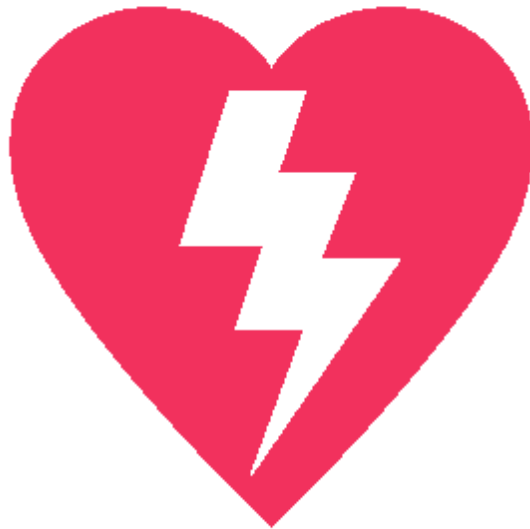


AED

Automated External Defibrillator



DESCRIPTION OF AED PROGRAM

The Automated External Defibrillator (AED) Program was implemented with the intention of making early defibrillation immediately available during cardiac emergencies. While Cardiopulmonary Resuscitation (CPR) is an important link in the survival process of Sudden Cardiac Arrest (SCA), defibrillation is the only definitive treatment for ventricular fibrillation, the rhythm that most often causes SCA.

Larry Parsons, Director of Environmental Health and Safety, will act as Program Director and Dr. Elizabeth Downing, Director of Student Health, will be Medical Director for the Program. There are many regulations regarding training, monitoring and maintenance of publicly placed AEDs, so it is critical that all AEDs placed on campus be part of the campus-wide program.

A department with an AED device is required to have 2 AED coordinators, who will need to maintain CPR and AED certification. The department must show proof of training for all coordinators before their AED unit can be delivered to the department.

The State of California Code of Regulations requires, that the defibrillator is checked for readiness at least once every 30 days, and after each use. Records of these monthly checks shall be maintained. It is the responsibility of the department AED coordinators to maintain records of the inspections.

For additional information about the program please contact Carrie Frandsen, 805-893-2323 or carrie.frandsen@ehs.ucsb.edu or Larry Parsons, 805-893-2040 or larry.parsons@ehs.ucsb.edu.

RESPONSIBILITIES OF AED COORDINATORS

1. Ensure each department AED coordinator maintains current CPR/AED certification from American Red Cross or American Heart Association.
2. Inspect AED Unit monthly to make sure AED unit is operational and equipment is intact. Equipment includes: AED unit, 2 sets of gloves, 1 CPR mask, scissors, gauze, and a razor. Record this inspection on monthly log sheet. Send completed log to EH&S in January. Batteries should be replaced every 4 years, and pads should be replaced every 2 years and after each use.
3. Keep a departmental AED binder near the unit which includes:
 - a) Emergency Response and Operation Plan
 - b) Monthly Inspection Record Forms
 - c) Post Incident Report Forms
5. Notify EH&S if
 - a) any AED Coordinator contact information changes
 - b) location of unit is changed
6. If the AED unit is used, complete a Post Incident Report Form. Submit the report to both Student Health, fax 893-3681 and to EH&S, fax 893-8659, within 24 hours of the incident.

EH&S TRACKING #

Serial #

2008 AED MONTHLY INSPECTION RECORD

Please log monthly inspections & fax to EH&S at x8659 every January

Dept

Bldg Name Bldg #

Floor Room Pad expiration date

Location Battery expiration date

Coordinator name Coordinator Title Phone Train Date

2008	Inspector's Name	Carry Case Intact	All Equipment Inside *	AED Tests Properly
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

* Equipment includes: AED unit, 2 sets of gloves, 1 CPR mask, scissors, gauze, razor

AED EMERGENCY RESPONSE & OPERATION PLAN

Response Plan

- Upon ANY request for medical assistance, the Automated External Defibrillator (AED) and personal protective equipment should accompany the rescuer to the scene or be brought to the scene with minimum delay.
- 911 should be accessed immediately.
- While responding to a call for help, mentally review the proper steps to be taken if the patient is in cardiac arrest.
- There should be as little delay as possible in responding to a medical call for help.
- Upon arriving on the scene, make sure the scene is safe. If not safe, either make it safe or wait for Emergency Medical Services (EMS) to arrive.
- Prior to assessing the patient, the AED operators shall protect themselves by putting on medical gloves. 2 pairs of gloves are to be kept with each AED. Eye protection should be worn in the event of blood or other bodily fluids.
- Assess the patient.
- If the patient meets defibrillation criteria, immediately proceed according to the operational procedures.

AED Operational Procedures

PATIENT CRITERIA:

The AED should NOT be used if:

- If an obvious traumatic situation has occurred, and the victim is pulseless and not breathing, CPR should be initiated and the AED should NOT be used.
- If obvious death criteria are present, resuscitation should not be started and the AED operator equipment should not be applied.

•The AED Operator should apply the AED equipment to the patient for analysis if the patient meets all of the following patient criteria:

- Unconscious
- Pulseless
- Not breathing or agonal respirations (shallow, slow, irregular inspirations followed by irregular pauses)
- 60 pounds or greater body weight and any age; or
- 8 years of age or over and any body weight

If all of the patient criteria are not met, do not apply the AED equipment; provide standard first aid care.

AED OPERATOR TREATMENT PROCEDURES:

1. If the patient is found in cardiopulmonary arrest and all patient criteria are met, or the patient develops cardiopulmonary arrest (witnessed cardiac arrest) and the patient criteria are met, the AED operator shall take the following actions after placing AED next to patient's left ear.

- a. Establish unresponsiveness
- b. Position the patient properly, ensure the patient is in a position/location for safe defibrillation, open the airway
- c. Establish breathlessness and give two full ventilations
- d. Establish carotid pulselessness
- e. If available, assign someone to provide CPR. If no one can provide CPR, go directly to AED use
- f. Open AED equipment, turn on power
- g. Begin Verbal Report (Your name, patient's approximate age, estimated duration of time in cardiopulmonary arrest, any medical history, etc.)
- h. Open adhesive defibrillator pads and cable set
- i. Attach defibrillator pads to the patient in the proper locations; stop all CPR and patient contact
- j. Wait for equipment analysis

2. If the AED equipment indicates defibrillation is necessary, the AED will charge fully with an audible tone when ready for defibrillation. Ensure that the patient is in a position and location for safe defibrillation. Move the patient to a better location if potentially unsafe for defibrillation. Proceed as follows and in compliance with AED treatment protocol:

- a. Clear anyone in contact with the patient or in contact with the patient by contact with electrically conductive material by announcing loudly, "I'm clear, you're clear, we're all clear." Visually ensure that no one has contact with the patient and press the shock button.
- b. After the shock is delivered, do not allow any patient contact while the AED equipment is assessing. Follow voice and visual commands of the AED equipment. If the patient still has an EKG rhythm that is shockable, the AED equipment will recharge and will then announce to, "press shock button." Follow the voice and display commands.
- c. Deliver (stack) a total of three successive shocks following the AED patient treatment protocol without interposed CPR or patient contact. If the patient develops an EKG rhythm that is not shockable, the AED equipment will not charge and will advise to check for a pulse. If no pulse, provide CPR for one minute. The AED will then automatically analyze or instruct you to, "press analyze." Follow voice and display commands.
- d. If the patient is not in an EKG rhythm that is shockable and the patient remains in cardiopulmonary arrest, then continue CPR. After each minute of CPR, stop CPR and press the analyze button and follow voice and display commands.
- e. If the patient remains in an EKG rhythm that is shockable, follow the AED patient treatment protocol to a maximum of six shocks. If the patient regains pulses and re-arrests, the AED operator may deliver up to a total of nine shocks.
- f. Once applied to a patient, the AED equipment shall remain applied until EMS personnel with necessary defibrillation equipment assume care.

Arrival of Emergency Medical Services

When either the Fire Department or ambulance personnel arrive, immediately hand over care.

-Announce arrival of agency on scene and give a verbal report of initial condition of patient, actions taken, amount of shocks delivered (displayed on screen), changes in patient's condition, etc.

-If the Fire Department Personnel arrive prior to the Ambulance Company, do not turn equipment off. Give verbal report. **Leave the equipment on and attached to the patient.** The Fire Dept personnel will then either take over operation of the AED or instruct you to continue with care under their supervision.

-When the ambulance company arrives, the paramedic or EMT will either detach the plug-in connector and attach to their equipment or remove defibrillator pads and attach their own equipment.

-Follow instructions of any arriving EMS personnel.

Post Incident

Complete the UCSB AED Post Incident Report Form, and forward it within 24 hours to Student Health, fax 893-3861, and to Environmental Health & Safety, fax 893-8659.

This form should be completed by the person who used the AED within 24 hours of the incident and forwarded to Dr. Elizabeth Downing, AED Program Medical Director, Student Health Services, fax 893 3861, and Larry Parsons, AED Program Director, Environmental Health & Safety, fax 893 -8659.

UCSB AED POST INCIDENT REPORT FORM

PATIENT NAME _____

ADDRESS _____

Birth -date _____ Age _____

Time of incident _____ Location of incident _____

Time of arrival at patient's side _____ Witnessed Arrest? Yes / No

Approximate "Down" Time _____

Skin Color (blue, pale, other) _____

Emesis (vomit)? Yes / No Signs of trauma? Yes / No If Yes please explain

Bystander CPR? Yes / No If Yes, Name(s) _____

Position Patient was found (i.e. lying, sitting) _____

Shockable Rhythm Yes / No If Yes, total number of shocks delivered _____

Transfer of care to _____ Time _____

Verbal report given Yes / No To _____

Equipment Failure / Problems? Yes / No If so, explain _____

Follow up at Hospital? Yes / No Comments _____

EMS follow -up? Yes / No Comments _____

Personnel Name _____

Signature of person completing report _____

Date _____