
AED PROGRAM

Automated External Defibrillator (AED) Program

All Saints Parish

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812.576.4302

Effective Date: December 1, 2016



AED PROGRAM

POLICIES AND PROCEDURES

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Section 1.0 – Signature Page

Signatures by the appropriate representatives put these policies and procedures into effect. The policies and procedures will stay binding until revised, with a new signature page, or the program is terminated, and the policy and procedure will be considered null and void. Deviation from policy and procedures may cause physician to rescind authorization of the program.

The policies and procedures will be initiated and put into effect on the date below. An annual review and revision will be conducted if necessary. Any changes to these policies and procedures require prior approval by the parties signing below.

AED Program Coordinator

Date

Section 2.0 – AED Overview

This document applies to the parish use of the Automated External Defibrillator (AED) mentioned in Section 4.0.

Any and all use of the AED, training requirements, policies and procedure reviews, and post event reviews will be under review of the receiving organization or a reviewing physician, a licensed physician in Indiana.

Much appreciation is given to Margaret Mary Health (MMH), William Lovett, M.D. and Kathy Newell (MMH coordinator). Margaret Mary Health, 321 Mitchell Avenue, Batesville, IN 47006.

Section 3.0 – Definitions

This section defines terms related to AED policies and procedures.

Definitions

1. AED shall refer to the automated external defibrillator capable of cardiac rhythm analysis, which will charge and deliver a shock after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia when applied to an unconscious patient with absent respirations and no signs of circulation. The automated defibrillator requires user interaction in order to deliver a shock.
2. An authorized individual refers to an individual, who has successfully completed a defibrillator-training program, has successfully passed the appropriate competency-based written and skills examinations, and maintains competency by participating in periodic reviews. The authorized individuals shall also adhere to policies and procedures in this manual.
3. AED Service Provider means any agency, business, organization or individual who purchases an AED for use in a medical emergency involving an unconscious person who has no signs of circulation. This definition does not apply to individuals who have been prescribed an AED by a physician for use on a specifically identified individual.

4. A reviewing physician is a physician licensed in Indiana, who reviews the policy and corresponding documents upon use of the AED by authorized individuals, evaluating that the AED implementation was appropriate.

Section 4.0 – Program Coordinator

At all times, while these policies and procedures are in effect, the company will maintain a program coordinator. This person is responsible for overall coordination, implementation, and continued operation of the program.

1. The program coordinator or alternate contact will be available in person or by phone within a reasonable amount of time to answer any questions or concerns of the authorized individuals.
2. The program coordinator or designee shall ensure that all issues related to training, such as scheduling of basic and periodic reviews, maintenance of training standards and authorized individual status, and record keeping is managed on a continuing basis.
3. The program coordinator or designee will assure that all equipment stock levels are maintained and/or ordered as stipulated in "Equipment Requirement" and readiness checks and record maintenance are done in accordance with state requirements and manufacturer's recommendations.
4. If the program coordinator or designee needs to have a quality assurance issue addressed, she/he may contact the Reviewing Physician.
5. The program coordinator will have a list of appropriate telephone numbers in compliance with above paragraphs, numbers 1 and 4 (Appendix A). If any contact information changes, the program coordinator will be notified within 72 hours.
6. The program coordinator or designee shall notify the local EMS agencies of the existence, location and type of AED at the company site.

Section 5.0 – Equipment Requirement

The type and number of AEDs and related equipment will be maintained at each site as outlined below. The program coordinator or designee will assure replacements are ordered as soon as possible. Equipment is located as shown in Appendix C.

The following stock levels and expiration dates will be checked every month and maintained as follows:

Item Description		Quantity

Readiness will be checked at least monthly and after every use, according to the manufacturer's recommended guidelines. Records will be maintained using Appendix D.

Section 6.0 – Training Requirements

The training requirements for authorized individuals are outlined below.

The course will comply with the American Heart Association (AHA) or American Red Cross (ARC) standards.

1. The course will include the following topics and skills:
 - a. Adult CPR
 - i. Scene Safety and Assessment

- ii. Chest Compressions
 - iii. Giving Breaths (Mouth-to-Mouth)
 - iv. Giving Breaths (With a Mask)
- b. Use an AED (Adult)
 - i. AED
 - ii. Putting It All Together
- c. Help from Others
- d. Adult CPR/AED Summary
- e. Adult CPR and AED Skills Test
- f. Naloxone
- g. Adult Choking
- h. Child CPR/AED Introduction
- i. Child CPR
 - i. Scene Safety and Assessment
 - ii. Chest Compressions
 - iii. Giving Breaths (Mouth-to-Mouth)
 - iv. Giving Breaths (With a Mask)
- j. Use an AED (Child)
 - i. AED
 - ii. Putting It All Together
- k. Help from Others
- l. Child CPR/AED Summary
- m. Child CPR Skills Test
- n. Child Choking
- o. Infant CPR Introduction
- p. Infant CPR
 - i. Scene Safety and Assessment
 - ii. Chest Compressions
 - iii. Giving Breaths (Mouth-to-Mouth)
 - iv. Giving Breaths (With a Mask)
 - v. Putting It All Together
- q. Infant CPR Summary
- r. Infant CPR Skills Test
- s. Infant Choking

2. All successful participants will receive a CPR/AED course completion card.

3. The required text will meet the standards of the AHA or the ARC, although it does not have to be the AHA or ARC text.
4. Basic and review sessions will be conducted according to the following schedule:
 - a. CPR/AED renewal will be conducted at least every other year
 - b. Periodic reviews will be at the discretion of the Reviewing Physician, with a one-year minimum. The program coordinator may schedule reviews more often if necessary.
5. Training records will be maintained by the program coordinator and will include documentation of defibrillation skills proficiency.

Section 7.0 – AED Protocols

In order to be eligible to use an AED on an appropriate patient, authorized individuals will:

- Meet the training requirements set forth in these policy and procedures
- Pass competency-based written and skills recognition examinations, as appropriate
- Comply with the requirements set forth in these policies and procedures. Failure to comply with these requirements shall result in the suspension of the individual's authorization.

The authorization period for a trained responder will stay in effect as long as she/he adheres to the program guidelines.

Authorization shall be rescinded in the event of termination of the individual's association with the organization.

While Indiana law allows an AED to be applied to patients by individuals who have not been trained in CPR and AED, the law also requires organizations with AEDs to have authorized individuals.

Internal Emergency Response System

The first person on the scene:

1. Will initiate the Chain of Survival by calling out for help with a medical emergency. The available personnel will call 911 and delegate someone to escort paramedics to the scene. The AED and other medical supplies are to be brought to the patient. If trained, the responder will initiate CPR until the AED arrives.

Initial protocol for the unconscious victim is as follows:

1. Upon arrival, assess the scene safety; use universal precautions
2. Assess the patient for unresponsiveness
 - a. Call 911 (you will call if you are alone)
 - b. Send someone to get the AED (you will get it if you are alone)
3. If warranted, perform CPR until the AED arrives

Begin AED treatment:

1. Turn on AED and follow prompts
2. Dry shave chest with disposable razor if indicated. Discard razor in a safe manner. Wipe chest if it is wet
3. Apply defibrillation pads. Make sure the AED pads are placed in the proper location and that they make good skin contact with the chest. Do not place AED pads over the nipple, medication patches, or implanted devices
4. The AED will analyze the patient's heart rhythm and determine if a shock is advised. Make sure everyone is clear and press the shock button. Once the AED shock has been delivered, immediately start chest compressions. Follow current AHA CPR protocol. Repeat CPR until the AED advises you to stop to re-analyze or the patient shows signs of improvement
5. Continue to follow AED prompts and perform CPR until EMS takes over

When EMS Arrives:

1. The authorized individual working on the patient should document and communicate important information to the EMS provider, such as:
 - a. Patient's name
 - b. Time patient was found
 - c. Initial and current condition of the victim
2. Assist as requested by EMS personnel

Post-Use Procedure:

1. Complete documentation of the sudden cardiac arrest event no more than 24 hours following the event
2. Give all documentation to the program coordinator
3. Program coordinator will contact the AED vendor to download event data from AED. Do not remove the battery.

4. Coordinator will assure documentation is sent to the Reviewing Physician as soon as possible, and no later than one week from the date of event
5. Program coordinator or designee should conduct emergency incident debriefing as needed

Equipment Maintenance:

1. Inspect the exterior and connector for dirt or contamination
2. Check supplies, accessories and additional battery packs for expiration dates and damage
3. Check operation of the AED

Section 8.0 – Quality Assurance

After AED use, the following quality assurance procedures will be utilized:

1. The program coordinator or designee shall be notified within 24 hours. Quality assurance shall be maintained by way of retrospective evaluation of the medical care rendered by the authorized individuals at the scene and during transfer of the patient to the appropriate transporting agency personnel
2. If grief counseling is deemed necessary, referrals may be made to professional grief counseling organizations
3. In addition to information obtained from the AED, documentation of the incident shall be completed as follows:
 - a. Documentation shall be initiated whether or not defibrillator shocks are delivered
 - b. The following information shall be provided, if known: (AED Post Incident Report, Appendix B)
 - i. Date
 - ii. Event location
 - iii. Person's name
 - iv. Person's address
 - v. Person's telephone number
 - vi. Person's sex

- vii. Estimated time elapsed from person's collapse until initiation of CPR, if witnessed or heard
 - viii. Total minutes of CPR prior to application of defibrillation
 - ix. Person's response to treatment rendered, i.e., regained pulse/breathing
 - x. Name of transporting agency
 - xi. Name of authorized individual completing the report
4. The AED Post Incident Report is to be sent to the Reviewing Physician
5. The reviewing physician, program coordinator, and/or designee will review the AED record of the event and the AED Post Incident Report and interview the authorized individuals involved in the emergency to ensure that:
 - a. The authorized individuals quickly and effectively set up the necessary equipment
 - b. When indicated, the initial defibrillator shock was delivered within an appropriate amount of time given the particular circumstances
 - c. Adequate basic life support measures were maintained
 - d. Following each shock or set of shocks, as appropriate, the person was assessed accurately and treated appropriately
 - e. The defibrillator was activated safely and correctly
 - f. The care provided was in compliance with the internal emergency response guidelines as set forth in Section 7.0 of this document
6. The reviewing physician will evaluate the occurrence and recommend a range of action to be taken in response to identified problems or deficiencies, if any, as well as actions to be commended and notify the coordinator
7. Following the post incident review, a copy of all written documentation concerning the incident will be maintained on site for a period of not less than seven (7) years from the incident date

Appendix A

Contact Phone List

For information and assistance regarding the AED program, the individuals listed below may be contacted. Every effort should be made to first contact the program coordinator or alternate contact. Only in the case of an emergency event or when the program coordinator or alternate contact cannot be reached, will contact be made with the Reviewing Physician. If any contact information changes, the program coordinator should be notified within 72 hours.

Name	Phone Number	Role
Bev Wilgenbusch	513-617-1733	Program Coordinator
Robin Fox	513-543-8101	Program Coordinator
Shirley Beetz	812-212-6487	Program Coordinator
Emily Alig	812-576-4302	Office & Parish Coordinator

Appendix B

Equipment Location

Location	Room	Building
St. John Campus All Saints Parish, State Route #1, Guilford, IN 47022	Hallway outside of restrooms	Parish Hall
St. Joseph Campus All Saints Parish, Church Lane, St. Leon, IN 47060	Entrance Area	Parish Life Center
St. Martin Campus All Saints Parish, Yorkridge Rd., Guilford, IN 47022	Entrance Area	Parish Hall
St. Paul Campus All Saints Parish, N. Dearborn Rd., Sunman, IN 47041	Hallway between school and gym	Parish Hall/School

Appendix C

AED Checklist

Date	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
SUPPLIES: 1. Battery Pack within expiration date, undamaged 2. Shaving Kit 3. Spare Battery Pack location												
STATUS INDICATOR: 1. Status indicator green												
UNIT: 1. Clean: no dirt/contamination 2. No damage present												
INSPECTED BY: (Initials of inspector, with signature at bottom)												

Remarks, Problems, Corrective Action:

Initials/Signature of Inspectors:

Appendix D

AED POST INCIDENT REPORT

Patient Name (Last, First): _____

Patient Address: _____

Patient Phone Number: _____

Sex: _____

Incident Date: _____

Location: _____

AED Operator: _____

Assistants at Scene: _____

Estimated time from patient collapse until CPR begun: _____

Estimated total time of CPR until application of AED: _____

Was collapse witnessed: _____ Time witnessed: _____

If so, by whom? _____

Was CPR begun? _____ Time begun: _____

CPR begun by whom: _____

Did the patient ever regain a pulse? _____ Time: _____

Did the patient begin breathing? _____ Time: _____

Did the patient ever regain consciousness? _____ Time: _____

Hospital patient taken to: _____ Time: _____

Other treatment: _____

Transporting Agency: _____

AED Post Incident Report Form-Page 1

Additional communication:

Comments/concerns:

Report completed by: _____

Date: _____ EMS Notified: _____

Reviewing physician/organization recommendations:

Coordinator review: _____ Date: _____

Reviewed with responders: _____ Date: _____

Reviewing physician: _____ Date: _____

Comments:

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Please contact Margaret Mary Health, Emergency Physician, 321 Mitchell Avenue, Batesville, IN 47006 to review incident report.