

**BY ORDER OF THE COMMANDER
301ST FIGHTER WING**

301 FIGHTER WING INSTRUCTION 44-101



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Medical

**AUTOMATED EXTERNAL
DEFIBRILLATION (AED) PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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Certified by: 301 AMDS
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This wing instruction was introduced by Headquarters, Air Force Reserve Command Vice Commander (AFRC/CV) letter dated 28 May 1999 which provides guidelines and describes oversight for the management and use of the Automated External Defibrillator (AED) equipment at facilities under the 301st Fighter Wing (301 FW) span of control. No higher headquarters instructions have been published as of this date. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF IMT 847, *Recommendation for Change of Publication*; route AF IMT 847s from the recommending office thru the 301 FW Publications/Forms Managers (301 CF/SCBP) to Higher Headquarters is necessary. Records created as a result of processes within this instruction will be maintained and destroyed IAW Air Force Manual 33-363, Management of Records, and the Air Force Records Information Management Systems (AFRIMS) located at <https://www.my.af.mil/gcss-af61a/afrims/afrims/rims.cfm>.

1. General.

1.1. Background: The American Heart Association estimates that approximately 220,000 people die each year from sudden cardiac arrest (more than 600 deaths a day). About 75-80 percent of these events occur beyond the grounds of a medical facility, and are due to a condition called ventricular fibrillation. “V-fib” results from disruption of the normal electrical impulses within the heart. When these impulses are out of synchronization, the heart’s ability to pump blood completely ceases, and every organ system of the body starves for oxygen. Brain cells begin to die almost immediately. For every minute that passes without defibrillation (shocking the heart), a victim’s chance of survival decreases by 7-10 percent, and defibrillation is the only way to restore the heart’s ability to pump blood. Emergency medical service (ambulance) response times average about 12 minutes. If we

relied on EMS, we would expect overall survival rates of fewer than 2 percent for victims of V-fib. A properly deployed AED program makes it possible for non-medical personnel to perform defibrillation for these victims. This capability greatly improves their chance of survival.

1.2. Pre-requisites: 301 FW units which desire to participate in the 301 FW AED program (have an AED installed at their facility, or within a facility asset), must contact 301 FW AED Program Medical Director (see paragraph 2.3. below) by calling 817-782-7218 for a brief discussion regarding justification, logistical and training issues prior to ordering an AED unit. Additionally, when an AED unit approaches the end of its serviceable period (due for replacement), 301 FW AED Program Medical Director should be re-consulted to assess continued need. This approval practice helps ensure deployment of uniform AED models, training and maintenance protocols, and helps keep the 301 FW program manageable and effective.

1.2.1. To help assess the unit's need for an AED, the 301 FW AED Program Medical Director will need information regarding the unit's general mission, approximate number of occupants or "customers" frequenting the building or area, and some approximation of cardiac event risk for that population (older people, occupational or environmental risks such as job tasks involving work with electricity, etc.).

1.3. It is important to note that the participating 301 FW units are directly and solely responsible for their AED programs (purchasing, installing and user-level maintenance of equipment, personnel proficiency, designation of key personnel, etc). The 301st Medical Squadron (301 MDS) serves the units in a purely advisory capacity while providing global program oversight for 301 FW/CC.

2. Responsibilities.

2.1. The 301 FW/CC. The wing commander has the overall responsibility for the AED program and directs the 301 MDS/CC to ensure proper medical objectives are maintained for the AED program.

2.2. The 301 MDS/CC. The 301 MDS/CC is responsible to the 301 FW/CC for sustainment of the AED program. The 301 MDS/CC will ensure all medical objectives are maintained and provide professional guidance on program administration. The 301 MDS/CC will appoint in writing a Medical Director and Program Coordinator for the AED program.

2.3. The 301 FW AED Program Medical Director. The Medical Director will be a credentialed medical provider proficient and current in Basic and Advanced Cardiac Life Support. The Medical Director is responsible for formulation of AED deployment strategies (where, how many), and has approval authority for AED deployment to a unit requesting this capability. Approval will be based on factors such as risk of the population frequenting the proposed location, and willingness of the proposed location's command structure to commit to required training and testing. The Medical Director also provides oversight of the training and proficiency testing provided by the Program Coordinator. The Medical Director will review all event summary sheets within 5 business days of AED use (see paragraph 4. below).

2.4. Program Coordinator. The Program Coordinator must be a Basic Life Support (BLS) Program Director (previously known as "Instructor Trainer") and is responsible for

monitoring 301 FW AED training and program compliance. The Program Coordinator will maintain a current roster of all primary and alternate site coordinators and ensure that they are conducting unit training according to Military Training Network (MTN) standards. The Program Coordinator will ensure AED proficiency (including adult CPR) at each location through periodic testing which will be coordinated with facility fire drills in an effort to minimize mission disruption. The Program Coordinator works in concert with the Medical Director to address medical oversight issues and any irregularities that arise.

2.5. Site Coordinators. Units possessing an AED will have a primary and alternate Site Coordinator appointed in writing by the unit commander.

2.5.1. Training requirements: Site Coordinators must successfully complete all training requirements as established by the Program Coordinator, and will be responsible for identifying and training all Targeted Responders (see paragraph 2.6.-2.6.2. below) within their unit.

2.5.2. AED Unit Location and Marking. The Site Coordinator will be responsible for determining the placement of the AED unit (Program Coordinator can offer assistance), and ensuring that proper signs are posted directing rescuers to the AED unit. The location of the AED will also be marked on the facility's fire evacuation plans. Attachment 1 contains a list of suggested additional equipment items to be kept with the AED. These items are not mandatory, but are strongly recommended for an effective, safe program.

2.5.3. AED Unit Maintenance and Inspection. Site Coordinators will ensure all required inspections and maintenance actions are accomplished in accordance with the manufacturer's manual. Monthly maintenance checks will be accomplished and documented on the form provided in Attachment 2 of this instruction.

2.6. Targeted Responders. Targeted responders are personnel designated by the Site Coordinator as those likely to be in the vicinity of the AED unit when a victim is in need.

2.6.1. Training Requirements. Targeted Responders will, as a minimum, successfully complete the American Heart Association (AHA) Heartsaver AED course and receive a certification card. Certification must be renewed every 2 years. Currency of the certifications is the responsibility of the Site Coordinator.

2.6.2. Administrative Requirements. An Event Summary Sheet (Attachment 3) must be completed by the individual who used the AED on a victim. This form must be forwarded to the Medical Director within 1 duty day of the event.

3. Maintenance.

3.1. The AEDs are virtually maintenance free for up to five years. The site coordinator will perform and document monthly operational checks as recommended by the manufacturer's guidelines. This test ensures the unit is operational and able to take a charge. The 301 MDS Biomedical Equipment personnel (4A2X1 or civilian equivalent) will be the point of contact for annual maintenance testing recommended by the manufacturer.

4. Actual Event Quality Assurance.

4.1. The Medical Director or designee, with the assistance of the 301st Fighter Wing Staff Judge Advocate (301 FW/JA) or designee will review all event summary sheets within 5 duty days of the event to ensure quality of care complied with the local Standard of Care and any applicable Federal and Texas statutory requirements.

RICHARD W. SCOBEE, Colonel, USAF
Commander

Attachment 1**ADDITIONAL RECOMMENDED EQUIPMENT LIST****Table A1.1. ADDITIONAL RECOMMENDED EQUIPMENT LIST.**

	Non-latex protective gloves
	CPR face mask/shield
	Disposable razors to dry shave a victim's chest area if required
	Bandage Scissors
	Spare battery and electrode pads
	Biohazard/medical waste container/bags
	Pad of paper and pens
	Absorbent towel
	Surface-Mounted AED Cabinet or Semi-Recessed AED Cabinet
	AED Location Wall Sign

Attachment 2

MONTHLY MAINTENANCE LOG FOR HEARTSTREAM DEFIBRILLATOR

Table A2.1. MONTHLY MAINTENANCE LOG FOR HEARTSTREAM DEFIBRILLATOR.

The purpose of this log is to verify the operational status of the Automated External Defibrillator.

Item	Condition	OK	NOT
Physical damage	No visible signs of damage such as cracks, dents or evidence of impact		
Flashing hourglass	Ensure flashing hourglass icon is visible through window		
Audible alarm	Unit should not be beeping or chirping		
Spare battery	Extra battery is in case and has not expired		
Two Sets AED pads	Check for package integrity and expiration date		

NOTE: If you encounter any trouble or have any questions, please contact the AED manufacturer.

PAFB Index Number _____

MONTH			
1	9	17	25
2	10	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Attachment 3
EVENT SUMMARY SHEET

Table A3.1. EVENT SUMMARY SHEET.

Location of event	
Date of event	
Time of event	
AED oversight physician	
AED program coordinator	
Victim's name	
Was the event witnessed or non-witnessed	Witnessed/Non-Witnessed
Name of trained rescuer(s)	
Internal response plan activated	YES/NO
Was 9-1-1 called	YES/NO
Was pulse taken at initial assessment	YES/NO
Was CPR given before the AED arrived	YES/NO
If yes, name(s) of CPR rescuer(s)	
Were shocks given	YES/NO If yes... Total number of shocks _____
Did victim	
Regain a pulse	YES/NO
Resume breathing	YES/NO
Regain consciousness	YES/NO
Was the procedure for transferring patient care to the emergency medical team executed	YES/NO
Comments/Problems encountered	
Printed name of person completing	Date:
	Duty Phone:
Signature	

NOTE: Fax the completed sheet to the 301st Medical Squadron Director at 817-782-3316.