University of Notre Dame

Automated External Defibrillator Program

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I. Introduction

An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. The AED must only be applied to victims who are unconscious, without a pulse, and not breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

II. Scope

An AED will be used in conjunction with Cardio-Pulmonary Resuscitation (CPR) in cases of sudden cardiac arrest on campus, in accordance with accepted protocols, including those developed by the American Red Cross and American Heart Association. Use of the AED and CPR will continue as appropriate during the course of emergency care, until the patient resumes pulse and respiration, and/or local Emergency Medical Services (EMS) arrive at the scene, and assume responsibility for emergency care of the patient.

III. Responsibilities

A. University Health Services (UHS) Medical Director:
   1. Providing medical direction for use of the AED device;
   2. Reviewing and approving guidelines for emergency procedures related to the use of AEDs and CPR;
   3. Evaluating post-event review forms and electronic files downloaded from the AED.

B. Risk Management and Safety’s AED Program Coordinator:
   1. Organizing the AED training for potential campus AED users;
   2. Maintaining records of AED training in accordance with accepted protocols including those developed by the American Red Cross and American Heart Association;
   3. Coordinating equipment and accessory maintenance;
   4. Reviewing and revising the AED Policies and Procedures annually as needed in conjunction with the Campus Emergency Response Committee;
   5. Working as a liaison between the University and the AED manufacturer;
   6. Organizing meetings and working with the UHS Medical Director to maintain records, AED guidelines, and protocols;
   7. Communicating with the UHS Medical Director on issues related to this medical emergency response plan including post-event reviews.
C. **Department AED Coordinator:**
   1. Ensuring that monthly visual inspection of occurs for AED’s that they are responsible for.
   2. Sending completed AED monthly inspection checklists to Risk management and Safety AED Program Coordinator for review.
   3. Contacting Risk Management and Safety AED Program Coordinator if an AED has been used and an after action review is necessary.

IV. **Locations**
   A. Per the manufacturer’s recommendations, the AED devices are placed in areas that are easily accessible and periodic inspection of the AED will be facilitated.
   B. AED locations are listed on the Risk Management and Safety webpage.

V. **System Verification and Review**
   A. **Annual AED Program Review:**
      1. Once each year, the Risk Management and Safety AED Program Coordinator shall coordinate a meeting among the primary AED owners on campus. This includes departments such as University Health Services, NDFD, NDSP, RecSports, Athletic Trainers
   B. **Periodic Systems Check:**
      1. Once each calendar month, the Department AED Coordinator shall ensure that a visual inspection occurs for the AED(s) they are responsible for. This visual inspection includes checking the following items:
         a. Check the AED readiness indicator
         b. Check ready pack for supplies such as gloves, scissors, etc.
         c. Check expiration dates of electrode pads
      2. Campus Safety employees will also check the readiness status of AED(s) that are in publically available wall mounted cabinets while they are performing annual building inspections.

VI. **Equipment**
   A. Powerheart G3 AED, manufactured by Cardiac Science has been approved for this program and conforms to all state and local standards.
   B. Powerheart G5 AED, manufactured by Cardiac Science has been approved for this program and conforms to all state and local standards.
      Each AED will have:
      1. One set of defibrillation electrodes connected to the device;
      2. One spare set of electrodes;
3. One resuscitation kit containing two pairs of gloves, one razor, one pair of trauma shears, one towel, and one facemask barrier device. Procedures for purchasing equipment:
   1. Notify Risk Management and Safety of need;
   2. Risk Management and Safety will evaluate the request from an individual Department / Owner;
   3. Individual departments order AED units.
   4. AED(s) that are 8 or more years old should be replaced. This is to keep up with advancements in AED technology and to help ensure that replacement parts remain available.

VII. Equipment Maintenance

A. All AED equipment and accessories shall be maintained in a state of readiness and per manufacturer guidelines:
   1. The Risk Management and Safety AED Program Coordinator shall be informed of changes in availability of emergency medical response equipment (i.e.; taken out of/returned to service);
   2. Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated. After use, the AED is to be cleaned with a soft cloth dampened with one of the following agents: ammonia-based cleaners, isopropyl alcohol (70%), or hydrogen peroxide.
   3. The Risk Management and Safety AED Program Coordinator shall contact the AED Manufacturer representative regarding any equipment which requires further troubleshooting or repairs.

VIII. Authorized Users

A. Trained University Responders:
   1. Any Notre Dame responder who has successfully completed an approved CPR and AED training program through the American Red Cross or the American Heart Association;

B. Trained Volunteer Responders:
   1. Any Volunteer responder who has successfully completed an approved CPR and AED training program through the American Red Cross or American Heart Association and has a current successful course completion card;
   2. Anyone can, at their discretion, provide voluntary assistance to victims of medical emergencies. The extent to which these individuals respond shall be appropriate to their training and experience. These responders are encouraged to contribute to emergency response only to the extent they are comfortable. The emergency medical response of these individuals may include CPR, AED or medical first aid.

C. Recertification Training:
1. University Responders will renew first-aid and AED training in accordance with the American Red Cross or American Heart Association guidelines.
2. Volunteer Responders should obtain documented renewal training in first-aid and AED in accordance with the American Heart Association or American Red Cross guidelines.

**IX. Medical Response Documentation**

**A. Post-Incident Internal Documentation:**

1. When an AED is used by Notre Dame Security Police (NDSP), the event report should be filed with the NDSP as per current protocol and with the UHS Medical Director.
2. If an AED is used by University Health Services, a copy of the event report should be placed in the patient’s chart and a copy sent to the UHS Medical Director.
3. If an AED is used by a University Responder, the event report should be filed with Risk Management and Safety and with the UHS Medical Director.

**B. Post-Incident External Documentation:**

1. AED Incident Report Form (Appendix I): Completed by a Trained Responder for each event using the AED. Form shall be forwarded to the UHS Medical Director and Risk Management and Safety AED program coordinator within 24 hours of a medical event.
2. Any and all patient information generated during AED use must be collected and placed in the patient’s confidential medical file in the University Health Services Medical Records Department and stored for seven years.

**X. Post-Event Review**

**A.** A review of each medical event using an AED shall be coordinator by the Risk Management and Safety AED Program Coordinator.

**B.** All key participants in the medical event shall participate in a review that includes:

1. Actions that went well during the medical event;
2. Opportunities for improvement;

**C.** A summary of the post-event review shall be sent to Risk Management and Safety for maintenance according to the record retention policy.

**XI. AED Use**

**A.** Assess the scene for safety;

**B.** Determine the victim’s unresponsiveness;

**C.** Activate the emergency response system (Dial 574 – 631 - 5555);
D. If no pulse and/or signs of circulation, apply AED immediately. If AED is not immediately available, perform CPR until the AED arrives on the scene;

E. Remove clothing from the patient’s chest. Wipe moisture from the patient’s chest and shave excessive chest hair as necessary. Supplies are located in the ready kit with the AED;

F. Apply defibrillator pads to patient’s bare chest per diagram instructions;

G. Stand clear of patient while the machine analyzes the heart rhythm. Follow the instructions provided by the voice and screen prompts;

H. Continue cycles of analyses, shocks (if advised) and CPR until professional help arrives. Victim must be transported to hospital. Leave AED attached to victim until EMS arrives and disconnects AED.

XII. Data Storage and Retrieval

A. Every time the AED is used on a patient, data is automatically stored in the internal memory of the AED. This allows for post-incident review for quality control and training purposes.
AED INCIDENT REPORT

Complete this form with every incident necessitating AED use, submitting within 24 hours of use.

PATIENT’S NAME: _______________________________________________________

STUDENT’S ID NUMBER (If applicable): ________________________________

DOB: ___________ AGE: _____ SEX: F M PHONE: _____________________

ALLERGIES: __________________________________________________________

CURRENT MEDICATIONS: ______________________________________________

PERTINENT MEDICAL HISTORY: _________________________________________

DATE & TIME OF AED USE: _________ AED SERIAL NUMBER: _________

EXACT LOCATION OF INCIDENT: ________________________________________

DESCRIPTION OF INCIDENT: ____________________________________________

______________________________________________________________________

WITNESSES: __________________________________________________________

PHONE NUMBER: ______________________________________________________

NAME OF AED OPERATOR: _____________________________________________

OTHER ASSISTING RESPONDERS: _______________________________________

EMS UNIT RECEIVING PERSON: _______________________________________

TIME AND LOCATION OF TRANSPORT: ___________________________________

REPORTED BY: ____________________________ DATE: _________________

PHONE NUMBER: __________________________

MEDICAL DIRECTOR’S COMMENTS: _____________________________________

______________________________________________________________________
# AED OPERATOR’S CHECKLIST

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**INSPECTED BY:**

**Remarks, Problems:**

**Corrective Actions:**