

Northland Community & Technical College

Automated External Defibrillation

Operations Manual

November 2008

Automated External Defibrillator Operations-Manual

Contents:

1. <u>Scope</u>	3
2. <u>Purpose</u>	3
3. <u>Automated External Defibrillator Program Overview</u>	3
4. <u>Roles & Responsibilities</u>	3
4.1 Safety Officer	3
4.2 Medical Director	3
4.3 AED Coordinators	4
5. <u>AED Equipment</u>	4
5.1 Description	4
5.2 AED Supplies	4
5.3 AED Location	4
5.4 Accessories	5
6. <u>AED Maintenance</u>	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. <u>Operational Guidelines</u>	6
9.1 Operational Guidelines (Good Samaritan Law)	6
8. <u>Post Incident Procedures</u>	7
8.1 Incident Report	7
8.2 AED Debriefing Procedures	7
8.3 Post-Event AED Check Procedures	7
9. <u>Training and Awareness</u>	7
9.1 AED Training	7
9.2 AED Awareness	7
<u>Appendices:</u>	
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.**
- 3. Review the AED Operations Manual annually to evaluate effectiveness.**

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.**
- 2. Review the Northland Community and Technical College AED Procedures Manual.**

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:

Item Description	Quantity
AED	1
Carrying Case & Wall Mount with alarm	1 each
Defibrillation Pads	1 Set
Accessories – Scissors, alcohol wipes, razor, pocket mask, gloves	1 set per AED

5.3 AED Location:

- EGF: 1 – Student Commons, Main building
1 – Shop/Class, Building 505**

- TRF: 1 – Hall near Women’s Locker Room
1 – Multi-Events Center
1 – Swenson House
1 – Airport Campus**

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.

Weekly	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 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.

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.

AED Team Roster

	EGF	TRF
Safety Officer	Becky Lindseth	Becky Lindseth
Medical Director	Dr. Steve Weiser	Dr. Steve Weiser
AED Coordinator	Daniel Sponsler	Andy Mueller
AED Team	Becky Lindseth Bob Gooden Julie Fenning David Hoefler Sandy Bratvold Danika Braaten Ricky Compeau Rob Jung Renee Kringlen Jesse Adkins David Christian Kate Schmalenberg Margarita Brocamonte Jeanine McDermott	Becky Lindseth Julie Fenning Clinton Castle Kristel Kizer James Jesme Kent Wagner Anita Lizakowski Lynn McGlynn Lynell Wayne Tim Bergerson Shannon Boen Lisa Handley Gerald Schulte

Northland Community and Technical College AED Location & Equipment Sheet

AED Model # AED Serial #	Location	Accessories
Model M5066A Serial A06C-00081	EGF Student commons Main Building	Pocket mask, gloves, ETOH preps, and prep razor
Model M5066A Serial A06A-03333	EGF Shop/Class Building 505	Pocket mask, gloves, ETOH preps, and prep razor
Model M5066A Serial A06A-00972	TRF Hall-Women's Locker Rm Main Building	Pocket mask, gloves, ETOH preps, and prep razor
Model M5066A Serial A06A-01071	TRF Multi-Events Center	Pocket mask, gloves, ETOH preps, and prep razor
Model M5066A Serial A06A-03298	TRF Swenson House	Pocket mask, gloves, ETOH preps, and prep razor
Model M5066A Serial A06A-01564	TRF Airport Campus	Pocket mask, gloves, ETOH preps, and prep razor

Northland Community and Technical College Maintenance Checklist

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							

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 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:

_____, _____,

_____, _____.