BY ORDER OF THE COMMANDER OF THE 51ST FIGHTER WING

51ST FIGHTER WING INSTRUCTION 44-103

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Medical

PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAM (PA)

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This instruction implements AFPD 44-1, *Medical Operations.* It established Osan Air Base's (AB) PAD program, and Public Law 106-129, 66 Federal Register 28495-28511 "Guidelines for Public Access Defibrillation Program in Federal Facilities". This instruction applies to all personnel assigned, attached, or associated with the 51st Fighter Wing (51 FW), Osan AB, Republic of Korea. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through Major Command (MAJCOM) publications/forms managers. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 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/gcss-af61a/afrims/afrims**/. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

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1. Purpose: This instruction provides guidance of the deployment of Automated External Defibrillators (AEDs) within facilities at Osan AB. The AED will be used during an emergency response to sudden cardiac arrest as a means to prevent premature mortality. This instruction will further identify and delineate lines of responsibility and provide general guidelines to ensure an appropriate response to initiate this 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, volunteers, and active duty personnel at Osan AB.

3. Roles and Responsibilities:

3.1. 51st Fighter Wing Commander (51 FW/CC).

3.1.1. Has overall responsibility for the PAD program. Appoints an installation PAD Program Manager.

3.1.2. Appoints a Director of Base Medical Services/Medical Group Commander who follows and ensures current medical guidelines are maintained.

3.1.3. Ensures each organization with an AED appoints a unit individual as the AED point of contact (POC) to meet guidelines set forth in this document.

3.1.4. Facilitates notification of Traumatic Stress Response Team upon unit Commander request.

3.2. Installation PAD Program Manager.

3.2.1. Will maintain a log of all installation AEDs and their specific location.

3.2.2. Coordinates with the PAD medical director and medical logistics and maintenance on all installation AED purchases.

3.2.3. Conducts annual inspection of unit AED operational and exercise logs to insure compliance to this instruction.

3.3. 51st Medical Group Commander (51 MDG/CC).

3.3.1. Is responsible to the installation commander to ensure all AED medical objectives are maintained and provide professional guidance on PAD program administration.

3.3.2. Appoints, in writing, a physician medical director, who will be proficient in emergency medical protocols, cardio-pulmonary resuscitation, and the use of AEDs IAW local state laws.

3.4. PAD Medical Director.

3.4.1. Has direct *medical* oversight over the PAD program and its participants.

3.4.2. Has general responsibilities that include the review of the "AED-Chain of Survival" and "Post-Use Procedure" guidelines included in this document (**Attachment 2** and **Attachment 3**).

3.4.3. Will be available to organizations for consultation on unit compliance with this guidance. Continuation of Cardio-Pulmonary Resuscitation **(**CPR)/AED training is the responsibility of the purchasing organization.

3.4.4. Critically reviews all recorded data from all AED usage events and provides feedback to the impacted organization and unit commander, as needed.

3.4.5. Retains the authority to direct the standardization of AED equipment throughout the wing.

3.5. Logistics and Maintenance.

3.5.1. Procurement and receipt of AEDs will be coordinated by the purchasing unit with the nearest medical logistics office. Each unit's AED POC will be responsible for daily and weekly operational checks using the respective manufacturer's AED functional operations checklist.

3.5.2. The nearest medical equipment repair center (MERC) will provide limited maintenance such as battery replacement (which must be provided by the owning unit), if indicated. Should an AED require further servicing, the unit AED POC will arrange this maintenance or service with the manufacturer. Accountability and management of safety recalls and health device alert notifications will be accomplished utilizing the Defense Medical Logistics Standards Support System (DMLSS). AED units will be placed in this system to monitor the locations and points of contact, in the event of any recall or notification. The cost of routine and periodic maintenance (and immediate replacement of a failed AED) will be funded by the owning unit.

3.6. Unit Commander:

3.6.1. The unit commander of the purchasing organization will appoint an AED POC who will serve as the primary liaison between the local organization's AED program, the installation PAD Coordinator, Base Medical Director and medical logistics.

3.6.2. The PAD program is not a "medical" program. It is a "user" program. Therefore, each unit commander funds the purchase, reuse supplies, and long-term training for unit personnel in the facility where the AED is located.

3.6.3. Each unit commander has full authority to purchase and implement any number of AEDs as they desire in coordination with the installation PAD Program Manager and the PAD Medical Director.

3.6.4. Determine need for Traumatic Stress Response intervention following AED usage.

3.7. AED POC**:**

3.7.1. Is a member of the local organization where the AED is deployed.

3.7.2. Is responsible for the daily visual unit check IAW manufacturer's guidance, and monthly supplies check of the AED to ensure its readiness for use. Follows manufacturer's suggested maintenance protocol for the particular AED model.

3.7.3. Re-stocks AED supplies after use in an emergency situation (**Attachment 5**).

3.7.4. Ensures validation of biannual AHA CPR/AED of core staff members to ensure they are properly trained, certified, and/or recertified in CPR and AED procedures. The AED POC will collaborate with the 51FW Military Training Network (MTN) Program Director or Training Site Coordinator to ensure necessary training is accomplished and will maintain a minimum of 25% trained as responders.

3.7.5. Conducts and documents **quarterly** CPR/AED exercise scenarios to ensure certified, trained staff knows AED location, that all equipment is operational, and that staff respond appropriately. Evaluation of these quarterly exercises will be documented on 51FW Form 12, *51 FW Quarterly Unit and Exercise Evaluation* (It is available on the e-Publishing website at **www.e-publishing.af.mil**) and 51FW Quarterly Unit AED Exercise Criteria **(Attachment 8)**. The AED Exercise Criteria and Log forms will be kept on file by the unit AED POC for the annual inspection conducted by the installation PAD Program Manager. If the AED POC needs additional guidance, contact the installation PAD Program Manager or Base Medical Director as the local resource.

3.7.6. Ensures AEDs and supplies are centrally located to ensure quick, easy access.

3.7.7. Installs AED location signage at all AED locations and posts information signs, along with an AED photo, within the facility to readily identify location of all AEDs (**Attachment 7**).

3.7.8. Ensures a core group of the organization's members are trained in CPR/AED use and can respond to a sudden cardiac arrest event. AHA Basic Life Support (BLS, a.k.a. CPR) and/or Heartsaver AED (CPR/AED) training is available through the 51 FW MTN Training Site Coordinator.

3.7.9. After an AED is used in an emergency situation, the AED POC or the responder will immediately complete 51FW Form 11, *AED Coordination Report for Medical Director* (It is available on the e-Publishing website at **www.e-publishing.af.mil**) and forward it to the Medical Director for review. The Medical Director should receive the completed report within five duty days of the AED use event.

3.7.10. Arranges for Critical Incident Stress Management (CISM) debriefing sessions to be offered for all individuals involved in providing assistance in an emergency situation (**Attachment 5**) as needed.

3.7.11. Consults PAD Medical Director and/or Medical Logistics regarding all concerns with AED use, training, and new purchases as needed.

3.8. Responders:

3.8.1. Are currently certified in CPR/AED use and will respond to an emergency. Specific training and certification is available through the American Heart Association.

3.8.2. Follow the protocol in an emergency situation as depicted in the AED Treatment Algorithm (**Attachment 4**).

4. AED Model Selection: AED model selection will be determined by the purchasing Units Commander and in collaboration with the Medical Director and Medical Logistics. They will utilize a list of comparable products. Ideally, a single AED model should be purchased for the installation. Standardization of AED models will ease responder familiarization, unit maintenance, and supply logistics. AED models should be considered based on simplicity of use, durability, battery life, internal memory, warranty, cost, and available training packages, however; selection of a particular model should not be misconstrued to indicate endorsement by the American Heart Association.

5. AED Location and Installation:

5.1. The essential key to surviving a heart attack is early CPR and defibrillation, when indicated. Therefore, AEDs should be strategically placed throughout a unit facility to reduce time between victim collapse and ability to provide initial shock when indicated to a heart attack victim.

5.1.1. Factors to consider in determining number of AEDs and AED placement include the following:

5.1.1.1. Facility size and or accessibility.

5.1.1.2. Number of employees in the facility.

5.1.1.3. Identified high risk environments.

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

5.1.1.5. Average age of the facility occupants; older populations are at higher risk.

5.1.1.6. Security levels that may hinder access to the facility by emergency response crews.

5.1.1.7. Increase risk of incidence of heart disease given the communication population as reported by local, state and national health departments.

5.1.1.8. Use of high voltage electrical equipment.

5.1.1.9. Emergency response protocol that may already be in place for your facility, keeping in mind that early initial shock when indicated increases potential for survival.

5.2. To achieve optimal area coverage within a building, an AED should be positioned no more than one minute's travel time (one way) from any given point within the building.

5.3. Optimal response time from the identification of a person "down" to the arrival of AED *on-scene* is three minutes or less.

5.4. Optimal response time from the identification of a person down to the delivery of a shock (i.e., drop-to-shock) should be less than five minutes.

5.5. AED accessory kits should be packed with the AED so that the responder will not lose time deciding what to take to the emergency. These kits should provide items such as gloves, scissors, razor, tape, extra electrodes and a barrier mask (**Attachment 6**).

5.6. AEDs should be stored in such a way that an alarm is activated when the unit is removed for use. This can be set up as a central alarm, whereby the local EMS is automatically notified, or as a local sounding alarm that can draw assistance to the scene.

6. Emergency Response:

6.1. An event timeline for a responder should ideally be as follows:

6.1.1. Minute #1.

6.1.1.1. Discovery of “downed” victim: Initiate Chain of Survival; Activate 9-1-1.

6.1.1.2. Decision to retrieve AED.

6.1.1.3. Identify closest AED.

6.1.2. Minute #2-3.

6.1.2.1. Retrieval of AED (round trip).

6.1.3. Minute #4.

6.1.3.1. Re-familiarization with AED instructions.

6.1.3.2. Preparation of victim and application of chest pads.

6.1.3.3. Detection of shockable rhythm.

6.1.3.4. Delivery of shock.

6.2. AEDs in the following areas will contain both adult and child chest pads: the BX, Elementary School, Housing Towers and Base Theater. AEDs with both adult and child leads will be clearly marked by a sign stating "This device is equipped with both Adult and Child chest pads. Please check to ensure appropriate pads are utilized." on the outside of the AED cabinet. Specialized child chest leads are labeled CHILD on the package to prevent accidental misuse. Users should check to ensure they have the correct chest pads prior to application.

7. Prescribed and Adopted Forms:

7.1. Prescribed Forms:

51 FW Form 11, *AED Coordinated Report for the Medical Director*

51 FW Form 12, *51 FW Quarterly Unit and Exercise Evaluation*

7.2. Adopted Forms:

AF Form 847, *Recommendation for Change of Publication*

PATRICK C. MALAKOWSKI, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 44-1, *Medical Operations,* 1 September 1999

AFI 33-332, *Privacy Act Program,* 29 January 2004

AFMAN 33-363, *Management of Records,* 1 March 2008

Guidelines for Public Access Defibrillation Programs in Federal Facilities, FR 28495, 23 May 2001.

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

Public Health Service Act, 42 U.S.C., Sections 238, 247-248; Title 2, Part B

Abbreviations and Acronyms

AEDs—Automated External Defibrillators

BLS—Basic Life Support

CISM—Critical Incident Stress Management

CPR—Cardio-Pulmonary Resuscitation

DLMSS—Defense Medical Logistics Standards Support System ()

MAJCOM—Major Command

MERC—Medical Equipment Repair Center

MTN—Military Training Network

OPR—Office of Primary Responsibility

PAD—Public Access Defibrillation

POC—Point of Contact

RDS—Records Disposition Schedule

Terms

Automated External Defibrillator (AED)—A defibrillator device that is:

Commercially distributed in accordance with the Federal Food, Drug, and Cosmetic Act. Capable of recognizing the presence or absence of ventricular fibrillation or ventricular tachycardia, and is capable of determining, without intervention by the device user, whether defibrillation should be performed.
Able to deliver an electrical shock to a victim upon determining defibrillation should be performed.

Basic Life Support (BLS)—A training program that teaches basic CPR techniques including AED use

Cardiac arrest—The abrupt cessation of normal cardiac function

Cardio—**Pulmonary Resuscitation (CPR)—**The act of providing respiratory ventilation and cardiac (heart) compression by an external source. This is most commonly provided by someone capable of performing the required mechanical action

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

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

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

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

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

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

Ventricular Fibrillation—An abnormal cardiac rhythm that is incompatible with life if not immediately treated

Attachment 2

AED-CHAIN OF SURVIVAL

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

Activate 9-1-1.
Assess scene safety. Ensure victim is clear of electrical voltage source or water.
Assess responsiveness. Tap shoulder and shout, "Are you OK?"
Activate emergency response plan.
Check Airway, Breathing, and Circulation (ABCs).

Assess Airway. Perform head tilt, chin lift to open airway.
Assess Breathing. Look, listen, and feel. If breathing absent, use protective airway mask and deliver two rescue breaths.

A2.2. Early CPR (for one rescuer).

Perform CPR until an AED arrives.
Compress and release chest 30 times (Rate: 80-100 compressions/minute).
Ventilate. Give 2 rescue breaths.
Continue CPR; 30 compressions/2 rescue breaths.

A2.3. Early Defibrillation.

When AED arrives (and while the first rescuer is continuing CPR):
Place the AED near the head of the patient on the same side as the rescuer.
Turn on the AED.
Prepare the “bare” chest.
Rapidly open (if necessary, cut or tear away) clothing.
If chest hair is excessive and electrode pads won’t adhere, shave or strip off with first set of defibrillator pads and then apply new/spare set of pads.
If chest wall is wet, rapidly wipe it before placing electrode pads.
Follow the AED’s auditory and visual prompts.
Apply electrodes.
Stop CPR and allow the AED to analyze heart rhythm.
If indicated, deliver shock by pressing the illuminated shock button.
Continue care per the AED prompts.

A2.4. Early Advanced Care Life Support.

Have a designated person wait for EMS providers at a designated area of the building and help guide them to the patient.
Individuals working on a victim should communicate information to the EMS providers:
Victim’s name.
Any known medical problems or allergies.
Time victim was found.
Initial and current condition of the victim.
Information from the AED, such as number of shocks delivered.
Assist EMS personnel as necessary.

Attachment 3

POST-USE PROCEDURE AND REGULAR MAINTENANCE

A3.1. The AED POC will do the following after any AED use:

A3.1.1. Complete 51FW Form 11, *AED Coordinated Report for Medical Director*, and forward it to the Medical Director for review. The Medical Director should receive the completed report within five duty days of the AED use event.

A3.1.2. If applicable, remove used PC data card and replace it with a spare PC card. Label used PC data card with patient identification information and deliver it to the Medical Director with the report listed above.

A3.1.3. Conduct employee (CISM) debriefing, as deemed necessary.

A3.1.4. Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or expiration dates.

A3.1.5. Remove and replace battery in the AED and perform a Battery Insertion Test (BIT) prior to replacing the AED back into service.

A3.1.6. Clean the AED. Review specific User's Guide for list of appropriate cleaning agents.

A3.2. Regular Maintenance. See User's Guide for the complete maintenance schedule.

A3.3. Daily:

A3.3.1. Check the Status Indicator. Verify the light settings that indicate the unit is ready for use and consult the unit's User's Guide for the specifics regarding the meaning of your lighting configuration.

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

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

A3.4. Weekly: Inspect the exterior and pad connectors for signs of damage.

A3.5. After Each Use:

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

A3.5.2. Check status indicator. Perform a BIT to confirm the power source is ready to be put back in service.

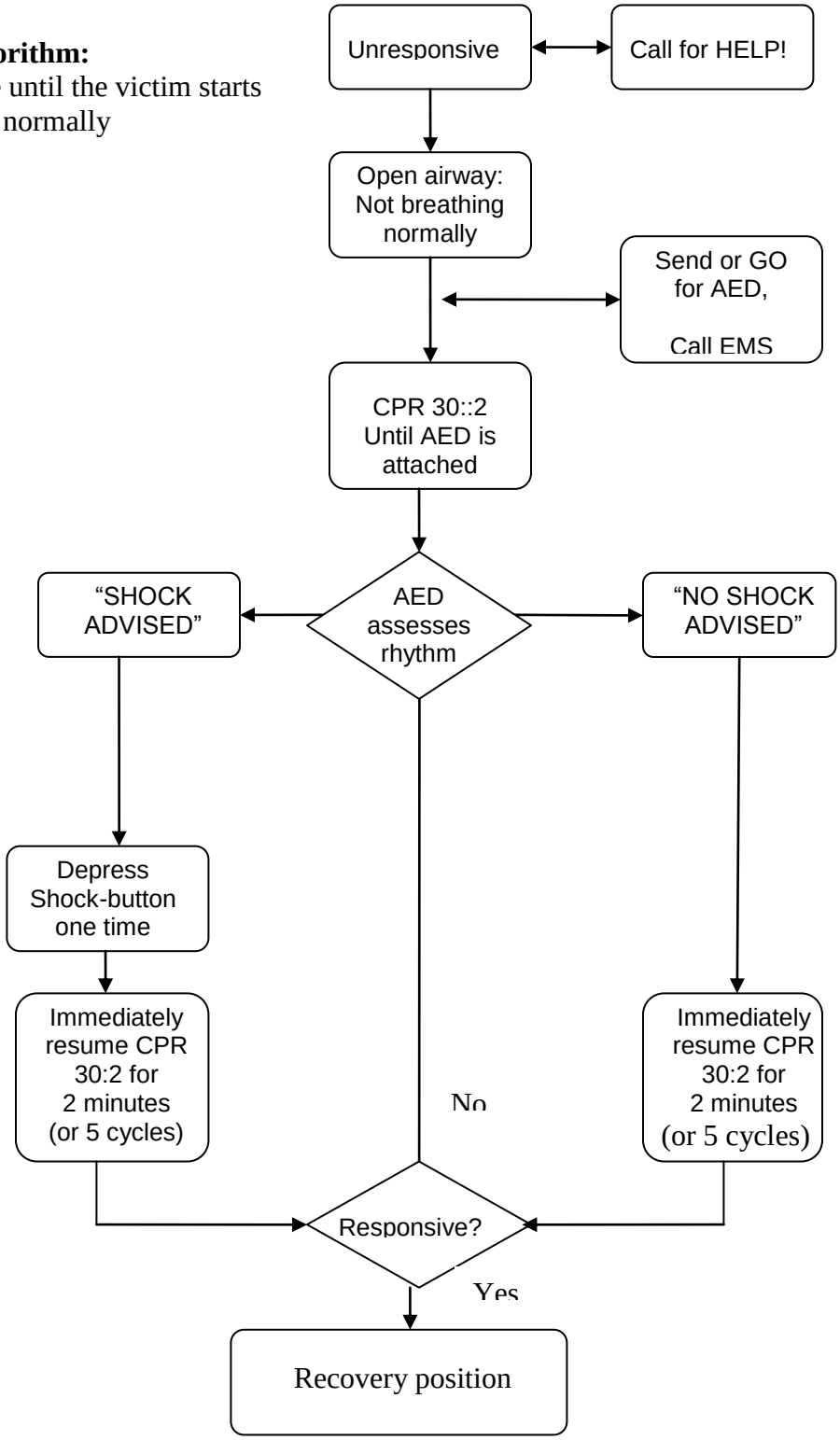
A3.5.3. Ensure all supplies, accessories and spare parts are present and are in operating condition.

A3.5.4. Check expiration dates and any obvious signs of damage to the unit.

Attachment 4

AED TREATMENT ALGORITHM

AED Algorithm:
*Continue until the victim starts to breathe normally



Attachment 5

TRAUMATIC STRESS RESPONSE (TSR) INFORMATION

A5.1. Traumatic Stress Response [formerly Critical Incident Stress Management (CISM) Information]

A5.1.1. What is TSR?

A5.1.1.1. The primary goal of TSR teams is to foster resiliency in those exposed to potentially traumatic stress. This is accomplished through preparatory education for those likely to experience potentially traumatic stress, and through education, screening, psychological first aid, and referral for those exposed to potentially traumatic stress. TSR teams (1) serve as trauma response consultants to unit leaders; (2) prepare personnel likely to be exposed to potentially traumatic events; and (3) provide screening, education, psychological first aid, and referral for those exposed to potentially traumatic events. This document also provides revised training guidance.

A5.2. What events might precipitate a request for TSR services?

A5.2.1. TSR services may be provided in response to events at the request of the unit commander. The services provided will vary depending on the nature of the mishap and the needs of the squadrons involved in the mishap. In general, the commander of any unit that incurs loss of personnel or significant injury to personnel as a result of a mishap should consult with a TSR team leader to determine whether there is a need for TSR support. Then, if the commander subsequently requests service, the nature of those services should be developed by the commander in collaboration with the TSR team leader.

A5.2.2. 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.

A5.3. What is the procedure for requesting TSR services?

A5.3.1. The office of record for TSR services is the Mental Health Office. The affected wing commander will support or arrange for consultation between the TSR team chief and the affected unit commander to determine what level of service, if any, is needed.

Attachment 6

AED MANUFACTURER INFORMATION (SAMPLE)

A6.1. Adult (AED) Electrodes

A6.2. Battery/Data Card

5-year shelf life
300 shocks

A6.3. Rescue Pack restock kit

CPR Mask
Gloves
Razor
Scissors
Biohazard bag
Alcohol wipes
Wet pads
Hand sanitizer
Dressing

A6.4. Daily/After Each Use

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.
Ensure all supplies, accessories and spares components are present and are in operating condition.

Attachment 7

AED SIGNAGE (SAMPLE)

Attachment 8

51FW QUARTERLY UNIT AED EXERCISE CRITERIA

ALL PURPOSE CHECKLIST	PAGE	OF	PAGES
TITLE/SUBJECT/ACTIVITY/FUNCTIONAL AREA 51 FW QUARTERLY UNIT AED EXERCISE CRITERIA	OPR	DATE	

NO.	ITEM *(Assign a paragraph number to each item. Draw a horizontal line between each major paragraph.)*	YES	NO	
1.	Discovery of the 'downed' victim within one minute. (Critical)			
2.	Activate EMS. (Responder has someone SIMULATE calling 911 with location and situation, i.e. victim down, conscious, unconscious, etc) (Critical)			
3.	Assess victim and describe how to perform CPR. Assess Airway, Breathing, Circulation. (SIMULATE)			
4.	Retrieve AED from closest location. (Critical)			
5.	AED arrives to victim's side within four minutes. (Critical)			
6.	AED is functional/AED supplies available/chest pad application described. (Critical)			
7.	Turn on AED/Rescuer verbalizes/SIMULATES following AED prompts.			
	Sample Scenarious: - You are an office worker. You go out into the hall and find another office worker standing over a man in his late 40's who appears to be unconscious and is lying on the floor. What do you do? - You are shooping the commissary. You respond to a shout for help at the checkout. 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 woruld you do? - You are having lunch at the BX's dining area. You hear a call for help from an adjacent table. A woman is shouting that her girlfriend suddenly stopped talking, clutched her throat and collapsed face forward onto the table. She is not breathing and unconscious. What would you do? - You and your gym buddy hear there's a 35 year old man on the floor above you that just collapsed while exercising on the treadmill. You run to his location where you find other gym rats hovering over the victim. What would you do?			

AF IMT 2519, 19911101 V5 PREVIOUS EDITIONS ARE OBSOLETE.