

Early Defibrillation Program

POLICIES & PROCEDURES



HeartFirst Program

Texas Tech University System

Adopted: August 20, 2002

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Texas Tech University System

The following document describes the policies and procedures, including medical protocols, to be used in governing the HeartFirst AED program of Texas Tech University System. It is the goal of this program to provide a rapid response to sudden cardiac arrest for employees and guests of Texas Tech University System. It is the intent of this document to give the AED Responders general guidance in response to an incident of sudden cardiac arrest (SCA). The document is not intended to cover all circumstances involved in such emergencies. It is the responsibility of the HeartFirst Program Medical Director to provide continuous guidance, monitoring, and evaluation of the program contents. All AED Responders must operate within the parameters of this early defibrillation program; the appropriate officers listed on this signature page must approve any deviations from its guidelines. Texas Tech University System and its HeartFirst Program Medical Director have approved all protocols for the early defibrillation program. Annual review of this document will be conducted by the Office of Risk Management and the HeartFirst Program Medical Director for content and guideline modifications to meet national standards.

The policies and procedures described in this document will be in effect from the signed date until Texas Tech University System and/or the HeartFirst Program administrators make further review and changes.

HeartFirst Program Medical Director
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Date

Director, Risk Management
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Date

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1. **Scope**

This document describes the policies and procedures of Texas Tech University System relating to its HeartFirst early defibrillation program (HeartFirst) utilizing employees who serve as trained responders in CPR and Automatic External Defibrillator (AED) therapy in the event of a medical emergency.

2. **Purpose**

The purpose of this document is to establish a consistent guideline for application, location, maintenance, and various other components described herein involving the HeartFirst early defibrillation program. It is the intent of Texas Tech University System to provide the appropriate AED coverage for this entity in accordance with established guidelines. A response time of four (4) minutes from time of incident to first shock is the intended goal whenever possible, in order to increase the likelihood of survival in the event of sudden cardiac arrest (SCA).

It is recognized that variances of this policy may be adopted to accommodate the specific requirements of the Health Sciences Center and its Regional Campuses. Such variances must be documented and kept on file in the appropriate Regional office. Variances are permissible provided the intent of this document is maintained. Variances in the type of automatic external defibrillator device are not permissible.

3. **Definitions**

AED Responder. An individual who is trained in AED use and is available to respond to SCA medical emergencies.

Automated external defibrillator (AED). An automated computerized medical device programmed to analyze heart rhythm, recognize rhythms that require defibrillation, and provide visual and voice instructions for the device operator, including, if indicated, to push the button to deliver an electric shock.

Bystander first aid/CPR. Initial first aid/CPR provided by a trained individual who is not part of an organized medical response system such as EMS.

Cardiopulmonary resuscitation (CPR). Rescue breathing and external cardiac compression applied to a victim in respiratory and/or sudden cardiac arrest.

Emergency Medical System (EMS). Professional community responder agency for emergency events, which provide medical assistance and/or ambulance transport.

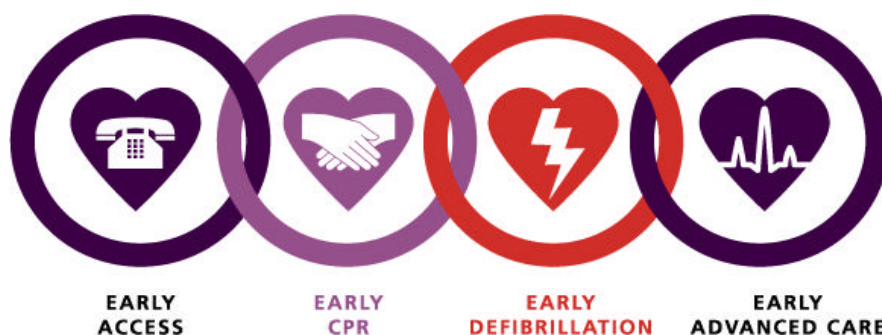
Rescue breathing. Artificial ventilation of a victim in respiratory and/or sudden cardiac arrest.

Sudden cardiac arrest (SCA). A significant life-threatening event when a person's heart stops or fails to produce a pulse.

4. **Early Defibrillation Program Overview**

Texas Tech University System provides a medical emergency response that includes cardiopulmonary resuscitation (CPR) and emergency defibrillation. The goal of the early defibrillation program is to participate actively in the Chain of Survival, illustrated below, by providing early defibrillation to any victim of sudden cardiac arrest (SCA) on our campus, within four minutes of witnessed collapse or discovery of the victim.

Figure 1. Chain of Survival



5. **AED Responder Roles and Responsibilities**

See Appendix A for the Roster of AED Responders.

5.1 **Office of Risk Management.** It is the responsibility of the Office of Risk Management to:

- (1) Communicate the costs and benefits of expanding the existing medical emergency response by including AED use.
- (2) Ensure adequate resources are allocated to achieve AED program goals.
- (3) Identify one Site AED Coordinator each for Texas Tech University, Texas Tech University Police, and Texas Tech University Health Sciences Center who understands early defibrillation and the use of AEDs, and demonstrate the ability to manage employees.
- (4) Communicate with the physician providing oversight, AED responders, management and EMS regarding the early defibrillation program.
- (5) Develop and maintain the AED emergency response plan and system policies and procedures.
- (6) Review the program annually to evaluate effectiveness.
- (7) Participate in case reviews, responder training and retraining, data collection and other quality assurance activities.
- (8) Assure compliance with state and local regulations regarding AED use.
- (9) Maintain a supply of consumables for immediate replenishment.
- (10) Maintain a System list of AED responders and their training records.
- (11) Maintain confidential files of event data.
- (12) Maintain files of records pertinent to the AED program and assure responsibilities delegated to others as outlined herein are completed.

5.2 HeartFirst Medical Director. It is the responsibility of the HeartFirst Medical Director to:

- (1) Provide medical consultation and expertise.
- (2) Develop and/or approve protocols for the use of the AED and other medical equipment.
- (3) Act as a liaison between the early defibrillation program and EMS.

- (4) Approve the AED training program and ensure rescuers are properly trained.
 - (5) Review all incidents involving the use of the AED.
 - (6) Provide post-incident debriefing support.
 - (7) Assure program compliance with Texas Tech University System AED response protocols, policies and procedures, and training.
 - (8) Coordinate requests from Regional Medical Directors for changes in the HeartFirst Program medical protocol.
- 5.3 Site AED Coordinator. It is the responsibility of the Site AED Coordinator to:
- (1) Participate in responder training, data collection, other quality assurance activities, and assist in retraining, as needed.
 - (2) Assure maintenance of the AEDs and related response equipment. Report any performance discrepancies, device defects, or missing, expired, and/or damaged accessories to the Office of Risk Management immediately.
 - (3) Maintain a list of trained AED responders at their site and communicate additions and changes to the Office of Risk Management.
 - (4) Following an event assure the data card or event data therefrom is promptly sent to the Office of Risk Management.
 - (5) Ensure compliance with the policies and procedures of the AED program.
 - (6) Assure compliance with state and local regulations regarding AED use.
 - (7) Devise methods to facilitate efficient execution of their responsibilities such as recruiting "Assistant Site Coordinators".
- 5.4 AED Responders. It is the responsibility of the AED Responders to:
- (1) Successfully complete all required AED training and skills evaluations as detailed in this document.

- (2) Respond to emergency calls according to the site's AED response protocol.
- (3) Follow the guidelines of the AED program and remain current on the AED training required by Texas Tech University System.

6. AED Equipment

See Appendix B for the *AED Location and Equipment Sheet*.

- 6.1 Description. The equipment provided in support of the early defibrillation program is to be used in the event of an SCA at a Texas Tech University System location. This equipment shall not be used outside the parameters of the AED program except as approved by the Office of Risk Management. Each device will be maintained according to Texas Tech University System policy and following manufacturer's guidelines. Texas Tech University System has elected to use the HEARTSTREAM AED for its AED program.
- 6.2 Location. Each AED location should include the following items:

Item Description	Quantity
Heartstream AED with battery installed	1
Carrying Case	1
Spare Battery scheduled replacement	NA
Defibrillation Pads (2-Adult & 1-Pediatric)	3 sets
Data card	1
Accessories (scissors, towel, razor, pocket mask, gloves)	1 set

- 6.3 Accessories. All accessory equipment must remain with the AED unit and must be inspected monthly for readiness for use and integrity of the device. This is part of the periodic inspection and is the responsibility of the Site AED Coordinator.

7. AED Maintenance

See Appendix C for the *Periodic Maintenance Checklist*.

- 7.1 **Reports of Damage.** Follow the manufacturer's recommendations for all scheduled AED maintenance checks. Report any performance discrepancies, device defects, or missing, expired, and/or damaged accessories to the Site AED Program Coordinator immediately.
- 7.2 **Calibration.** The HEARTSTREAM AED requires no calibration or verification of energy delivery. The HEARTSTREAM AED has no user-serviceable parts. The AED performs regular self-tests to assure that it is ready for use. While the maintenance required for the Heartstream AED is minimal, it is important that a regular check of the AED be performed to assure readiness, as described in the Heartstream AED User's Guide.
- 7.3 **Suggested Maintenance Schedule.** Refer to the suggested maintenance schedule in the HEARTSTREAM AED User's Guide, which also provides detailed instructions for responding to each maintenance task.
- 7.4 **Cleaning.** When necessary, clean the AED using recommended cleaning agents, per the HEARTSTREAM AED User's Guide.

8. AED RESPONSE PLAN OVERVIEW

- 8.1 **Initiation of HeartFirst AED Response.** Any individual who recognizes a medical emergency initiates the HeartFirst AED Response Plan immediately; by calling the appropriate phone number to request emergency services (911 or 9911) or activating CODE BLUE, then calling the AED responder(s) listed on the placard and provide the following information:
 - Reporting employee's name
 - Type of emergency
 - Location of emergency
 - Brief description of the patient
- 8.2 **9-1-1 Notification.** For most campus phones 9911 will reach Texas Tech University Police. Noted exceptions are strategically located BLUE phones,

cell phones, and certain phones located off the main TTU/TTUHSC campuses. Use 911 on these phones. Preparation is the key and as a responder you must know which number to dial. Appropriate personnel and equipment will be dispatched to your location.

- 8.3 **AED Responder.** At the scene, the AED responder verifies scene safety before assessing the patient, and then renders appropriate care based upon the patient's condition and Texas Tech University System AED response protocols.
- 8.4 **EMS Contact and Lead-In.** When possible, the AED responder contacts EMS and provides lead-in instructions (directions for reaching the patient on site) to the responding EMS unit, while continuing to provide appropriate patient care until a higher medical authority arrives or the patient refuses care. Responders may instruct a bystander to provide EMS contact and lead-in.
- 8.5 **Transfer of Patient Care.** Once EMS arrives, the AED Responder transfers patient care to the EMS agency for appropriate advanced medical treatment and provides a report including:
 - The initial time of discovery.
 - Any care given prior to the Responder's arrival
 - Patient's condition upon the Responder's arrival
 - All treatment rendered to the patient by the Responder.
 - Any available medical information about the patient.
- 8.6. **Post-Event Procedures.** After transferring patient care to EMS responders, the AED Responder conducts the following post-event procedures in accordance with the protocol as provided in Appendix D, *HEARTSTREAM AED Response Protocol and Flow Chart*:
 - Post-use equipment check
 - Removal of data card for data collection

- Replacement of necessary supplies used
- Return of the AED to its designated location

8.7 Debriefing Procedures. As soon as possible, a debriefing is conducted to evaluate the HeartFirst response and the potential need for emotional support of the responders involved. This debriefing can be conducted on an informal basis with the responder or with the assistance of professional counselors. The Site AED Coordinator and Office of Risk Management conduct an evaluation of all aspects of the emergency response and the strengths and deficiencies of the response plan as revealed by the incident. Modifications made to the plan must be approved by the Medical Director and properly communicated to all AED Responders of record.

9. AED Response Protocol Authorization

- 9.1 Protocol Approval.** The AED program Medical Director devises or reviews Texas Tech University System AED response protocols and approves them by signing. The signed protocols are for use only by Texas Tech University System AED Responders under the Medical Director's guidance.
- 9.2 Protocol Revisions.** The HeartFirst program Medical Director only may approve changes to the medical response protocols of this policy. The Office of Risk Management and the HeartFirst program Medical Director are the only individuals authorized to revise the Texas Tech University System AED response protocols. Revisions may be based on an annual or more frequent review of the content and the AED program's performance data.
- 9.3 Operational Guidelines.** The AED Responders are to perform only to the level of their training and the guidance provided in the Texas Tech University System HeartFirst program protocols.
- 9.4 Protocol Qualifications.** All AED Responders are authorized to use the AED response protocols based upon:

- Successful completion of the Texas Tech University System approved AED instructional program, and
- Appointment to the AED Responders roster.

10. Protocol Guidelines

See Appendix D for the *HEARTSTREAM AED Response Protocol and Flow Chart*.

- 10.1 AED Application Guidelines.** Once the AED is turned on and the pads applied to the patient, the AED Responder shall not remove the pads or turn off the device unless prompted by the device itself or directed by a higher medical authority. In all cases, the Responder shall continue to assess the patient's airway, breathing, and circulation and provide CPR as indicated.
- 10.2 AED Application Criteria.** The AED shall be applied only to patients who are unresponsive and not breathing.
- 10.3 Defibrillation Procedure.** Defibrillation shocks are to be delivered only in accordance with the Texas Tech University System AED response protocol. If the device advises no shocks, the AED Responder should follow the approved protocols for patient care and CPR.
- 10.4 Wet Environments and Metal Surfaces.** The HEARTSTREAM AED can be used in fresh and saltwater environments and on metal surfaces that are wet or dry. Always follow all HEARTSTREAM AED recommended safety precautions.
- 10.5 Excessive Chest Hair.** If required for proper defibrillation pad adhesion, any excess hair on the patient's chest is shaved with a prep razor supplied in the AED kit. A smooth shave is not required.
- 10.6 Medication Patches.** Using a gloved hand, remove any medication patches, if present, from the patient's chest prior to pad placement and wipe the skin clean with a cloth.

10.7 Implanted Pacemakers and Defibrillators. If the patient has an implanted pacemaker or internal defibrillator, do not place the defibrillation pads directly over the implanted device. If the presence of an implanted device affects pad placement, place the defibrillation pad as close to the recommended pad placement as possible.

10.8 AED Abuse or Vandalism. No abuse or vandalism of the AED is to be tolerated. If abuse or vandalism is suspected, it is to be reported to the AED Coordinator immediately so that the AED can be evaluated for proper operation.

11. AED Response Protocol*

11.1 *Initial Assessment.* The first AED Responder conducts an initial assessment to determine the level of response required. This initial assessment includes:

- Assessment of the scene for safety of self and other responders.
- Use of gloves and other universal precautions prior to patient contact.
- Assessment of the patient for absence of responsiveness, respiration, and signs of circulation.
- Assessment for additional information about the patient or scene.

Information gathered at the scene should be relayed to TTU Police and/or other emergency services for dissemination to responding parties.

11.2 *AED Response Plan and Emergency Call.* The initial AED Responder verifies that the AED response plan has been activated and that emergency services have been notified. If the AED is not present at the scene, the responder verifies that it is being brought immediately.

* This should match Appendix D, as created by Texas Tech University System.

- 11.3 *CPR Procedures.* In the absence of the AED, the AED Responder initiates the ABCs of CPR – establishing an airway, ventilating the patient, and beginning chest compressions – until the AED arrives.
- 11.4 *AED Application.* Turn on the AED as soon as it arrives at the scene and follow its prompts. If more than one AED Responder is present, one can apply the defibrillation pads and operate the AED while the other continues CPR until told to stop. Perform any special procedures required (removal of medication patches, shaving of excessive chest hair, etc.) as outlined in the HEARTSTREAM AED response protocol guidelines (Section 10) prior to placing the pads on the patient’s bare chest.
- 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 – such as ventricular fibrillation (VF). 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. Follow the device prompts in treating the patient.
- 11.6 *AED Defibrillation Safety Precautions.* If the AED gives a “Shock Advised” prompt, first ensure that no one is touching by examining the patient area and loudly stating “I’m clear, you’re clear, everyone clear!” Then press the shock button to deliver a shock to the patient as prompted. Shock delivery will be followed by re-analysis of the patient’s heart rhythm by the AED. If additional shocks are advised by the AED, follow the above sequence until the AED prompts otherwise or EMS arrives.
- 11.7 *AED Shock Sequence.* Based upon Texas Tech University System AED response protocols and in accordance with AED prompts, administer a shock sequence of up to three (3) consecutive shocks to the patient, followed by one (1) minute of CPR if signs of circulation are absent.
- 11.8 *No Shock Advised Procedure.* If the AED gives a “No Shock Advised” prompt and the patient is not breathing and has no signs of circulation,

administer CPR until the patient regains signs of circulation, 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 signs of circulation, perform rescue breathing until the patient regains adequate respiration, the AED advises to not touch the patient for analysis, or EMS arrives and assumes patient care. Conduct continuous monitoring of the patient's condition and evaluation of rescue in accordance with AED Responder training.

- 11.9 *Patient Monitoring.* Once the AED has been applied to the patient, do not turn off the AED or remove the defibrillation pads unless 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. Continue to assess the patient's airway, breathing, and circulation and provide CPR as indicated.

12. Transfer of Patient Care to EMS

- 12.1 *EMS Arrival.* Upon arrival of EMS, transfer patient care to the EMS team. If requested by EMS, assist in patient care; otherwise, initiate post-incident procedures (see section 13).
- 12.2 *Oral Report.* Give the EMS agency a complete oral report of the event and any significant findings. Unless requested to remain at the scene to assist, complete the Texas Tech University System 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 is the responsibility of the Site AED Coordinator to oversee this data transfer and delegate authority if necessary.
- 12.4 *AED Data Card Retrieval.* An AED Responder at the incident is responsible for retrieval of the AED data card for data collection.

13. POST-INCIDENT PROCEDURES

See Appendices E and F for the *AED Incident Report* and the *Post-Incident Critique Form*.

- 13.1 *AED Incident Report.* The Responder who provided care to the patient must document all accounts of the medical event and any patient care given on the AED Incident Report form. The Responder will then provide the completed AED Incident Report to the Site AED Coordinator for data collection and quality review.
- 13.2 *AED Report Confidentiality.* The AED Incident Report is a part of the patient care record and is confidential to both the patient and Texas Tech University System. This report is not to be copied or altered once it is completed. Discussion of all aspects of the event is to be limited to Responders, in debriefing, or in training sessions. To prevent violation of patient confidentiality, AED Responders are to refrain from open discussion about any aspects of the medical event. Patient confidentiality must be maintained in accordance with all state and federal regulations.
- 13.3 *Response Protocol Irregularities.* Any protocol or equipment irregularities that occurred during the SCA event are to be reported to the Site AED Coordinator immediately for appropriate action. The Coordinator is to ensure that the Director Risk Management is notified of any equipment irregularities so that the device manufacturer may be contacted immediately.
- 13.4 *AED Debriefing Procedures.* A debriefing, headed by the Site AED Coordinator, is to be conducted with all Responders to the event, the Director Risk Management and/or Medical Director if necessary, and professional counselors if deemed appropriate by the Site AED Coordinator, Director Risk Management, or the Medical Director.
- 13.5 *Post-Event AED Check Procedures.* Before returning the AED to service, the AED responder shall perform the following post-event procedures:
 - Check the AED visually for damage or missing parts.

- Request replacement of all supplies used during the event.
- Remove the data card for data collection and install a replacement data card or, after incident data has been downloaded, reinstall the original data card in the AED.
- Run a battery insertion test and replace the battery if indicated.
- Return the AED to its designated area for future use.

13.6 *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 AED Responder(s). The completed form shall be discussed in the debriefing meeting following the drill or event. Further discussion shall be conducted with the Director Risk Management or HeartFirst Program Medical Director as necessary. In either event, written copies of the form may be distributed to management within the Texas Tech University System organization for administrative review.

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 are to be given to the Site AED Coordinator as soon as possible.

14.2 *Data Card Removal.* Remove the data card and label it with the patient's name. After removing the data card from the AED, either install a replacement card in the AED prior to returning the device to service, or reinstall the original data card after all data from the incident has been downloaded. Each Site Coordinator has the device and software necessary to download the data. Contact the Office of Risk Management for specific instructions.

14.3 *Data Card Transfer.* Data is to be gathered and given to the Director, Risk Management. The data should be reviewed by the Site AED Coordinator,

the HeartFirst Program Medical Director, and Director, Risk Management in order to assess responder performance and for quality assurance.

- 14.4 *Data Download Procedure.* Data gathered from the event shall be downloaded onto Philips Medical Systems CODERUNNER data management software to render the data into a readable format for analysis. The Director of Risk Management or the Site AED Coordinator can conduct data download. Once a Site AED Coordinator downloads the data, it is to be sent via email to the Office of Risk Management and may be emailed to the appropriate emergency medical professional at the receiving hospital. Upon verification of receipt by the ORM the data may be deleted from the Site AED Coordinator's computer.

Emergency medical professionals at the receiving hospital will have access to Philips Medical Systems CODERUNNER data management software via a secure Internet connection in order to read and/or print the data for medical management of the patient.

- 14.5 *Data Storage.* Downloaded data and post-incident critique forms are to be stored in a secure location under the direct supervision of the Office of Risk Management.

15. Training and Drill Procedures

See Appendix F for the *Post-Incident Critique Form*.

- 15.1 *AED Training Requirements.* The AED Responders shall be responsible for maintaining all required AED/CPR training. Texas Tech University System requires successful completion of the American Heart Association CPR and AED training course or the American Red Cross CPR and AED training course.

The Office of Risk Management with assistance from Site AED Coordinators shall track training requirements and notify each Responder of any deficiencies or renewals required.

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 AED Responders may also follow any actual AED events.

APPENDICES

The following appendices are provided in a format suitable for copying and posting as appropriate:

- A. AED Responder Roster**
- B. AED Location and Equipment Sheet**
- C. Periodic Maintenance Checklist**
- D. AED Response Protocol and Flow Chart**
- E. AED Incident Report**
- F. Post-Incident Critique Form**

APPENDIX A
AED Responder Roster

Texas Tech University System

**Contact Texas Tech University System Office of Risk Management for AED
Responder information.**

APPENDIX B
AED Location and Equipment Sheet

Texas Tech University System

**CONTACT TEXAS TECH UNIVERSITY SYSTEM OFFICE OF RISK MANAGEMENT FOR INFORMATION
REGARDING AED LOCATIONS.**

APPENDIX C
Periodic Maintenance Checklist

AED PERIODIC MAINTENANCE CHECKLIST

AED Model Number:		AED Serial Number:					
AED Location:							
Date							
Scheduled Frequency							
AED Clean, no dirt or contamination; no signs of damage							
Supplies Available <ul style="list-style-type: none"> • 2 sets defibrillation pads, sealed, undamaged, within expiration date • 1 set infant/child defibrillation pads, sealed, undamaged, unexpired* • Ancillary supplies (hand towel, scissors, razor, gloves, rescue breathing device) • Battery, within "Expiration " date • Data card, undamaged 							
Status Indicator Flashing black hourglass; self-test passed.							
Inspected by (operator signature or initials)							
Remarks, Problems, Corrective Actions							

APPENDIX D
AED Response Protocol and Flow Chart

AED RESPONSE PROTOCOL AND FLOW CHART

The following HEARTSTREAM AED response protocol is for use by the AED Team of Texas Tech University System. The HeartFirst Program Medical Director approves it for use by approved members only. The protocol will be reviewed on an annual basis and replaced by a revised protocol as necessary. See the AED Response Protocol Flow Chart, following.

Conduct an initial assessment:

- ❑ Assess for scene safety; use universal precautions.
- ❑ Assess patient for unresponsiveness.
- ❑ If unresponsive, activate emergency services. Call 911, 9911 or appropriate number.

Assess breathing

- ❑ Open airway
- ❑ Look, listen and feel for breathing
- ❑ If breathing is absent, deliver two rescue breaths

Assess circulation

- ❑ If signs of circulation are absent, provide CPR. Continue CPR until AED arrives.

Begin AED treatment

- ❑ As soon as the AED is available, turn on the AED and follow the prompts.
- ❑ Shave chest with disposable razor if indicated. Discard razor in a safe manner. Wipe chest if it is wet.
- ❑ Apply defibrillation pads. Look at the icons on the AED pads and place the pads as shown in the illustrations. Ensure pads are making good contact with the patient's chest. Do not place the pads over the nipple, medication patches, or visible implanted devices.
- ❑ Deliver a shock to the patient if advised by the AED, after first clearing the patient area. Administer additional shocks as prompted by the AED, until the AED advises no shock or has delivered a series of three consecutive shocks and prompts to check the patient.
- ❑ When advised by the AED, check the patient's airway, breathing, and signs of circulation and initiate CPR if circulation is absent.
- ❑ Continue to perform CPR until otherwise prompted by the AED or EMS personnel.
- ❑ Continue to follow the HEARTSTREAM AED prompts until EMS arrives.

When EMS arrives

Responders working on the victim should document and communicate important information to the EMS provider, such as:

- ❑ Victim's name
- ❑ Known medical problems, allergies or medical history
- ❑ Time the victim was found
- ❑ Initial and current condition of the victim
- ❑ Information from the HEARTSTREAM AED's screen:
 - ❑ Number of shocks delivered
 - ❑ Length of time defibrillator has been used
- ❑ Assist as requested by EMS providers

Post-Use Procedure

- ❑ AED responder: Remove the data card while transferring care of patient to EMS. Notify the Site AED Coordinator of the event. Give the data card and tray and the AED Incident Report to the Site AED Coordinator within 24 hours post-event.
- ❑ AED responder: 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 the after-patient-use maintenance on the AED.
- ❑ Site AED Coordinator: notify HeartFirst Program Medical Director and Director of Risk Management.
- ❑ Site AED Coordinator: download data from data card and send the confidential data via email to the Office of Risk Management (ORM) or send data card to ORM.
- ❑ Site AED Coordinator: conduct employee incident debriefing, as needed.
- ❑ Site AED Coordinator: complete the incident follow-up report and forward to HeartFirst Program Medical Director and Director of Risk Management.

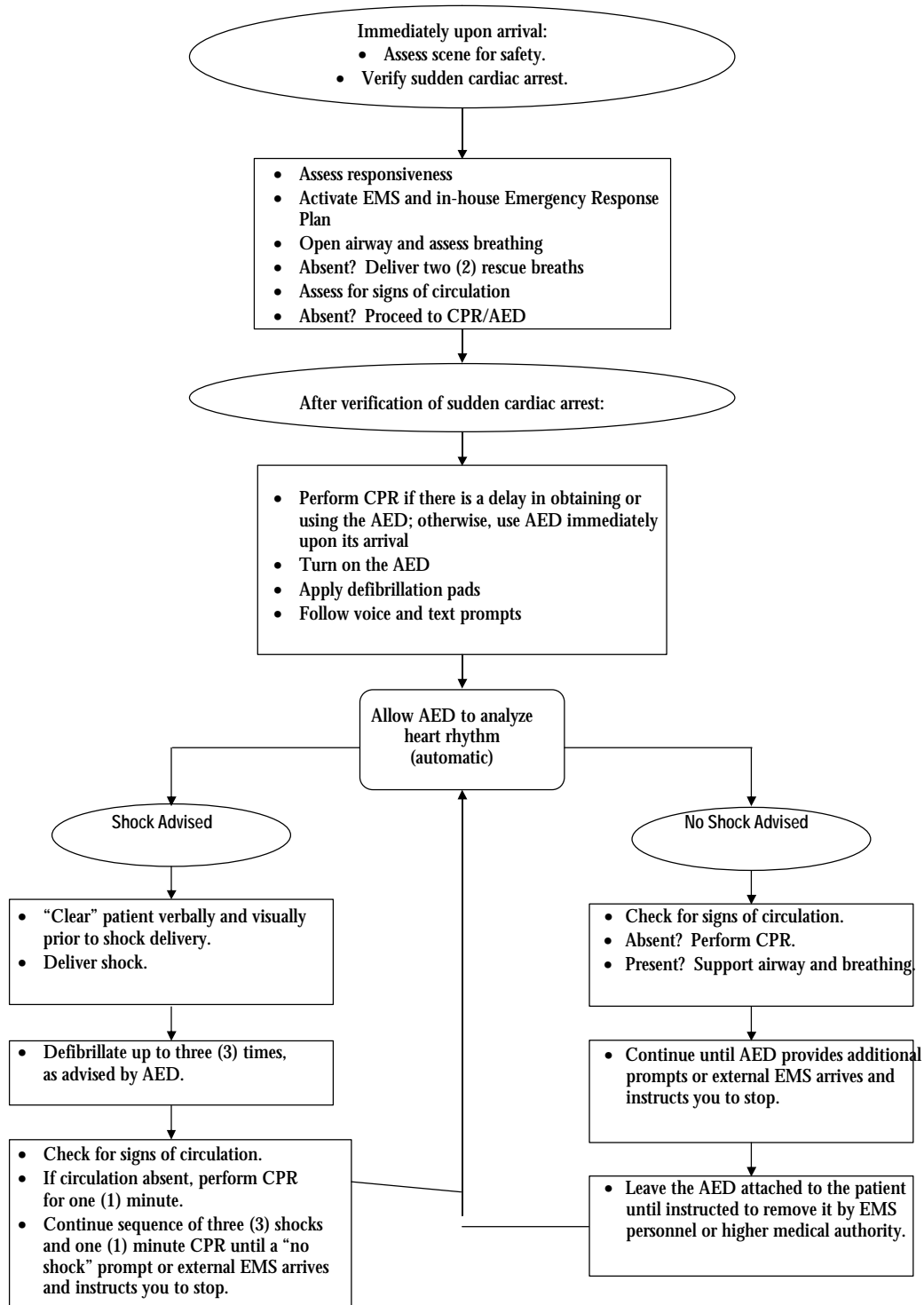
Maintenance after Each Patient Use

- ❑ AED responder: Inspect the exterior and connector for dirt or contamination.
- ❑ AED responder: Check supplies, accessories and spares for expiration dates and damage. Notify the Office of Risk Management of supplies needing replenished. Office of Risk Management will provide replacement supplies.
- ❑ AED responder: Check operation of the Heartstream AED by removing and reinstalling the battery and running a battery insertion test.
- ❑ AED responder: Remove PC data card and replace it with an empty tray. Place data card and tray in the envelope for delivery to the Site AED Coordinator or ORM.

Medical Director (signature): _____ **Date:** _____

Director Risk Management (signature): _____ **Date:** _____

HeartFirst AED RESPONSE PROTOCOL FLOW CHART



APPENDIX E
AED Incident Report

Texas Tech University System AED INCIDENT REPORT

Incident Details

Patient Name: _____		
Patient DOB: ___/___/___	Patient Age: _____	Patient Gender: _____
Incident Date: ___/___/___	Incident Time: _____	(hour: minute)
Incident Location: _____		

Event History

Patient activity prior to event: _____	
Patient complaints prior to event: _____	
Was the event witnessed?.....	No Yes, at _____ (time) / rescuer: _____
Was CPR started? No	Yes, at _____ (time) / rescuer: _____

Assessment and Treatment

Were ABC's assessed?	No Yes, at _____ (time) / rescuer: _____
Was CPR initiated?.....	No Yes, at _____ (time) / rescuer: _____
Was shock #1 delivered?.....	No Yes, at _____ (time) / rescuer: _____
Was shock #2 delivered?.....	No Yes, at _____ (time) / rescuer: _____
Was shock #3 delivered?.....	No Yes, at _____ (time) / rescuer: _____
Was respiration regained?.....	No Yes, at _____ (time) / rescuer: _____
Was consciousness regained?.....	No Yes, at _____ (time) / rescuer: _____
Was patient transferred to EMS?.....	No Yes, at _____ (time) / rescuer: _____

Report Completed by: _____ Date: ___/___/___

NOTE: Use back of this sheet for additional comments.

Routing:

- Site AED Coordinator
- Director Risk Management
- HeartFirst Program Medical Director

APPENDIX F
Post-Incident Critique Form

POST-INCIDENT CRITIQUE FORM

Patient Data

Patient Name: _____ Incident Date: _____
If know: DOB: _____ Age: _____ Gender: _____

Call Notification (include hour : minute : second for times recorded)

How was Responder alerted? _____ Time alerted: ___ : ___ : ___
How was Responder dispatched? _____ Dispatch time: ___ : ___ : ___
Who initiated 9-1-1 call? _____ Time called: ___ : ___ : ___
AED Responder arrival time: ___ : ___ : ___ AED arrival time: ___ : ___ : ___

SCA Event Report

Collapse/recognition:	___ : ___ : ___	Bystander CPR started:	___ : ___ : ___
9-1-1 called:	___ : ___ : ___	EMS dispatched:	___ : ___ : ___
AED Responder arrival:	___ : ___ : ___	AED arrival:	___ : ___ : ___
Patient unresponsive:	Yes No	Documented time:	___ : ___ : ___
Rescue breathing started:	Yes No	Documented time:	___ : ___ : ___
CPR started:	Yes No	Documented time:	___ : ___ : ___
AED applied:	Yes No	Documented time:	___ : ___ : ___
First shock advised:	Yes No	Documented time:	___ : ___ : ___
Additional shocks:	Yes No	Total # of shocks delivered:	_____
Return of circulation (pulse):	Yes No	Documented time:	___ : ___ : ___
Return of respiration:	Yes No	Documented time:	___ : ___ : ___
EMS scene arrival:	___ : ___ : ___	EMS arrival at patient:	___ : ___ : ___
Patient condition at EMS hand-off:	_____		
		Patient transported:	___ : ___ : ___
Transported to:	_____		
Patient condition at hospital (if known):	_____		

Report Completed by: _____ Date: _____