

**BY ORDER OF THE COMMANDER
30TH SPACE WING**

30TH SPACE WING INSTRUCTION 44-101

25 APRIL 2014



Medical

**VANDENBERG AFB PUBLIC ACCESS
DEFIBRILLATION (PAD) PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available on the E-Publishing website at www.e-Publishing.af.mil for downloading or ordering

RELEASABILITY: There are no releasability restrictions on this publication

OPR: 30 MDG/SGH

Certified by: 30 MDG/CC
(Col Barbara A. Jones)

Pages: 24

This instruction establishes the Vandenberg Air Force Base Public Access Defibrillation (PAD) Program and implements Air Force Policy Directive (AFPD) 41-1, *Health Care Programs and Resources*, 15 April 1994, and Guidelines for Public Access Defibrillations in Federal Facilities dated 23 May 2001. The PAD program employs an Automated External Defibrillator (AED) to be used in an emergency response to sudden cardiac arrest as a means to decrease premature mortality. This instruction identifies the lines of responsibility and provides guidelines to ensure an appropriate response to such an event. This publication is applicable to DoD entities of VAFB (non DoD/contractor tenet units will be responsible for maintaining their own PAD programs). Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AF Manual 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afirms/afirms/afirms/rims.cfm>. Comply with AFI 33-332, *Air Force Privacy Act Program*, for documents containing Privacy Act information.

Refer recommended changes and questions about this publication to the Office of Primary Responsibilities (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847 from the field through the appropriate functional's chain of command. For glossary of references and supporting information see Attachment 1.

SUMMARY OF CHANGES

This document is substantially revised and must be completely reviewed. Responsibilities were added, references updated and the listing of specific AED locations removed. This instruction

details new AED location evaluation and placement procedures and prescribes new program documentation. Units will have 6 months from publication of this SWI to fully implement new requirements.

| | | |
|--|---|-----------|
| 1. | Concept of PAD. | 2 |
| 2. | Responsibilities: | 2 |
| 3. | AED Procurement and Placement: | 5 |
| 4. | AED Maintenance: | 5 |
| 5. | Event Response and Post-Event Procedures: | 6 |
| 6. | Quality Assurance: | 6 |
| Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION | | 8 |
| Attachment 2—ADULT/CHILD/INFANT CARDIAC/RESPIRATORY ARREST | | 10 |
| Attachment 3—AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) EVENT SUMMARY SHEET | | 13 |
| Attachment 4—SITE COORDINATOR APPOINTMENT LETTER | | 14 |
| Attachment 5—SAMPLE EMERGENCY RESPONSE PLAN | | 15 |
| Attachment 6—AED INSPECTION FORM VANDENBERG AFB | | 18 |
| Attachment 7—MONTHLY PAD PROGRAM CHECKLIST VANDENBERG AFB | | 20 |
| Attachment 8—PAD PROGRAM ACTIVATION EXERCISE CRITERIA | | 23 |

1. Concept of PAD. Most cardiac arrests are due to underlying heart disease and result in irregular rhythms called ventricular tachycardia or ventricular fibrillation. The technique of delivering an electrical shock, called defibrillation, is the only known treatment for pulseless ventricular tachycardia and ventricular fibrillation. To be effective, defibrillation must be administered within minutes of a cardiac arrest, for every minute that passes without defibrillation, a victim’s chance of survival decreases by 7 to 10 percent. After as little as 10 minutes, very few resuscitation attempts are successful. With the advent of the AED, a trained rescuer can quickly and easily defibrillate a cardiac arrest victim and save lives. In August 2003, the Secretary of Defense mandated that military installations establish PAD programs with consideration for potential placement of AEDs in federal buildings.

2. Responsibilities:

2.1. 30th Space Wing Commander (30 SW/CC). Has overall responsibility for the PAD program and directs the 30th Medical Group Commander (30 MDG/CC) to maintain proper medical objectives for the PAD program. Oversees the operation of the PAD program and ensures each organization with an AED appoints a unit individual as the Site Coordinator to meet guidelines set forth in this instruction. The PAD program is not a “medical” program; it

is a “user” program. The 30 SW/CC provides installation control of this “user” program through the respective unit commanders/directors and Site Coordinators.

2.2. 30th Medical Group Commander (30 MDG/CC). Responsible to the 30 SW/CC for implementation of the PAD program. Ensures all medical objectives are maintained and provides professional guidance on program administration and execution. Appoints in writing a PAD program Medical Director and Program Coordinator. Tenant units with physicians may have their own Medical Director and Program Coordinator, but will comply with this instruction.

2.3. Medical Director. Will be a licensed physician, proficient in emergency medical services protocols, Cardiopulmonary Resuscitation (CPR), and the use of AEDs in accordance with *Guidelines for Public Access Defibrillation Programs in Federal Facilities*, FR Volume 74, Number 156 (August 14, 2009), and American Heart Association (AHA) guidance.

2.3.1. Provides medical oversight of the PAD program and its participants, and approves selection of AED locations.

2.3.2. Develops risk assessment procedures in concert with Vandenberg Fire Department and 30 SW Ground Safety personnel. Risk assessments will be performed prior to approval of new AED locations. Repeat risk assessments for existing AED locations will be performed biennially and upon report of significant changes in building traffic or function.

2.3.3. Develops and performs annual review of AED use protocols (Attachment 2).

2.3.4. Develops and facilitates PAD program quality assurance procedures.

2.3.5. Reviews accomplished Event Summary Sheets (Attachment 3) and AED Summary Reports, and provides feedback to the owning unit as required.

2.4. Program Coordinator. Will possess and maintain Basic Life Support (BLS) or Cardiopulmonary Resuscitation (CPR) Instructor certification.

2.4.1. Maintains a listing of all installation AEDs and their specific locations and verifies site data annually. Notifies and updates as necessary Emergency Medical Services (EMS), Security Forces, Vandenberg Fire Department and 30 SW Ground Safety of all AED locations.

2.4.2. Provides recommendations to unit commanders/directors for individuals to serve as Site Coordinators and serves as their consultant regarding AED locations and number of targeted responders for each AED location according to guidance by the Medical Director, Vandenberg Fire Department and 30 SW Ground Safety representatives.

2.4.3. Directs Site Coordinators on self-assessment reporting content and format. Validates unit compliance with this instruction through quarterly reviews of Site Coordinator and targeted responder BLS/CPR certification, monthly AED inspection checklists, monthly PAD Program inspection checklists and annual reviews of unit appointment letters and AED maintenance. Provides quarterly review results to the Medical Director for oversight and ensures discrepancies are resolved by the Site Coordinator within three (3) business days of notification.

2.4.4. Complies with post-event procedures and assists the Medical Director in coordinating quality assurance procedures.

2.5. 30 MDG Biomedical Equipment Technicians (BMET).

2.5.1. Conducts annual AED maintenance and addresses any mechanical problems found by Site Coordinators. Communicates cost of repairs to the owning Site Coordinator.

2.5.2. Inspects all AEDs and downloads event recordings after use on a victim. Offers unit a temporary loaner AED if available.

2.5.3. Gains all AEDs on the 30 MDG Equipment Inventory under the cost center (RC/CC) of the owning unit IAW AFI 41-102, *Medical Logistics Support*. Works with Medical Logistics Flight and Site Coordinators if an AED is recalled.

2.5.4. Reviews new AED technologies periodically and makes timely recommendations to the Medical Director regarding the need for equipment updates.

2.6. **Unit Commander/Director.** Will deploy the PAD program, AED(s), and associated equipment for selected locations within their respective unit once approved by the Medical Director. Agrees to fund the start up (including AED purchase) and ongoing (ie. supplies and training for unit personnel) costs of maintaining PAD program AEDs.

2.6.1. Appoints in writing primary and alternate Site Coordinators (Attachment 4).

2.6.2. Approves Medical Emergency Response Plans and Protocols suitable to the facility's structure, function and security requirements including a notification system to activate Targeted Responders and mechanisms to streamline EMS response to the scene of the event. See Attachment 5 for a sample Medical Emergency Response Plan.

2.6.3. Ensures compliance with post-event procedures. Participates in quality assurance procedures at the direction of the Medical Director and Program Coordinator. Determines the need for Traumatic Stress Response (TSR) for all effected and coordinates services if needed IAW AFI 44-153 *Traumatic Stress Response*.

2.7. **Site Coordinators.** Will be appointed in writing by the unit commander/director and posses and maintain current BLS or CPR certification.

2.7.1. Maintains a list of Targeted Responders near each AED location for normal duty hours who are most likely to be called upon to use the AED within their facility. Ensures Targeted Responders posses and maintain current BLS or CPR certification and provides valid proof of certification by a recognized agent to the Program Coordinator. Provides Targeted Responders and other unit personnel initial and annual training on PAD program requirements, AED Response Plans and Use Protocols, and incident reporting. Conducts and documents intermittent CPR/AED exercise scenarios in accordance with item 6.1.

2.7.2. Conducts AED operational checks at frequency recommended by the manufacturer, monthly AED Inspections (Attachment 6) and PAD Program Checklists (Attachment 7) and ensures a biennial risk assessment is conducted and documented. Performs maintenance actions including the restocking of consumable items if used or due to expire prior to the next monthly inspection.

2.7.3. Notifies the Program Coordinator if the building served by an AED experiences a significant change in population traffic (greater than 20%) or function.

2.7.4. Complies with post-event procedures and participates in quality assurance procedures at the direction of the Medical Director and Program Coordinator. Assists unit commander/ director as necessary.

2.8. **Targeted Responders.** Will possess and maintain current BLS or CPR certification. Responds to emergencies in accordance with unit AED Response Plans and Use Protocols in combination with delivering BLS/CPR until EMS personnel arrive. Complies with post-event procedures.

2.9. **Untrained personnel.** Will participate in events by making notifications, keeping a record of events, performing crowd control, escorting EMS personnel, and otherwise as commensurate with their level of training. EMS dispatchers are trained to provide instructions to untrained personnel on CPR and the application and use of an AED. Should an event occur outside of typical duty hours and a targeted responder is not available, any responder may provide CPR and use the AED following the instructions of an EMS dispatcher.

3. AED Procurement and Placement:

3.1. Initial AED procurement is at the request of the owning unit commander/director, approved by the Medical Director in keeping with risk assessment findings, and coordinated by the Program Coordinator with BMET and Medical Logistics. An AED use Protocol signed by the Medical Director serves as the prescription for AED placement and as the standing order for use by the targeted responders.

3.2. AEDs are approved for placement in strategic locations supported by risk assessment findings. AEDs will not be relocated or removed without additional risk assessment and Medical Director approval. Unit commanders/directors requesting relocation or removal of an AED will coordinate through the Program Coordinator.

3.3. AEDs will be positioned in conspicuous locations where Targeted Responders can readily find them. Those locations will also be secure in order to prevent or minimize the potential for tampering, theft and/or misuse, and preclude access by unauthorized users.

4. AED Maintenance:

4.1. 30 MDG BMET is the focal point for AED maintenance. They will maintain a minimum of five additional devices as temporary replacements for AEDs requiring maintenance/repair that cannot be done immediately.

4.2. BMETs will perform an initial inspection on all new AEDs. During this process, the serial number, manufacturer and model number will be entered into the Defense Medical Logistics Standard Support (DMLSS) database to ensure device accountability on the 30 MDG Equipment Inventory.

4.3. BMETs will inventory all AEDs during annual preventive maintenance in accordance with manufacturer's specifications and guidelines. Should replacement items be required, BMET will provide a listing of supply sources to owning Site Coordinators.

4.4. Malfunctioning AEDs will be brought to the BMET section where a technician will make an assessment. AEDs still under warranty will be returned to the manufacturer or designated dealer for repair or replacement. AEDs no longer under warranty will be assessed by BMET for in-house repair. If the AED is not amenable to in-house repair the AED will either be returned to the manufacture or designated dealer for repair or BMET will make a recommendation for replacement.

4.5. All repair or replacement actions and costs will be recorded by the Medical Logistics Flight. All costs will be paid by the owning unit. In accordance with the Safe Medical Devices Act, all equipment errors must be reported to the Food and Drug Administration (FDA). 21 U.S.C. 360(i) (1997). This reporting will be handled by the Medical Logistics Flight.

5. Event Response and Post-Event Procedures:

5.1. Mechanism for activation of the PAD program is determined by the unit Emergency Medical Response Plans and Protocols. Once activated, Targeted Responders will act accordingly until arrival of EMS personnel.

5.2. In all instances in which the PAD program is activated, the AED Event Summary Sheet will be completed by responding unit personnel and forwarded to the Program Coordinator along with the AED within 2 hours of use or by 0800 the following duty day if the event occurred outside of normal duty hours. If unable to return the AED in a timely manner, a BMET will give the unit one of their loaner devices.

5.3. The Program Coordinator will arrange for download of the AED Summary Report, route the AED Event Summary Sheet and AED Summary Report according to quality assurance procedures and return the AED to the owning unit.

5.4. The Site Coordinator will inspect unused supplies for any damage or expiration dates; restock any used, damaged or expired items; clean the AED according to manufacture instructions; remove and replace the AED battery as necessary; and perform a battery insertion test prior to returning the AED to its approved location.

5.5. After final review the AED Event Summary Sheet and AED Summary Report will be stored in 30 MDG Quality Managers office.

6. Quality Assurance:

6.1. Site Coordinators will conduct and document semiannual PAD Activation exercise scenarios to ensure staff know how to activate the program and Targeted Responders and other certified, trained staff know the AED location, that all equipment is operational, and that staff respond appropriately. Evaluation of these exercises will be documented on PAD Activation Exercise Criteria (Attachment 8). The PAD Activation Exercise Criteria will be kept on file by the Site Coordinator and available for inspection at any time by the Program Coordinator and/or Medical Director.

6.2. BLS/AED instructors may conduct unannounced exercise scenarios to ensure targeted responders appropriate use of the AED protocols at the discretion of the Medical Director.

6.3. The PAD program Medical Director or the 30 MDG Code Blue Representative will review all AED Event Summary Sheets and AED Summary Reports with focus on the identification of lessons learned and system deficiencies. Findings will be presented at the next scheduled 30 MDG Executive Committee of the Medical Staff (ECOMS). Both findings and recommendations may be shared with unit commanders/directors at the discretion of the Medical Director.

NINA M. ARMAGNO, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Federal Register Vol. 74, No. 156, Pg 41133-41139, *Guidelines for Public Access Defibrillation Programs in Federal Facilities*, 14 August 2009

Public Law 106-505, *Cardiac Arrest Survival Act of 2000*, 114 Stat. 2337, Nov 13, 2000

AFMLO Guidance Document 02-01 *Public Access Defibrillator Program*, 13 Aug 2002

AFI 41-209, *Medical Logistics Support*, 30 Jun 2006

AFI 44-102, *Medical Care Management*, 20 Jan 2012

AFI 44-153, *Traumatic Stress Response*, 29 Aug 2011

AHA-American Heart Association Dallas, TX, www.americanheartassociation.org

ARC-American Red Cross National Headquarters Washington, DC, www.americanredcross.org

Cardiac Arrest Survival Act of 2000, <http://frwebgate.access.gpo.gov>

California Health/Safety Code Section 104113, http://www.emsa.ca.gov/laws/files/regs1_8.pdf

Abbreviations and Acronyms

AED—Automated External Defibrillator

AFRIMS—Air Force Records Information Management System

AFPD—Air Force Policy Directive

AHA—American Heart Association

BLS—Basic Life Support

BMET—Biomedical Equipment Technician

CPR—Cardiopulmonary Resuscitation

DMLSS—Defense Medical Logistics Standard Support

DoD—Department of Defense

ECOMS—Executive Committee of the Medical Staff

EMS—Emergency Medical Services

FDA—Food and Drug Administration

IAW—In Accordance With

OPR—Office of Primary Responsibilities

PAD—Public Access Defibrillation

POC—Point of Contact

RC/CC—Responsibility Center/Cost Center

RDS—Records Disposition Schedule

TSR—Traumatic Stress Response

VAFB—Vandenberg Air Force Base

Attachment 2

ADULT/CHILD/INFANT CARDIAC/RESPIRATORY ARREST

Figure A2.1. Adult Cardiac Arrest

| AED Use Protocol for ADULT CARDIAC ARREST | |
|--|--|
| STEP | ACTION |
| 1 | <p>Get the PAD and respond to the scene</p> <ul style="list-style-type: none"> • Walk briskly – Do not risk additional injuries |
| 2 | <p>Make sure the scene is safe</p> <p>Check for:</p> <ul style="list-style-type: none"> • 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 as medical oxygen, cooking gas, etc |
| 3 | <p>Assess victim status</p> <ul style="list-style-type: none"> • If CPR is already being given, ensure EMS has already been activated and go to step 5 • If CPR is not being given check to see if the person responds • If the person doesn't respond, ensure EMS has already been activated and go to step 4 |
| 4 | <p>Check breathing</p> <ul style="list-style-type: none"> • Make sure the person is on a firm, flat surface • If the person isn't breathing at all or is only gasping go to step 5 |
| 5 | <p>Use the PAD and give CPR*</p> <p>PAD:</p> <ul style="list-style-type: none"> • Do not delay the use of the PAD to give CPR, use the PAD as soon as you have it • Turn it on by lifting the lid • Move clothes out of the way (cut them away if necessary) • Follow the prompts • When directed to do so, give CPR in cycles of 30 compressions and 2 breaths <p>Compressions:</p> <ul style="list-style-type: none"> • Put the heel of one hand on the lower half of the breastbone. Put the heel of your other hand on top of the first hand • Push straight down at least 2 inches at a rate of at least 100 compressions a minute • After each compression let the chest come back up to its normal position • Compress the chest 30 times <p>Breaths:</p> <ul style="list-style-type: none"> • After 30 compressions, open the airway with a head tilt-chin lift • After the airway is open, take a normal breath • Pinch the nose shut and cover the mouth with your mouth • Give 2 breaths (blow for 1 second each) and watch for the chest to rise |
| 6 | <p>Keep going</p> <ul style="list-style-type: none"> • Keep following the instructions of the PAD until the person starts to breath or move or until someone with more advanced training arrives and takes over |
| <p>* The American Heart Association has determined that Hands-Only CPR may be used for out of hospital, witnessed, sudden cardiac arrest in adults. Hands-Only CPR is therefore an acceptable alternative to conventional CPR in adult victims with witnessed sudden collapse.</p> | |
| <p>For children 1 year old to onset of puberty use the Child Cardiac/Respiratory Arrest Protocol For infants less than 1 year old use the Infant Cardiopulmonary Resuscitation Protocol</p> | |
| <p>This AED Use Protocol has been approved by the 30 SW Pad Program Medical Director</p> | |
| <p>_____ Signature/Stamp and Date</p> | |

Figure A2.2. Child Cardiac/Respiratory Arrest

| AED Use Protocol for CHILD CARDIAC/RESPIRATORY ARREST (1year old to onset of puberty) | |
|---|--|
| STEP | ACTION |
| 1 | <p>Get the PAD and respond to the scene</p> <ul style="list-style-type: none"> • Walk briskly – Do not risk additional injuries |
| 2 | <p>Make sure the scene is safe</p> <p>Check for:</p> <ul style="list-style-type: none"> • 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 |
| 3 | <p>Assess victim status</p> <ul style="list-style-type: none"> • If CPR is already being given, ensure EMS has already been activated and go to step 5 • If CPR is not being given check to see if the child responds • If the child doesn't respond, go to step 4 |
| 4 | <p>Check breathing</p> <ul style="list-style-type: none"> • Make sure the child is on a firm, flat surface • If the child isn't breathing at all or is only gasping go to step 5 |
| 5 | <p>Give CPR and use the PAD</p> <ul style="list-style-type: none"> • Move clothes out of the way (cut them away if necessary) <p>Compressions:</p> <ul style="list-style-type: none"> • Put the heel of one hand on the lower half of the breastbone. • Push straight down about 2 inches at a rate of at least 100 compressions a minute • After each compression let the chest come back up to its normal position • Compress the chest 30 times <p>Breaths:</p> <ul style="list-style-type: none"> • After 30 compressions, open the airway with a head tilt-chin lift • After the airway is open, take a normal breath • Pinch the nose shut and cover the mouth with your mouth • Give 2 breaths (blow for 1 second each) and watch for the chest to rise <p>PAD:</p> <ul style="list-style-type: none"> • After the first 5 cycles of CPR (2 minutes), ensure EMS has already been activated and use the PAD • Turn it on by lifting the lid • Follow the prompts using the child pads (if no child pads are available or if the child is older than 8 use adult pads making sure they do not touch) • When directed to do so, resume giving CPR in cycles of 30 compressions to 2 breaths |
| 6 | <p>Keep going</p> <ul style="list-style-type: none"> • Keep following the instructions of the PAD until the child starts to breath or move or until someone with more advanced training arrives and takes over |
| <p style="font-size: small;">This AED Use Protocol has been approved by the 30 SW Pad Program Medical Director</p> <div style="text-align: right; margin-right: 100px;"> <p>_____ Signature/Stamp and Date</p> </div> | |

Figure A2.3. Infant Cardiopulmonary Arrest

| AED Use Protocol for | |
|---|---|
| INFANT CARDIOPULMONARY ARREST | |
| (Infants less than 1 year old) | |
| STEP | ACTION |
| 1 | <p>Get the PAD and respond to the scene *</p> <ul style="list-style-type: none"> • Walk briskly – Do not risk additional injuries |
| 2 | <p>Make sure the scene is safe</p> <p>Check for:</p> <ul style="list-style-type: none"> • 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 |
| 3 | <p>Assess victim status</p> <ul style="list-style-type: none"> • If CPR is already being given, ensure EMS has already been activated and go to step 5 • If CPR is not being given check to see if the infant responds • If the infant doesn't respond, go to step 4 |
| 4 | <p>Check breathing</p> <ul style="list-style-type: none"> • Make sure the infant is on a firm, flat surface. If possible, use a surface above the ground • If the infant isn't breathing at all or is only gasping go to step 5 |
| 5 | <p>Give CPR *</p> <ul style="list-style-type: none"> • Move clothes out of the way (cut them away if necessary) <p>Compressions:</p> <ul style="list-style-type: none"> • Place 2 fingers just below the nipple line • Push straight down about 1 1/2 inches at a rate of at least 100 compressions a minute • After each compression let the chest come back up to its normal position • Compress the chest 30 times <p>Breaths:</p> <ul style="list-style-type: none"> • After 30 compressions, open the airway with a head tilt-chin lift • After the airway is open, take a normal breath • Cover the infant's mouth and nose with your mouth • Give 2 breaths (blow for 1 second each) and watch for the chest to rise |
| 6 | <p>Keep going</p> <ul style="list-style-type: none"> • Keep giving sets of 30 compressions and 2 breaths until the infant starts to breath or move or until someone with more advanced training arrives and takes over |
| <p>*The American Heart Association does not currently recommend the use of PADs by lay rescuers for infants in cardiopulmonary arrest. More advanced defibrillators are preferred in infants and the decision of which device to use is best left up to advanced providers. Additionally, because cardiac arrest in infants is most often caused by respiratory problems, a PAD is less likely to be effective with infants than with adults. The instruction to "Get the PAD" is included here only because the targeted responder may not reliably know the age of the victim until arrival on the scene.</p> | |
| <p>This AED Use Protocol has been approved by the 30 SW Pad Program Medical Director</p> | |
| <p>_____ Signature/Stamp and Date</p> | |

Attachment 3

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) EVENT SUMMARY SHEET

Figure A3.1. Automatic External Defibrillator (AED) Event Summary Sheet

Event Date: _____ Event Time: _____ Event Location: _____

Name/Date of Birth of Victim: _____

Name/Organization of targeted responder(s) performing BLS/use of the AED: _____

Was the event witnessed? YES/NO
 Time Medical Emergency Response Plan was activated: _____
 Time 9-1-1 was called: _____
 Was CPR performed before the AED arrived? YES/NO
 Time AED arrived: _____ Time AED was applied to individual: _____
 Did the AED deliver shocks prior to EMS personnel arrival? YES/NO
 Total number of shocks delivered prior to EMS arrival: _____
 Prior to EMS arrival did the victim:
 Regain a pulse? YES/NO Resume breathing? YES/NO Regain consciousness? YES/NO
 Time EMS arrived: _____

Form completed by: _____

| NAME | SIGNATURE | DATE/TIME | DUTY PHONE |
|--|-----------|-----------|------------|
| HAND CARRY EVENT SUMMARY TO THE PROGRAM COORDINATOR WITHIN TWO (2) HOURS OF THE EVENT OR BY 0800 ON THE NEXT DUTY DAY IF THE EVENT OCCURRED OUTSIDE OF NORMAL DUTY HOURS. | | | |

I have reviewed the AED Event Summary Sheets and AED Summary Reports. Findings will be presented at the 30 MDG Executive Committee of the Medical Staff (ECOMS) and recommendations shared with unit commanders/directors as indicated.

Medical Director: _____ Code Blue Representative: _____
 Signature: _____ Signature: _____
 Date: _____ Date: _____

ECOMS Review Date: _____

PRIVACY ACT OF 1974 AS AMENDED APPLIES. QUALITY ASSURANCE DOCUMENT EXEMPT FROM DISCOVERY IAW TITLE 10 U.S.C., SECTION 1102. DO NOT RELEASE.

Attachment 4

SITE COORDINATOR APPOINTMENT LETTER

Figure A4.1. Site Coordinator Appointment Letter

[Use Letterhead and Arial 12 point font]

MEMORANDUM FOR VANDENBERG AFB PAD PROGRAM COORDINATOR

FROM: UNIT COMMANDER/DIRECTOR

SUBJECT: Appointment as PAD Site Coordinator (Primary/Alternate)

1. In accordance with SWI 44-101, *Vandenberg AFB Public Access Defibrillation (PAD) Program*, the following individuals are appointed as the Primary and Alternate Site Coordinators for the AED(s) located in Building(s) _____:

| <u>NAME/RANK</u> | <u>DUTY PHONE</u> | <u>E-MAIL ADDRESS</u> |
|------------------|-------------------|-----------------------|
| Primary: _____ | _____ | _____ |
| Alternate: _____ | _____ | _____ |

2. This is an additional duty and each individual will coordinate leave and TDY coverage with the other. At least 30 days prior to reassignment, extended TDYs, or separation from service, the Primary and/or Alternate is required to update this appointment letter with the name of the newest appointee(s).

3. Site coordinators are aware of their responsibilities and will comply with the 30 SWI 44-101, *Vandenberg AFB Public Access Defibrillation (Pad) Program*.

4. Should you have any further questions, please contact XXX by DSN: 27X-XXXX.

Unit Commander/Director Signature Block

Attachment 5

SAMPLE EMERGENCY RESPONSE PLAN

Figure A5.1. Sample Emergency Response Plan

1. **Purpose:** To establish an action plan for responding to a medical emergency involving sudden collapse or probable cardiac arrest.
2. **Scene Safety:** The first person on the scene of any possible emergency will always ensure the scene is safe prior to entering to assess the victim(s). Examples of potential hazards may include but are not limited to:
 - 2.1. Electrical dangers (downed power lines, electrical cords).
 - 2.2. Chemical (hazardous gases, liquids or solids, smoke).
 - 2.3. Harmful people.
 - 2.4. Traffic
 - 2.5. Fire hazards (flammable gasses such as oxygen, cooking gas).
3. **PAD Program Activation:**
 - 3.1 **During Unit Duty Hours:** 0730 to 1630 Monday through Friday. In any potentially life-threatening cardiac emergency:
 - 3.1.1. After ensuring the scene is safe, the first person on scene accesses the victim for potential life threatening emergency and if present will:
 - 3.1.1.1. Activate the PAD Program by calling the Security Console at extension ``0000" and inform them of the location and nature of the emergency.
 - 3.1.1.2. Activate Emergency Medical Services (EMS) by calling "911" and inform the EMS dispatcher of location of the emergency (the building Number and/or facility name, room number and floor), the nature of emergency and the status of the victim (unconscious, breathing, bleeding), their gender and approximate age, the availability of the AED, and any other information requested by the EMS dispatcher.
 - 3.1.1.3. Render care appropriate to level of training, to include initiating CPR as indicated.
 - 3.1.2. Security Personnel immediately upon receiving the call will:
 - 3.1.2.1. Notify the targeted responders by dialing the group notification number for the PAD program pagers and enter the code for the location of the emergency.

3.1.2.2. Send an escort to meet Emergency Medical Services (EMS) personnel at a visible location and escort them to the site.

3.1.3. Targeted Responders immediately upon receiving the notification will:

3.1.3.1. Obtain the AED and accessories.

3.1.3.2. Proceed directly to the site of the emergency.

3.1.3.3. Assess the victim and if indicated, administer CPR and the AED according to AED Use Protocols kept with the AED.

3.1.3.4. When the Targeted Responder is on the scene, he or she shall be in charge of directing the activities until EMS arrives and assumes care of the victim.

3.1.4. Any additional responders will participate in events by making notifications, keeping a record of events, performing crowd control, escorting EMS personnel, and otherwise as commensurate with their level of training.

3.2. Outside of Unit Hours: 1630 to 0730 Monday through Friday, and All Hours Saturday, Sunday and Federal holidays. In any potentially life-threatening cardiac emergency:

3.2.1. After ensuring the scene is safe, the first person on scene accesses the victim for potential life threatening emergency and if present will:

3.2.1.1. Remain with the victim and have assistance call "911". If assistance is not available call "911" and then return to the victim.

3.2.1.2. Activate EMS by calling "911" and inform the EMS dispatcher of location of the emergency (the building Number and/or facility name, room number and floor), the nature of emergency and the status of the victim (unconscious, breathing, bleeding), their gender and approximate age, the availability of the AED, and any other information requested by the EMS dispatcher.

3.2.1.3. Send an escort to meet EMS personnel at a visible location and escort to the site. If an escort is not available and EMS cannot gain access to the site advise the EMS dispatcher and follow their instructions.

3.2.1.4. Render care appropriate to level of training, to include initiating CPR and use of the AED, as indicated. EMS dispatchers are trained to provide instructions to untrained personnel on CPR and the application and use of an AED. Any responder may provide CPR and use the AED following the instructions of an EMS dispatcher.

3.2.1.5. Notify Chain of Command of event to ensure post-event procedures are followed.

3.3. **Special Circumstances:** Sudden collapse in children and infants is almost always due to breathing difficulties. When alone and responding to a child or infant, trained personnel should give five sets of CPR before activating the emergency response system.

Attachment 6

AED INSPECTION FORM VANDENBERG AFB

Figure A6.1. AED Inspection Form Vandenberg AFB

| AED INSPECTION FORM VANDENBERG AFB | | | |
|---|-----|------------|----------|
| MONTH/YEAR: | | | |
| UNIT ECN on AED: | | | |
| AED SERIAL NUMBER: | | | |
| NAME: | | SIGNATURE: | |
| DATE: | | | |
| EXTERNAL CHECK: | YES | NO | COMMENTS |
| AED: Free of damage/cracks | | | |
| ADULT ELECTRODES: Free of cracks/breaks/bent connection | | | |
| CALIBRATION STICKER (AF FORM 4368): Date is Current | | | |
| INDICATOR LIGHT: GREEN | | | |
| OPEN LID: | | | |
| BATTERY BARS: TWO OR GREATER | | | |
| CLOSE LID: | | | |
| INDICATOR LIGHT: GREEN (FOLLOWING CLOSURE OF LID) | | | |
| ACCESSORIES: | | | |
| AED ACCESSORY KIT: All materials present/in good condition: Scissors, Gloves, Razor, Mask, Gauze, Absorbent towels. | | | |
| BIOHAZARD/MEDICAL WASTE BAG | | | |
| COPY OF EVENT SUMMARY SHEET | | | |
| SIGNED AED USAGE PROTOCOLS | | | |

| <i>IF APPLICABLE:</i> | YES | NO | N/A | COMMENTS |
|--|------------|-----------|------------|-----------------|
| PEDIATRIC ELECTRODES: Greater than 4 weeks prior to expiration date* | | | | |
| BACK-UP ADULT ELECTRODES: Greater than 4 weeks prior to expiration date* | | | | |
| <p><i>*If less than 4 weeks prior to expiration date: Order replacement set.</i></p> <p>IF THE RESPONSE TO ANY OF THE ITEMS LISTED ABOVE IS “NO”, CONTACT THE MEDICAL MAINTENANCE (BMET) OFFICE (LOCATED IN MTF) AT 805-606-9348</p> <p><i>NOTE:</i> To clean AED, use damp cloth with a non-oxidizing disinfectant, such as ammonium salts or a glutaraldehyde based cleaning solution, to avoid damage to the metal connectors. DO NOT USE BLEACH OR PHENOLS. DO NOT AUTOCLAVE, STEAM OR GAS STERILIZE.</p> <p>*This form is subject to changes as required</p> | | | | |

Attachment 8

PAD PROGRAM ACTIVATION EXERCISE CRITERIA

Figure A8.1. PAD Program Activation Exercise Criteria

| ALL PURPOSE CHECKLIST | | PAGE 01 OF 01 PAGES | | |
|--|--|---------------------|----|------|
| TITLE/SUBJECT/ACTIVITY/FUNCTIONAL AREA | | OPR | | DATE |
| PAD Program Activation Exercise Criteria | | | | |
| N O. | ITEM <i>(Assign a paragraph number to each item. Draw a horizontal line between each major paragraph.)</i> | YES | NO | N/A |
| 1 | Discovery of “downed” victim within one minute? (CRITICAL) | | | |
| 2 | Initial Responder activates the PAD program IAW Unit’s Medical Emergency Response Plan? | | | |
| 3 | Initial Responder activates EMS IAW Units Emergency Medical Response Plan (SIMULATE for exercise scenario only) | | | |
| 4 | Initial Responder initiates CPR if trained to do so? (Perform for exercise scenarios lead by BLS/Heart Saver AED Instructors. Verbalize action for exercise scenarios lead by non-instructors) * | | | |
| 5 | Targeted Responder/PAD arrives within 2 minutes of Program Activation? (CRITICAL) * | | | |
| 6 | PAD is Functional/Supplies are available? | | | |
| 7 | Targeted Responder has current BLS or CPR provider certification? | | | |
| <p>* Performance of BLS/CPR and use of the AED will only be evaluated by a BLS/Heart Saver AED Instructor. In exercise scenarios for PAD program activation only, BLS/CPR should not be performed and the AED should not be applied. Exercise scenarios intended to evaluate BLS/CPR and AED use will be lead by BLS/Heart Saver AED Instructors utilizing a trainer AED.</p> <p>EVALUATOR COMMENTS:</p> | | | | |

Evaluator Signature/Time and Date

Example Scenarios:**ADULT:**

- 1 – You respond to a shout for help in the hallway. Upon arrival you find a 60 year old woman collapsed on the floor. Her skin color appears blue and she is not responding to verbal stimuli. What would you do?
- 2 – You enter the office and find another staff member standing over a man in his late 40s who appears to be unconscious, lying on the floor. What do you do?
- 3 – You are having lunch in the break room when a 35 year old colleague starts complaining of a rapid heart rate. She suddenly collapses forward on the table. She is not breathing and is unconscious. What would you do?
- 4 – You are helping a customer when he begins complaining of severe chest pain. He appears sweaty and pale. Within minutes he slumps to the floor, unresponsive. What do you do?

PEDIATRIC:

- 1 – An 8 year old boy is running around on the playground when he suddenly sits down complaining of dizziness. While asking him if he is alright his eyes roll back in his head and he slumps to the ground. What would you do?
- 2 – You are checking on the children during rest time and notice a 2 year old girl with blue lips who does not respond when you shake her. She doesn't appear to be breathing. What do you do?