<thead>
<tr>
<th>Role</th>
<th>EGF</th>
<th>TRF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Officer</td>
<td>Becky Lindseth</td>
<td>Becky Lindseth</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Dr. Steve Weiser</td>
<td>Dr. Steve Weiser</td>
</tr>
<tr>
<td>AED Coordinator</td>
<td>Daniel Sponsler</td>
<td>Andy Mueller</td>
</tr>
<tr>
<td>AED Team</td>
<td>Becky Lindseth</td>
<td>Becky Lindseth</td>
</tr>
<tr>
<td></td>
<td>Bob Gooden</td>
<td>Julie Fenning</td>
</tr>
<tr>
<td></td>
<td>Julie Fenning</td>
<td>Clinton Castle</td>
</tr>
<tr>
<td></td>
<td>David Hoefer</td>
<td>Kristel Kizer</td>
</tr>
<tr>
<td></td>
<td>Sandy Bratvold</td>
<td>James Jesme</td>
</tr>
<tr>
<td></td>
<td>Danika Braaten</td>
<td>Kent Wagner</td>
</tr>
<tr>
<td></td>
<td>Ricky Compeau</td>
<td>Anita Lizakowski</td>
</tr>
<tr>
<td></td>
<td>Rob Jung</td>
<td>Lynn McGlynn</td>
</tr>
<tr>
<td></td>
<td>Renee Kringlen</td>
<td>Lynell Wayne</td>
</tr>
<tr>
<td></td>
<td>Jesse Adkins</td>
<td>Tim Bergerson</td>
</tr>
<tr>
<td></td>
<td>David Christian</td>
<td>Shannon Boen</td>
</tr>
<tr>
<td></td>
<td>Kate Schmalenberg</td>
<td>Lisa Handley</td>
</tr>
<tr>
<td></td>
<td>Margarita Brocamonte</td>
<td>Gerald Schulte</td>
</tr>
<tr>
<td></td>
<td>Jeanine McDermott</td>
<td></td>
</tr>
</tbody>
</table>

*AED Team Roster*
<table>
<thead>
<tr>
<th>AED Model #</th>
<th>Location</th>
<th>Accessories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model M5066A</td>
<td>EGF</td>
<td>Pocket mask, gloves, ETOH preps, and prep razor</td>
</tr>
<tr>
<td>Serial A06C-00081</td>
<td>Student commons Main Building</td>
<td></td>
</tr>
<tr>
<td>Model M5066A</td>
<td>EGF</td>
<td>Pocket mask, gloves, ETOH preps, and prep razor</td>
</tr>
<tr>
<td>Serial A06A-03333</td>
<td>Shop/Class Building 505</td>
<td></td>
</tr>
<tr>
<td>Model M5066A</td>
<td>TRF</td>
<td>Pocket mask, gloves, ETOH preps, and prep razor</td>
</tr>
<tr>
<td>Serial A06A-00972</td>
<td>Hall-Women’s Locker Rm Main Building</td>
<td></td>
</tr>
<tr>
<td>Model M5066A</td>
<td>TRF</td>
<td>Pocket mask, gloves, ETOH preps, and prep razor</td>
</tr>
<tr>
<td>Serial A06A-01071</td>
<td>Multi-Events Center</td>
<td></td>
</tr>
<tr>
<td>Model M5066A</td>
<td>TRF</td>
<td>Pocket mask, gloves, ETOH preps, and prep razor</td>
</tr>
<tr>
<td>Serial A06A-03298</td>
<td>Swenson House</td>
<td></td>
</tr>
<tr>
<td>Model M5066A</td>
<td>TRF</td>
<td>Pocket mask, gloves, ETOH preps, and prep razor</td>
</tr>
<tr>
<td>Serial A06A-01564</td>
<td>Airport Campus</td>
<td></td>
</tr>
<tr>
<td>AED Model Number:</td>
<td>AED Serial Number:</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------</td>
<td></td>
</tr>
</tbody>
</table>

**AED Location:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Scheduled Frequency</th>
</tr>
</thead>
</table>

**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**
Northland Community and Technical College - 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 Event witnessed? _____ Yes _____ No _________________________ Time

Was CPR started? _____ Yes _____ No _________________________________ Time
    If Yes by: _________________________ (Rescuer) ______________ Time

Assessment and Treatment:
Were ABC’s assessed: _____ Yes _____ No
    If Yes by: _________________________ (Rescuer) ______________ Time

Was CPR Initiated? _____ Yes _____ No
    If Yes by: _________________________ (Rescuer) ______________ Time

Was Shock #1 delivered? _____ Yes _____ No
    If Yes by: _________________________ (Rescuer) ______________ Time

Was Shock #2 delivered? _____ Yes _____ No (Rescuer) ______________ Time
    If Yes by: _________________________ (Rescuer) ______________ Time

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

Was the AED Affective? _____ Yes _____ No _________________________ Time

Was respiration regained? _____ Yes _____ No _________________________ Time

Was consciousness regained? _____ Yes _____ No _________________________ Time

Was patient transferred to EMS? _____ Yes _____ No _________________________ 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 forwarded to the NCTC Safety Officer.
Northland Community and Technical College - 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 911 call?  _____________________________________________

When was 911 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

911 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:
______________________________________, ________________
______________________________________, ________________