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Medical Command

**AUTOMATED EXTERNAL DEFIBRILLATION
(AED) PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: 45 MDG/SGGT (Capt Brad Bowers)

Certified by: 45 MDG/CC
(Col Charles W. Mackett III)

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This regulation provides guidelines for the management and use of the Automated External Defibrillator (AED) at facilities within the 45th Space Wing.

1. General.

1.1. The American Heart Association estimates that approximately 220,000 people die each year from sudden cardiac arrest, more than 600 deaths a day. About 75-80 percent of these events occur outside a hospital. The most common heart rhythm associated with cardiac arrest is ventricular fibrillation; in basic terms, the heart's ability to pump blood stops. Immediate defibrillation is necessary to restore the heart's normal rhythm; for every minute that passes without defibrillation, a victim's chance of survival decreases by 7-10 percent. Emergency medical services (EMS) response times average about 12 minutes, and this corresponds to a survival rate of less than 2 percent.

1.2. The newer AEDs now make it possible for trained lay rescuers to deliver early defibrillation and greatly improve the chance of survival.

2. Responsibilities.

2.1. **The 45 SW/CC.** The Wing Commander has the overall responsibility for the AED program. The 45th Space Wing Commander directs the Director of Base Medical Services (DBMS) to ensure proper medical objectives are maintained for the AED program.

2.2. **The 45 MDG/CC.** The Director of Base Medical Services (DBMS) is responsible to the 45 SW/CC for implementation of the AED program. The DBMS will ensure all medical objectives are maintained and provide professional guidance on program administration. The DBMS will appoint in writing a Medical Director and Program Coordinator for the AED program.

2.3. **Medical Director.** The medical director will be a physician proficient in emergency medical services protocols, cardiopulmonary resuscitation (CPR), and the use of AEDs. The medical director

is responsible for providing oversight for training, emergency medical services coordination, protocols, and formulation of AED deployment strategies. The medical director will develop quality assurance and guidelines for use of the AED and will review or have a designated representative, review all event summary sheets within 24 hours of AED use.

2.4. Program Coordinator. The program coordinator, as a minimum, will be a Basic Life Support (BLS) Instructor Trainer. The program coordinator will oversee all training processes for adult CPR in conjunction with AED training. The program coordinator will maintain a current roster of all primary and alternate site coordinators and ensure that they are conducting unit training according to Military Training Network (MTN) standards.

2.5. Site Coordinators. Units possessing an AED will have a primary and alternate site coordinator. These individuals will be appointed in writing by the unit commander and will successfully complete all training requirements as established by the program coordinator. The site coordinators will be responsible for identifying and training all targeted responders within their unit. The site coordinators will be responsible for the AED and ensure all required inspections and maintenance actions are accomplished in accordance with the manufacturers manual. Daily maintenance checks will be accomplished and documented on the form provided in **Attachment 1** of this instruction. **Attachment 2** contains a list of suggested additional equipment items to be kept with the AED. These items are strongly recommended. The 45th Medical Group Medical Logistics (SGSL) can offer assistance in obtaining these items.

2.6. Targeted Responders. Those individuals identified as targeted responders will, as a minimum, successfully complete the American Heart Association (AHA) Heartsaver AED course and receive a certification card.

2.7. Events Summary Sheet. An events summary sheet will be completed by the individual using an AED on a victim and forwarded to the Medical Director or designee within 24 hours of the event, **Attachment 3**.

3. Maintenance.

3.1. The 45th Medical Group Biomedical Equipment Repair (45 MDSS/SGSLE) will serve as the point of contact for site coordinators and the manufacturer representatives concerning any problems with AEDs. Additionally, Biomedical Equipment Repair will be responsible for any inspections or maintenance beyond the site coordinator's ability to accomplish using the manufacturer owners manual.

4. Quality Assurance.

4.1. The medical director or designee, with the assistance of the 45th Space Wing Staff Judge Advocate or designee, will review all event summary sheets to ensure quality of care was in compliance with applicable Federal and Florida statutory requirements within 24 hours of the event. Additionally

the Chief of Clinical Services will be required to review all event summary sheets within 24 hours of the event.

MICHAEL F. LEHNERTZ, Colonel, USAF
Vice Commander

Attachment 1

DAILY MAINTENANCE LOG
HEARTSTREAM DEFIBRILLATOR

The purpose of this log is to verify the operational status of the Automated External Defibrillator.

1. **Physical damage?** Check for cracks and signs of impact.
2. **Flashing hourglass.** Ensure alternating hourglass is visible through window.
3. **No audible alarm.** Unit is not beeping or chirping.
4. **Spare battery.** Extra battery is in case and has not expired.
5. **Two Sets AED pads.** Check for package integrity and expiration date.

If you encounter any trouble or have any questions, please contact Medical Maintenance at the clinic, 494-6125.

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Attachment 2

ADDITIONAL EQUIPMENT LISTING

A2.1. Non-latex protective gloves.

A2.2. CPR face mask/shield.

A2.3. Disposable razors to dry shave a victim in chest area if required.

A2.4. Bandage Scissors.

A2.5. Spare battery and electrode pads.

A2.6. Biohazard/medical waste container/bags.

A2.7. Pad of paper and pens.

A2.8. Absorbent towel.

Attachment 3

EVENT SUMMARY SHEET

Location of event: _____

Date of event: _____ Time of event: _____

AED oversight physician: _____

AED program coordinator: _____

Victim's name: _____

Was the event witnessed or non-witnessed? **Witnessed/Non-Witnessed**

Name of trained rescuer(s):

Internal response plan activated? **YES/NO**

Was 9-1-1 called? **YES/NO**

Was pulse taken at initial assessment? **YES/NO**

Was CPR given before the AED arrived? **YES/NO**

If yes, name(s) of CPR rescuer(s):

Were shocks given? **YES/NO**

Total number of shocks _____

Did victim...

Regain a pulse? **YES/NO**

Resume breathing? **YES/NO**

Regain consciousness? **YES/NO**

Was the procedure for transferring patient care to the emergency medical team executed? **YES/NO**

Comments/Problems encountered:

Printed name of person completing form Signature Date Duty Phone

FAX COMPLETED SHEET TO 45 MDG MEDICAL DIRECTOR/SGH @ 494-3864