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**Medical Command**

**PUBLIC ACCESS DEFIBRILLATION  
PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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OPR: 78 MDG/SG (Col Richard G. Griffith)

Certified by: 78 ABW/CC  
(Col Marvin T. Smoot, Jr)

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This instruction outlines responsibilities and procedures for managing the implementation of the provisions for the "Guidelines for Public Access Defibrillation (PAD) Programs in Federal Facilities." This regulation is affected by the Privacy Act of 1974.

**1. Purpose:** This operating instruction (OI) provides guidance for the deployment of Automated External Defibrillators (AED) within buildings at Robins AFB. The AED is to be used for an emergency response to Sudden Cardiac Arrest (SCA), as a means to decrease premature mortality. This OI shall further identify and delineate the lines of responsibility and provide general guidelines to ensure an appropriate response to initiate such a program.

**2. Scope:** This document describes the role and responsibilities deemed necessary to ensure the broadest training and application of the AED. The scope of training and use is applicable to all federal employees and active duty personnel at Robins AFB.

**3. Roles and Responsibilities:**

**3.1. WR-ALC/CC and 78 ABW/CC:**

3.1.1. Ensures each organization has appointed individual representatives to meet the functional recommendations set forth in this document.

3.1.2. Provides the necessary resources to ensure total organizational compliance with the PAD program.

**3.2. 78 MDG/CC:**

3.2.1. Provides initial coordination between organizations and Federal Occupational Health.

3.2.2. Serves as conduit via medical logistics section for purchase of services from the Federal Occupational Health.

3.2.3. Works directly with the AED coordinators. Contact 327-8327 (Medical Logistics).

**3.3. Federal Occupational Health (FOH):**

3.3.1. The FOH has ultimate medical responsibility for all medical aspects of the PAD program.

3.3.2. Appoints a physician Medical Director.

**3.4. Medical Director for Federal Occupational Health:**

3.4.1. The Medical Director has direct medical oversight over the entire PAD program and its participants.

3.4.2. The Medical Director will have general responsibilities that include the establishment and maintenance of the "AED Use-Chain of Survival" and "Post-Use Procedure" guidelines included in this document ([Attachment 1](#) and [Attachment 2](#)) and any future updates.

3.4.3. Assesses quality assurance, compliance to developed protocols, and continuation of proper training.

3.4.4. Critically reviews all recorded data cards and actions taken each time an AED is used.

**3.5. Unit Commander:**

3.5.1. The commander of each unit shall appoint an AED Coordinator who will serve as the primary liaison between the local organization's AED program and the Medical Director.

**3.6. AED Coordinator:**

3.6.1. The AED Coordinator shall be a member of the local organization where the AED is deployed.

3.6.2. The AED Coordinator is responsible for the maintenance of all equipment and supplies to assure proper functioning of the AED device.

3.6.2.1. Follows the manufacturer's suggested maintenance protocol for their particular AED.

3.6.3. Ensures Basic Cardiac Life Support (BCLS) training of the organization's members via the established training policy.

3.6.4. Once an AED has been used in an emergency situation, the AED coordinator/designee will immediately complete the AED Coordinated Report for the Medical Director ([Attachment 3](#)), and forward it to the Medical Director for review. The Medical Director shall receive the completed report within one duty day of deploying the AED.

3.6.5. Arrange for Critical Incident Stress Management (CISM) debriefing sessions to be offered for all individuals involved in providing assistance in an emergency situation ([Attachment 4](#)).

**3.7. Responders:**

3.7.1. Responders are individuals who are trained in BCLS and who will respond to an emergency. Their specific training shall be set forth in accordance with local policy.

3.7.2. Trained responders shall follow the protocol in an emergency situation as depicted in the "AED Treatment Algorithm" ([Attachment 6](#)).

#### 4. AED Location and Installation:

4.1. The essential key to surviving a heart attack is early defibrillation. Therefore, AEDs must be strategically placed throughout the organization based upon the time to initial shock of a victim of Sudden Cardiac Arrest (SCA).

4.1.1. A facility site assessment will determine the number of AEDs that are necessary as well as their placement within the buildings. This will be done by the FOH.

4.1.2. Factors considered in determining AED placement include the following:

4.1.2.1. Facility size.

4.1.2.2. Number of employees in the facility.

4.1.2.3. Number of people that may have public access to the facility on a daily basis.

4.1.2.4. Average age of the facility occupants.

4.1.2.5. Incidence of heart disease given the population at hand.

4.1.2.6. Emergency response protocol may already be in place for that facility, keeping in mind that it is the time to initial shock that really matters.

4.1.3. In order to achieve complete area coverage within a building, an AED should be positioned no more than 1 minute's travel time (one way) from any given point within the building.

4.1.4. Optimal response time from the identification of a person "down" to the arrival of the AED on-scene is 3 minutes or less.

4.1.5. Optimal response time from the identification of a person "down" to the delivery of a shock (i.e., drop-to-shock) should be 4 minutes or less.

4.1.6. An event timeline for a responder should ideally be as follows:

4.1.6.1. Minute #1:

- Discovery of "downed" victim: Initiate Chain of Survival; activate 9-1-1.
- Decision to retrieve AED.
- Identify closest AED.

4.1.6.2. Minute #2 & #3:

- Retrieval of AED (round trip).

4.1.6.3. Minute #4:

- Refamiliarization with AED instructions.
- Preparation of victim and application of chest pads.
- Detection of shockable rhythm.
- Delivery of shock.

4.1.7. AED accessory kits should be packed with the AED so that the responder will not lose time deciding what to take to the emergency. These kits should provide items such as gloves, scissors, shaving razor, tape, extra electrodes, and a barrier mask.

4.1.8. AEDs should be stored in such a way that an alarm is activated when the unit is removed for use. This can be set up as a central alarm, whereby the local EMS is automatically notified, or as a local sounding alarm that can draw assistance to the scene.

MARVIN T. SMOOT, JR., Colonel, USAF  
Commander

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORT INFORMATION*****References***

Guidelines for Public Access Defibrillation Programs in Federal Facilities, January 18, 2001, Department of Health and Human Services (DHHS).

Public Law 106-505, Public Health Improvement Act of 2000, Title IV, Subtitle A, Cardiac Arrest Survival Act (CASA); (H.R. 2498).

Public Law 106-129, 42 U.S.C. 241 note, Healthcare Research & Quality Act of 1999, Section 7.

42 U.S.C., Public Health Service Act, Section 238, 247, 248: Title 2, Part B.

Marenco J, Wang P, et al, Improving Survival from Sudden Cardiac Arrest: The Role of the Automated External Defibrillator. JAMA 2001 Mar 7; pgs 1193 – 1200.

American Heart Association, Heartsaver AED for the Lay Rescue and First Responder. Emergency Cardiac Care Guidelines 2000.

***Terms***

**Automated External Defibrillator (AED)**—A defibrillator device that is:

- Commercially distributed in accordance with the Federal Food, Drug and Cosmetic Act.
- Capable of recognizing the presence or absence of ventricular fibrillation or ventricular tachycardia, and is capable of determining, without intervention by the user of the device, whether defibrillation should be performed.
- Able to deliver an electrical shock to an individual upon determining that defibrillation should be performed.

**Basic Cardiac Life Support (BCLS)**—A training program that teaches basic CPR techniques as well as AED use.

**Cardio-Pulmonary Resuscitation (CPR)**—The act of providing respiratory ventilation and heart (cardiac) compression by an external source. This most commonly is provided to an individual who is without both spontaneous respiration and heartbeat, and is provided by someone capable of performing the required mechanical action.

**Emergency Medical Services (EMS)**—The term used to describe the rapid response team of medically trained personnel to provide emergency medical assistance as necessary.

**Defibrillation**—The delivery of a controlled electric shock measuring 200 to 360 joules, via a defibrillator, directly through a person's chest to the fibrillating heart.

**Federal Building**—A building or portion of a building leased or rented by a federal agency, which includes buildings on military installations of the United States.

**Harm**—For purposes of this document, this term may include physical, non-physical, economic, and non-economic losses.

**Perceived Medical Emergency**—When circumstances exist whereby the behavior of an individual leads a reasonable person to believe that the individual is experiencing a life-threatening condition that requires

an immediate medical response.

**Pulseless Ventricular Tachycardia**—An abnormal cardiac rhythm that is incompatible with life if not immediately treated (hereafter referred to as heart attack).

**Sudden Cardiac Death (SCD)**—The term used to describe an abrupt cessation of normal cardiac function that typically results from ventricular fibrillation or pulseless ventricular tachycardia with rapid progression to death if not immediately treated.

**Ventricular Fibrillation**—An abnormal cardiac rhythm that is incompatible with life if not immediately treated (hereafter referred to as heart attack).

**Attachment 2****AED USE-CHAIN OF SURVIVAL****In Case of Emergency, Initiate Chain of Survival****Activate 9-1-1**

- Assess scene safety.
- Assess responsiveness. Tap shoulder and shout “Are you OK?”
- Activate emergency response plan.
- Check Airway, Breathing, and Circulation (ABCs).
  - Assess Airway. Perform head tilt, chin lift to open airway.
  - Assess Breathing. Look, listen, and feel. If breathing is absent, use protective airway mask to deliver two rescue breaths.
  - Assess Circulation. Check for Sign of Circulation (SOC) – normal breathing, movement, and cough. If SOC are absent, begin CPR.

**Early CPR (for one rescuer)**

- Perform CPR until an AED arrives.
  - Compress and release chest 15 times (Rate: 100 compressions/minute)
  - Ventilate. Give 2 rescue breaths.
  - Continue CPR, 15 compressions/2 rescue breaths. Check pulse after 4 cycles and every few minutes thereafter.

**Early Defibrillation**

- When AED arrives:
  - Place the AED near the head of the patient on the same side as the rescuer.
  - Turn on the AED.
  - Bare and prepare the chest.
  - Cut or tear away clothing.
  - If excessive chest hair, shave or clip.
  - If chest wall is wet, dry it before placing electrode pads.
  - Follow the AED’s verbal and visual prompts.
  - Apply electrodes.
  - Allow the AED to analyze.

- If indicated, deliver shock by pressing the illuminated shock button.
- Continue care per the AED Treatment Algorithm.

### **Early Advanced Care Life Support**

- Have a designated person wait for EMS providers at the front entry of main building and help guide them through security doors to the patient.
- Individuals working on the patient should communicate information to the EMS providers such as:
  - Victim/patient name.
  - Any known medical problems or allergies.
  - Time victim was found.
  - Initial and current condition of the victim.
  - Information from the AED, such as number of shocks delivered.
  - Assist EMS personnel as necessary.

### **Attachment 3**

#### **POST-USE PROCEDURE**

##### **Responder: AED Post-Use Procedure**

The AED Coordinator will do the following after any AED use:

- Notify Medical Director via the written "AED Coordinated Report for Medical Director".
- Remove used PC data card and replace it with a spare PC card. Label used PC data card with patient identification information and deliver it to the Medical Director with the report listed above.
- Conduct employee CISM debriefing, if deemed necessary.
- Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or expiration dates.
- Remove and replace battery in the AED and perform a Battery Insertion Test (BIT) prior to replacing the AED back into service.
- Clean the AED. Review specific user's guide for list of appropriate cleaning agents.

##### **Regular Maintenance**

See user's guide for complete maintenance schedule.

##### **Daily and After Each Use**

- Check the status indicator. Verify the light settings that indicate the unit is ready to use. Consult your user's guide for the specifics regarding the meaning of your lighting configuration.
- Ensure all supplies, accessories, and spares are present and are in operating condition.
- Check expiration dates and any obvious signs of damage to the unit.

##### **Weekly**

- Inspect the exterior and pad connectors for signs of damage.

##### **After Each Use**

- Inspect the exterior and pad connectors for dirt or contamination.
- Check status indicator. Perform a BIT to confirm the power source is ready to be put back in service.
- Replace PC data card.

Attachment 4

AED COORDINATED REPORT FOR MEDICAL DIRECTOR

Please initial all restorative/corrective action items listed below:

\_\_\_\_\_ Remove used PC card, label it with patient ID (Name (last, first); last four of Social Security Number (SSN)) and place an unused PC card in AED unit.

\_\_\_\_\_ Follow Post-Use procedure guidelines to restore AED unit back to ready state (**Attachment 3**).

\_\_\_\_\_ Replace/restock any accessory items as necessary.

\_\_\_\_\_ Deliver used PC Card and "this" checklist to the AED Medical Director for review within one duty day.

\_\_\_\_\_ Schedule/conduct Critical Incident Stress Management (CISM) debriefing as determined necessary by the AED Coordinator.

CISM Debriefing: Date Planned \_\_\_\_\_; Date Conducted \_\_\_\_\_

Incident Details

Date incident occurred: \_\_\_\_\_

Time incident occurred: \_\_\_\_\_

Location incident occurred: \_\_\_\_\_

Time EMS called: \_\_\_\_\_

Time AED placed on patient: \_\_\_\_\_

Time EMS arrived on scene: \_\_\_\_\_

Initial condition of patient when found: \_\_\_\_\_

Condition of patient when received by EMS: \_\_\_\_\_

Were AED shocks administered? (Circle one) Yes/No; if yes, how many \_\_\_\_\_

Patient Information (if known)

Name: (Last, First, MI) \_\_\_\_\_

Gender: (circle one) Male/Female

Age: \_\_\_\_\_  
Last four of SSN: \_\_\_\_\_  
Assigned unit: \_\_\_\_\_  
Branch of Service/Civilian: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Phone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Next of kin/contact person: \_\_\_\_\_  
Home address: \_\_\_\_\_  
\_\_\_\_\_  
Known medical problems \_\_\_\_\_  
Known allergies: \_\_\_\_\_

**Name of AED Coordinator:**

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Duty Phone: \_\_\_\_\_

Date checklist sent to Medical Director: \_\_\_\_\_

### Attachment 5

#### CRITICAL INCIDENT STRESS MANAGEMENT (CISM) INFORMATION

**What is CISM?** It is a comprehensive system of crisis intervention designed to assist individuals and groups affected by traumatic events (natural disasters, terrorist events, suicides, and death – either accidental or intentional).

**What events might precipitate a request for CISM services?** Many types of events have the potential to produce individual and community traumatic stress. Events include: large-scale disasters (tornadoes, bombings, hurricanes, etc) and small-scale disasters (suicide, death or near-death of coworker, workplace violence event, etc). CISM services will be provided after traumatic events to help those who have experienced the events. The goal is to assist those affected by traumatic events to cope with the normal stress reaction in an effective manner. These actions are intended to minimize the impact of exposure to these events and prevent or mitigate permanent disability, if possible.

**What is the procedure for requesting CISM services?** The office of record for CISM services is the Life Skills Support Center (327-8393). Please address any inquiries about CISM services to the Chief of the CISM team.

Attachment 6

AED TREATMENT ALGORITHM

