AED PROGRAM PROTOCOL
* SAMPLE *

I. PURPOSE

To establish an action plan for responding to a medical emergency.

II. TRAINING REQUIREMENTS

Any employee that is expected to provide emergency care to a patient will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heartsaver AED standards or other equivalent training organizations and American Safety and Health Institute (ASHI) standards.

III. DESIGNATED EMERGENCY MEDICAL RESPONDERS

The following employees will be trained in the use of CPR/AED. It is the goal to have at least one (1) trained responder available during business/school hours.

Name   Position

1. _____   _____
2. _____   _____
3. _____   _____
4. _____   _____
5. _____   _____
6. _____   _____

IV. EMERGENCY MEDICAL RESPONSE PLAN ACTIVATION

Internal Notification – Once notified of an emergency, _____ will notify the facilities emergency responders. The emergency responders will be notified with the following procedure:

Insert your organization's emergency procedure notification plan here.

"911" Notification – Once notified of an emergency, _____ will call "911" to initiate public safety agencies. The caller should give the "911" operators the following information:

1. Type of emergency

2. Address of facility

3. Location of emergency

4. Phone number they are calling from

5. Further information requested from "911" operator.

V. TYPE OF MEDICAL EMERGENCY

Sudden Cardiac Arrest – Follow "Indications for AED Use" in section VI and VII of the plan.

Other Medical Emergencies – Responder should provide only the patient care that is consistent with his/her training.

VI. INDICATIONS FOR AED USE

The AED is intended to be used by personnel who have been trained in its operation. The user should be qualified by training in basic life support or other physician-authorized emergency medical response. **The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive and not breathing.** Post-resuscitation, if the victim is breathing, the AED should be left attached to allow for acquisition and detection of the ECG rhythm. If a shockable ventricular tachyarrythmia recurs, the device will charge automatically and advise the operator to deliver therapy.

*Apply the AED if person is unresponsive and not breathing

VII. PROCEDURE

A. Assess scene safety.

Is the scene free of hazards?

Rescuer makes sure there are no hazards to them. Some examples are:

• Electrical dangers (downed power lines, electrical cords, etc.)

• Chemical (hazardous gases, liquids or solids, smoke)

• Harmful people (anyone that could potentially harm you)

• Traffic (make sure you are not in the path of traffic)

• Fire, flammable gases such medical oxygen, cooking gas, etc.

B. Determine if the patient is unresponsive and not breathing

*Apply the AED if the patient is unresponsive and not breathing

C. Follow instructions for use of your particular device.

VIII. POST INCIDENT PROCEDURE

The steps should be completed as soon after the incident as possible:

• Replace pads.
• Check expiration date on the pad package
• Replace pocket mask and other supplies used
• Check the battery fuel gauge to assure sufficient battery life
• Retrieve rescue data (if applicable) and forward to Oversight Physician or AED Program Medical Director.

IX. PHYSICIAN OVERSIGHT

Physician Oversight for this department/business will be provided by _____ MD. Physician Oversight will include the following items:

• Development and review of policies and procedures defining the standards of patient care and utilization of the AED.

• Review of response documentation and rescue data for all uses of the AED.

• Oversee the initial and continuing AED training.

• Provide advice regarding the medical care of those in need of such care.

A response documentation form should be completed for each use of the AED. The AED program coordinator and the Oversight Physician should review this form. Additionally, the rescue data should be review for appropriate treatment.

XI. BASIC MAINTENANCE

Make sure your organization follows the manufacturers guidelines for scheduled maintenance.

XII. AED USE REPORTING:

The following form should be completed each time your AED is used in a rescue and submit with event data:

Date: _____ Incident #: _____

Patient Information:

Name: _____

Address:

_____

_____

Age: _____   Gender: Male ☐   Female ☐

Site of incident: _____

Witnessed arrest:	Yes ☐	No ☐
Breathing upon arrival of designated responders:	Yes ☐	No ☐
Pulse upon arrival of designated responders:	Yes ☐	No ☐
Bystander CPR:	Yes ☐	No ☐
Cardiac arrest after arrival:	Yes ☐	No ☐

Number of defibrillation shocks: _____

Comments:

_____

_____

_____

Rescuer's Name:

_____

Rescuer's Signature:

_____