

**CAROLINAS COLLEGE OF HEALTH SCIENCES
POLICY AND PROCEDURE**

Section V - Safety

SUBJECT: AUTOMATED EXTERNAL DEFIBRILLATOR

REVIEWER(S): Safety Committee Chair
CTC Coordinator

I. POLICY

CCHS will maintain a functional automated external defibrillator which will be accessible to staff certified in CPR and AED usage.

II. PROCEDURE

- A. AED Operator's Checklist will be completed monthly by the chair of the safety committee *or designee* and following any AED use.
- B. Questions or concerns regarding the AED will be reported to the Community Training Center.
- C. Functional issues will be remedied as soon as possible.
- D. A new AED battery will be ordered from Physiocontrol *as needed* for the existing lithium battery. It will be noted when the "Battery Low" message begins to show during monthly checks. At this time the lithium battery will be replaced within 30 days of the first "Battery Low" notification. (*Phone number for Physiocontrol located in AED cabinet in the lobby of CCHS.*)
- E. CCHS staff/*faculty are* responsible for training renewal.
- F. Use of the AED will follow these steps:
 - 1. Determine unresponsiveness of victim.
 - 2. Activate the emergency response system by calling or having an identified person call 911.
 - 3. Retrieve the AED or have an identified person retrieve the AED from the glass cabinet in the lobby. Begin CPR if someone else is bringing the AED.
 - 4. Place the AED at the head of the victim.
 - 5. Turn on the AED by pressing the green button.
 - 6. Plug in the pad connector.
 - 7. Bare the victim's chest and attach electrodes as shown on electrode pads.
 - 8. Stop CPR, as prompted, while the AED analyzes.
 - 9. Follow shock prompts/CPR prompts as directed by the AED.
 - 10. If the AED does not function, or no shock is advised, continue CPR until EMS arrives.
 - 11. Communicate the victim's known information to EMS including, but not limited to: age, medical history, time of incident and number of shocks received.

NOTE:

- If the victim is in water, remove to a dry area. Dry chest if wet.
- Remove any medication patches in the area of the electrode.
- Avoid placing electrode over an internal pacemaker/defibrillator.
- If chest is extremely hairy, place electrodes and remove quickly thus removing chest hair. Place new set of electrodes on chest.

G. After AED Usage, the Operator of the AED will:

- 1. Notify the CTC coordinator of use. CTC coordinator will notify the medical director and college administration.

2. Complete an AED Utilization Form. Send it to the CTC coordinator.
3. Complete a Report of Occupational Injury and Illness Report for any staff/student treated with the AED. Send the report to the CTC coordinator.
4. The CTC coordinator will call an incident debriefing session within seven days post incident, to evaluate the incident.

H. The AED Policy will be reviewed and updated bi-annually.

III. APPROVAL:

Name: _____

Title: President

Date: _____

Public Access Defibrillation Utilization Form

Use this form to report any event, incident or situation that resulted in use or possible use of the AED.

PAD provider name and organization: _____

Identify (serial number, location, description, etc.) of AED used: _____

Location of victim: _____

Date of incident: _____ Time of incident: _____

Name of and contact information for victim: _____

Name of and contact information for person(s) who found the victim: _____

Name of and contact information for person(s) who determined victim was unresponsive: _____

Name of and contact information for person(s) who operated the AED: _____

Was the victim breathing? Yes No How was breathing checked? _____

Did the victim have a pulse? Yes No How was the pulse checked? _____

Was EMS (911) called? Yes No If yes, what time did that happen? _____

Describe the event, incident, or situation that resulted in the AED being brought to this victim:

Was the AED applied to the victim? Yes No If yes, describe what actions the AED advised and how many

times

the patient was defibrillated: _____

Status of patient at the time EMS personnel arrived:

Did the victim have a pulse? Yes No How was the pulse checked? _____

Was the victim breathing? Yes No How was the breathing checked? _____

Name of person completing this form: _____ Date completed: _____

Contact information: _____

Signature: _____ Date Signed: _____

Return this form to:
Debi Wheeler, Coordinator
Community Training Center
1200 Blythe Blvd., Ste. 220
Charlotte, NC 28203