

**BY ORDER OF THE COMMANDER  
374TH AIRLIFT WING**

**374TH AIRLIFT WING  
INSTRUCTION 41-101**



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Health Services**

**PUBLIC ACCESS DEFIBRILLATION (PAD)  
PROGRAM**

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**SUMMARY OF CHANGES**

This document has been substantially revised and must be completely reviewed. Major changes include AFI for Medical Logistics added; the role of the Medical Director is refined; defines the role of the Health and Wellness Center (HAWC) and the Medical Equipment Repair Center (MERC); additionally a section of acquisition and maintenance instructs that procurement of all Automated External Defibrillators (AEDs) must be coordinated through the HAWC with the 374 MDG Medical Logistics Flight and that 374 MDG Medical Equipment Repair Center (MERC)

will conduct annual maintenance; and responsibility to the units for cost of annual maintenance and repair is clarified.

**1. Purpose:** This instruction provides guidance for the deployment of Automated External Defibrillators (AED) within buildings at Yokota Air Base (AB). The AED is to be used for an emergency response to Sudden Cardiac Arrest (SCA), as a means to decrease premature mortality. This instruction shall further identify and delineate the lines of responsibility and provide general guidelines to ensure an appropriate response to initiate such a program.

**2. Scope:** This document describes the roles and responsibilities deemed necessary to ensure the broadest training and application of the AED. The scope of training and use is applicable to all federal employees and active duty personnel at Yokota AB.

### **3. Roles and Responsibilities:**

#### 3.1. Installation, Wing, or Center Commander:

3.1.1. Ensures each organization has appointed individuals to meet the functional recommendations set forth in this document.

3.1.2. Provides the necessary resources to ensure total organizational compliance with the PAD program.

#### 3.2. 374th Medical Group Commander (374 MDG/CC):

3.2.1. The 374 MDG/CC has ultimate medical responsibility for all medical aspects of the PAD program.

3.2.2. Appoints a physician Medical Director.

#### 3.3. Medical Director:

3.3.1. The Medical Director has direct *medical* oversight over the entire PAD program and its participants. The medical director will be a licensed physician proficient in Emergency Medical Services (EMS) protocols, CPR and the use of an AED IAW federal *Guidelines for PAD programs in Federal Facilities*, FR 28495, 23 May 2001.

3.3.2. The Medical Director will have general responsibilities that include the establishment and maintenance of the "AED-Chain of Survival" and "Post-Use Procedure" guidelines included in this document (Attachment 2 and Attachment 3.)

3.3.3. The medical director or designee will perform quality assurance by review of all AED saved data and AED Response Reports (Attachment 5) after AED use. Additionally, the medical director will forward all response reports to the 374 MDG Executive Committee of the Medical Staff for final review.

#### 3.4. Unit Commander:

3.4.1. The commander of each unit shall appoint an AED coordinator who will serve as the primary liaison between the local organization's AED program and the base HAWC.

3.4.2. The PAD program is not a "medical" program. It is a "user" program. Therefore, each unit commander is responsible to ensure funds for the purchase of the AED and any required repair service/parts, batteries, or consumable supplies and long-term training on the AED.

### 3.5. Health and Wellness Center (HAWC):

3.5.1. The HAWC will provide primary oversight of operation of the PAD Program. The HAWC serves as a liaison between the non-medical Unit AED Coordinator and the 374th Medical Support Squadron's Medical Logistics activity for the purpose of ordering medical supplies and equipment.

3.5.2. The HAWC will maintain a Medical Logistics supply and equipment account where AED's will be maintained in the Defense Medical Logistics Standard Support (DMLSS) system for maintenance tracking purposes. Funds from owning units will be transferred to the HAWC's Medical Logistics account for the purchase of additional AEDs as well as any required repair service/parts, batteries, or consumable supplies and long-term training on the AED.

3.5.3. The HAWC will guide the using activity through the AF Form 601, *Equipment Action Request*, package process and will sign off on the AF Form 601 before the Medical Equipment Management Office will inform the Medical Group's Resource Allocation Committee and procure the AED.

3.5.4. The HAWC holds accountability for the AEDs and will maintain an AF Form 1297, *Temporary Issue Receipt*, for each unit.

### 3.6. Medical Equipment Repair Center (MERC)

3.6.1. The MERC will be responsible for performing organizational level maintenance IAW manufacturer's specifications for all PAD program AEDs.

3.6.2. The MERC will inform owning organizations, unit AED coordinator, and the base Medical Director of any discrepancies noted during inspections and will remove unserviceable equipment from the owning activity until the equipment is once again serviceable.

3.6.3. The MERC is not responsible for providing funds for the purchase of items identified in paragraph 3.4.2.

### 3.7. Unit AED Coordinator:

3.7.1. The Unit AED coordinator shall be a member of the local organization where the AED is deployed and is appointed in writing by the Squadron Commander or agency director.

3.7.2. The Unit AED coordinator is responsible for user maintenance and safety checks of the AED to ensure its readiness for proper function, to include a daily visual check of the status indicator.

3.7.3. The Unit AED coordinator is responsible for the re-stocking of accessory supplies after a unit was used in an emergency situation.

3.7.4. The Unit AED coordinator follows the manufacturer's suggested maintenance protocol for their particular AED.

3.7.5. The Unit AED coordinator ensures Basic Cardiac Life Support (BCLS) training of the organization's members via the established training policy.

3.7.6. Once an AED has been used in an emergency situation, the Unit AED coordinator and/or designee will immediately complete the AED coordinated report for Medical Director (Attachment 5) and forward it to the Medical Director for review. The Medical Director should receive the completed report within one duty day of deploying the AED.

3.7.7. If necessary, in consultation with the Squadron Commander, who in turn may consult with the Traumatic Stress Response (TSR) team chief, arranges for TSR services for all individuals involved in providing assistance in an emergency situation (Attachment 6.)

#### 3.8. Responders:

3.8.1. Responders are individuals who are trained in BCLS and who will respond to an emergency. Their specific training shall be set forth in accordance with local policy.

3.8.2. Trained responders should follow the protocol in an emergency situation as depicted in Attachment 4 of this instruction.

#### 4. Acquisition, Maintenance and Location:

4.1. Acquisition: Procurement of all AEDs must be coordinated with the Medical Logistics Flight to ensure the unit is aware of all procedures to purchase the unit-funded AED. All 374 AW AEDs will be logged into DMLSS by the Medical Logistics Flight.

4.2. Maintenance: The 374 MDG MERC will conduct annual maintenance, address any mechanical problems found by the site coordinators, and inspect all AEDs after their use on a victim. After an event, MERC will download the event recording from the AED (if applicable) and offer a temporary loaner AED, if available. Any AED maintenance repair costs will be assessed by MERC and charged to the unit. The Medical Logistics flight will work closely with unit AED coordinators if an AED is recalled.

4.3. Location: The essential key to surviving a heart attack is early defibrillation. Therefore, AEDs must be strategically placed throughout the organization based upon the time to initial shock of a victim of SCD. AEDs should be placed in facilities to ensure timely response for a medical emergency. Factors considered in determining Wing approved locations for AED placement included the following:

4.3.1. Facility size and or accessibility.

4.3.2. Number of employees in the facility.

4.3.3. Identified high-risk environments.

4.3.4. Number of people that may have public access to the facility on a daily basis.

4.3.5. Average age of the facility occupants.

4.3.6. Incidence of heart disease given the population at hand.

4.3.7. Emergency response protocol that may already be in place for your facility, keeping in mind that it is the time to initial shock that really matters.

4.4. Wing approved locations of AEDs on the base are designated in Attachment 7. There are numerous other locations which have self-procured units. These locations are tracked by the HAWC.

**4.5. Adopted Forms:**

AF Form 847, *Recommendation for Change of Publication*

AF Form 1297, *Temporary Issue Receipt*

J. MARCUS HICKS, Colonel, USAF  
Commander, 374th Airlift Wing

## Attachment 1

### GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

#### *References*

Guidelines PAD Programs in Federal Facilities, January 18, 2001, Department of Health and Human Services (DHHS).

Public Law 106-505, *Public Health Improvement Act of 2000*, Title IV, Subtitle A, Cardiac Arrest Survival Act (CASA); (H.R. 2498).

Public Law 106-129, 42 U.S.C. 241 note, *Healthcare Research and Quality Act of 1999*, Section 7.

42 D.S.C., *Public Health Service Act*, Section 238, 247, 248: Title 2, Part B.

Marengo J, Wang P, et al: *Improving Survival from Sudden Cardiac Arrest; The Role of the Automated External Defibrillator*. JAMA 2001, Mar 7; p 1193 - 1200.

AFI 41-209, *Medical Logistics Support*, Paragraph 7.28., *Automated External Defibrillators for Non-MTF Organizations*.

#### *Term:*

**Cardio—Pulmonary Resuscitation (CPR)**—The act of providing respiratory ventilation and heart (cardiac) compression by an external source. This most commonly is provided to an individual who is without both spontaneous respiration and heartbeat and it is provided by someone capable of performing the required mechanical action.

**Basic Life Support (BLS)**—A training program that teaches basic CPR techniques as well as AED use.

**Automated External Defibrillator (AED)**—A defibrillator device that is: 1) Commercially distributed in accordance with the Federal Food, Drug and Cosmetic Act. 2) Capable of recognizing the presence or absence of ventricular fibrillation or ventricular tachycardia, and is capable of determining, without intervention by the user of the device, whether defibrillation should be performed. 3) Able to deliver an electrical shock to an individual upon determining that defibrillation should be performed.

**Ventricular Fibrillation**—An abnormal cardiac rhythm that is incompatible with life if not immediately treated (hereafter referred to as cardiac arrest).

**Pulseless Ventricular Tachycardia**—An abnormal cardiac rhythm that is incompatible with life if not immediately treated (hereafter referred to as cardiac arrest).

**Defibrillation**—The application of an electric shock, via a defibrillator, directly through a person's chest.

**Sudden Cardiac Death (SCD)**—The term used to describe an abrupt cessation of normal cardiac function that typically results from ventricular fibrillation or pulseless ventricular tachycardia with rapid progression to death if not immediately treated.

**Emergency Medical Services (EMS)**—The term used to describe the rapid response team of medically trained personnel to provide emergency medical assistance as necessary.

**Perceived Medical Emergency**—When circumstances exist whereby the behavior of an individual leads a reasonable person to believe that the individual is experiencing a life-threatening condition that requires an immediate medical response.

**Federal Building**—A building or portion of a building leased or rented by a federal agency, which includes buildings on military installations of the United States.

**Harm**—For purposes of this document, this term may include physical, non-physical, economic and non-economic losses.

## Attachment 2

### AED-CHAIN OF SURVIVAL

#### A2.1. In Case of Emergency, Initiate Chain of Survival.

##### A2.1.1. Activate 9-1-1.

A2.1.1.1. Assess scene safety.

A2.1.1.2. Assess responsiveness. Tap shoulder and shout, "Are you OK?"

A2.1.1.3. Activate emergency response plan.

A2.1.1.4. Check airway, breathing and circulation (ABCs).

A2.1.1.5. Assess airway. Perform head tilt, chin lift to open airway.

A2.1.1.6. Assess breathing. Look, listen and feel. If breathing absent, use protective airway mask and deliver 2 rescue breaths.

A2.1.1.7. Assess circulation. Check carotid pulse. If pulse is absent begin CPR.

##### A2.1.2. Early CPR (for One Rescuer).

A2.1.2.1. Perform CPR until an AED arrives.

A2.1.2.2. Compress and release chest 30 times (Rate: 100 compressions/minute).

A2.1.2.3. Ventilate. Give 2 rescue breaths.

A2.1.2.4. Continue CPR; 30 compressions/2 rescue breaths. Continue until AED arrives, the patient starts to move, or when trained help arrives.

##### A2.1.3. Early Defibrillation.

A2.1.3.1. When AED arrives:

A2.1.3.1.1. Place the AED near the head of the patient on the same side as the rescuer.

A2.1.3.1.2. Turn on the AED.

A2.1.3.1.3. Prepare the "bare" chest.

A2.1.3.1.4. Cut or tear away clothing.

A2.1.3.1.5. If chest hair is excessive, shave or clip.

A2.1.3.1.6. If chest wall is wet, dry it before placing electrode pads.

A2.1.3.1.7. Follow the AED's verbal and visual prompts.

A2.1.3.1.8. Apply electrodes.

A2.1.3.1.9. Allow the AED to analyze.

A2.1.3.1.10. If indicated, deliver shock by pressing the illuminated shock button.

A2.1.3.1.11. Continue care per the AED Treatment Algorithm.

##### A2.1.4. Early Advanced Care Life Support.

A2.1.4.1. Have a designated person wait for EMS providers at the front entry of main building and help guide them through security doors to the patient.

A2.1.4.2. Individuals working on a patient should communicate information to the EMS providers such as:

A2.1.4.2.1. Victim or patient name.

A2.1.4.2.2. Any known medical problems or allergies.

A2.1.4.2.3. Time victim was found.

A2.1.4.2.4. Initial and current condition of the victim.

A2.1.4.2.5. Information from the AED, such as number of shocks delivered.

A2.1.4.3. Assist EMS personnel as necessary.

### Attachment 3

## POST-USE PROCEDURE

### A3.1. Responder: AED Post-Use Procedure.

A3.1.1. The AED Coordinator will do the following after an AED is used:

A3.1.1.1. Notify Medical Director via the written AED Coordinated Report for Medical Director. (Attachment 5).

A3.1.1.2. Remove used PC data card OR the unit battery that contains the data collection and replace it with a spare PC card OR the combination battery/data card. Label used PC data card OR combined battery with the victim's personal identification information (if known) and deliver it to the Medical Director with the report listed above (Attachment 5).

A3.1.1.3. Conduct employee TSR debriefing if deemed necessary (Attachment 6).

A3.1.1.4. Restock any used electrode pads, batteries, razors, or gloves. Inspect unused supplies for any damage or expiration dates.

A3.1.1.5. Be sure a new battery is in place and the indicator reveals the unit is in good working order prior to replacing the AED back into service.

A3.1.1.6. Clean the AED. Review specific user's guide for list of appropriate cleaning agents.

**A3.2. Regular Maintenance.** See user's guide for complete maintenance schedule.

### A3.3. Daily and After Each Use.

A3.3.1. Check the Status Indicator. Verify the settings that indicate the unit is ready to use. Consult your user's guide for the specifics regarding the meaning of your status indicator configuration.

A3.3.2. Ensure all supplies, accessories and spare components are present and are in operating condition.

A3.3.3. Check expiration dates of accessories and any obvious signs of damage to the unit.

**A3.4. Weekly.** Inspect the exterior of the unit and pad connectors for any signs of damage.

### A3.5. After Each Use.

A3.5.1. Inspect the exterior and pad connectors for dirt or contamination.

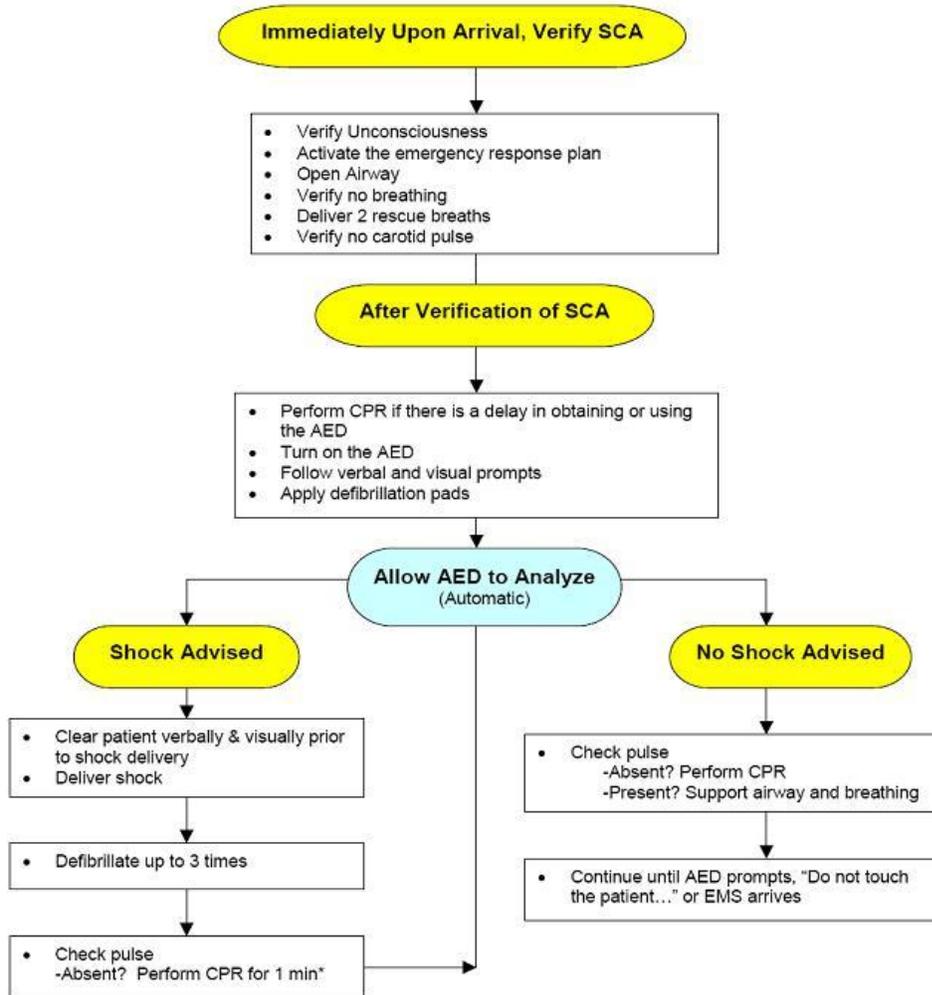
A3.5.1.1. Check status indicator.

A3.5.1.2. Replace PC data card OR battery/data combination.

Attachment 4

**AUTOMATED EXTERNAL DEFIBRILLATION (AED) TREATMENT ALGORITHM**

**Figure A4.1. AED Treatment Algorithm.**



\*Continue sequence of 3 shocks and 1 minute of CPR until a "no shock" prompt or EMS arrives.

Adapted from AHA AED Treatment Algorithm, 10/97

**Attachment 5**

**AED COORDINATED REPORT FOR THE MEDICAL DIRECTOR**

**A5.1. Please initial all restorative/corrective action items listed below:**

\_\_\_\_\_ Remove used PC data card OR the unit battery that contains the data collection and replace it with a spare PC card OR the combination battery/data card.

\_\_\_\_\_ Follow attached Post-Use Procedure guide (374 AWI 41-101, Attachment 3) to restore AED unit back to ready state.

\_\_\_\_\_ Replace or restock any accessory items as necessary.

\_\_\_\_\_ Deliver used PC card OR the unit battery that contains the data collection AND this checklist to the AED Medical Director for review and filing within one (1) duty day.

\_\_\_\_\_ Schedule/Conduct Critical Incidence Stress Management (TSR) debriefing as deemed necessary by the AED coordinator.

**TSR debriefing planned?** \_\_\_\_\_ (date) \_\_\_\_\_

**TSR debriefing conducted?** \_\_\_\_\_ (date) \_\_\_\_\_

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**Incident Details**

Date incident occurred: \_\_\_\_\_

Time incident occurred: \_\_\_\_\_

Location incident occurred: \_\_\_\_\_

Time EMS called: \_\_\_\_\_

Time AED placed on patient: \_\_\_\_\_

Time EMS arrived on scene: \_\_\_\_\_

Were AED shocks administered? (circle one):      YES                      NO                      Don't Know

If yes, how many shocks? \_\_\_\_\_

**Patient Information (if known)**

Name (Last, First, MI): \_\_\_\_\_

Male/Female (circle one) \_\_\_\_\_

Age: \_\_\_\_\_

Last four of SSN: \_\_\_\_\_

Assigned unit: \_\_\_\_\_

Branch of service/Civilian: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of AED coordinator:

- Print: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Initials: \_\_\_\_\_

Duty phone: \_\_\_\_\_

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Date this checklist is sent to the AED Medical Director: \_\_\_\_\_

## Attachment 6

### TRAUMATIC STRESS RESPONSE (TSR) PROGRAM INFORMATION

**A6.1. What is TSR program?** It is a comprehensive system of crisis intervention designed to assist individuals and groups affected by traumatic events (natural disasters, terrorist events, suicides, death - either accidental or intentional.)

**A6.2. What events might precipitate a request for TSR services?** Many types of events have the potential to produce individual and community traumatic stress. Events include: large scale disasters (tornadoes, bombings, hurricanes, etc.) and small scale disasters (suicide, death or near-death of coworker, workplace violence event, etc.). TSR services will be provided after traumatic events to help those who have experienced the events. The goal is to assist those affected by traumatic events to cope with the normal stress reaction in an effective manner. These actions are intended to minimize the impact of exposure to these events and prevent or mitigate permanent disability if possible.

**A6.3. What is the procedure for requesting TSR services?** The office of record for TSR services is the Life Skills Support Center (225-3566). Please address any inquiries about TSR services to the Chief of the TSR team.

Attachment 7

WING DESIGNATED AED SITES

