

**BY ORDER OF THE COMMANDER
AIR FORCE DISTRICT OF
WASHINGTON**

**AIR FORCE DISTRICT OF WASHINGTON
INSTRUCTION 44-101**

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Medical

**PUBLIC ACCESS DEFIBRILLATION (PAD)
PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This publication implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*. It establishes the policies and procedures for the Public Access Defibrillation (PAD) Program and standardizes Air Force District of Washington (AFDW) precedence, guidance and resource utilization within the National Capital Region (NCR). 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 field through the appropriate functional chain of command. This publication does apply to the Air National Guard (ANG), Air Force Reserve Command (AFRC) and/or their units. This instruction is applicable to assigned and attached units who are tenant organizations on Joint Base Andrews and Joint Base Anacostia-Bolling. It applies retroactively to all sites that have installed public access automatic external defibrillators (AEDs) prior to the effective date of this instruction. 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 the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/gcss-af61a/afirms/afirms/>. See Attachment 1 for a glossary of references and supporting information.

1. Responsibilities:

1.1. Installation Commander: Oversees the operation of the PAD program. Ensures each organization with an AED appoints a unit individual as the Site Coordinator to meet guidelines set forth in this document. The PAD program is not a “medical” program; it is a “user” program. The Installation Commander provides installation control of this “user” program, through the respective unit commanders and unit Site Coordinators. The

Installation Commander is provided medical support for the PAD program by the MDG/CC with services provided by the PAD Program Coordinator, PAD Physician Consultant, Resuscitative Medicine Coordinator, and Medical Logistics and Maintenance as defined below.

1.2. Medical Group Commander (MDG/CC): Is responsible to the Installation Commander to ensure all PAD medical objectives are maintained and provide professional guidance on PAD program administration. The MDG/CC appoints the Physician Consultant, Program Coordinator and the Resuscitative Medicine Coordinator for the PAD program.

1.3. PAD Program Coordinator: Oversees the placement and use of the AEDs purchased by the installation's units to include partner units. Coordinates the PAD program with the Installation Commander or designee and Site Coordinators by serving as liaison to medical resources to include: PAD Physician Consultant, Resuscitative Medicine Coordinator, the Medical Group Medical Equipment Repair Flight, and the Cardiac Life Support Committee (CLSC). Evaluates the program's overall performance and ensures compliance with standards.

1.3.1. Maintains copies of the Site Coordinator and Target Responder appointment letters (see Attachment 1).

1.3.2. For quality assurance, ensures review of all Event Summary Sheets and Code Summary Data by the PAD Physician Consultant (see Attachment 3) to verify that the patient was treated according to the American Heart Association (AHA) Heartsaver AED standards and manufacturer's guidelines with focus on scene safety, efficiency, speed, ability to troubleshoot and interactions with professionals and bystanders. The Code Summary Data is downloaded from the AED as per paragraph 1.11.3. Forwards a copy of the Event Summary Sheet to the PAD Physician Consultant and the local civilian review authorities if required. Ensures any feedback from the PAD Physician Consultant or CLSC is provided to the site of AED use. Ensures any lessons learned from a recent event are given to other sites where AEDs are located as appropriate. Recommends additional training when needed or when recommended by the CLSC. Maintains copies of the Event Summary Sheets. Notes any trends in program.

1.3.3. Serves as a consultant for sites that want to purchase AEDs. Coordinates purchase requests with the requesting unit and the PAD Physician Consultant. Provides guidance on implementing this instruction.

1.3.4. Ensures that all sites with an AED conform to guidelines for training of Targeted Responders. Ensures that all sites perform regular AED maintenance.

1.4. PAD Physician Consultant. The Physician Consultant is a physician, proficient in emergency medical services protocols and basic life support (BLS). Serves as a medical consultant to the Installation Commander or designee, MDG/CC, and the PAD Program Coordinator in regards to the use of AEDs.

1.4.1. Has direct medical oversight over the PAD program and its participants. Reviews facilities program in light of most current scientific literature to ensure compliance with standards.

1.4.2. For quality assurance, reviews all Event Summary Sheets and Code Summary Data to verify the patient was treated according to the AHA Heartsaver AED standards and manufacture's guidelines with focus on scene safety, efficiency, speed, ability to troubleshoot and interactions with professionals and bystanders. Prepares a summary of findings and presents this summary to the CLSC quarterly. Event Summary Sheets and Code Summary Data are maintained as quality assurance documents.

1.5. CLSC (Cardiac Life Support Committee). For quality assurance, reviews event summary of findings as presented by the PAD Physician Consultant with focus on the identification of lessons learned and system deficiencies. Provides the PAD Program Coordinator feedback and recommendations for training and PAD system improvements. CLSC findings are reported to the Executive Committee of the Medical Staff at its next scheduled meeting.

1.6. Resuscitative Medicine Coordinator. The coordinator oversees the Heartsaver AED training for appointed Site Coordinators and Targeted Responders. Ensures the training is conducted per AHA Heartsaver AED standards and includes, but is not limited to, how to: activate the emergency medical services, perform cardiopulmonary resuscitation for the adult, and use the AED.

1.7. Commander of sites with an AED. Appoints in writing a Site Coordinator and Targeted Responders. Sends appointment letters to the PAD Program Coordinator.

1.8. Commander of site that wants an AED. Prior to purchasing an AED, contacts the PAD Program Coordinator. The coordinator provides guidance on purchase to include guidance on placement of the AED at the site as well as on a written protocol for the use of the AED. The site will incur the cost of purchasing the AED and any supplies needed for operating the AED. The Program Coordinator forwards the request, including the proposed placement and written protocol for use of the AED, to the PAD Physician Consultant for review of medical appropriateness. Once approved, purchases will be made through medical logistics using the requesting unit's funds.

1.9. Site Coordinator. The Site Coordinator is a member of the unit where the AED is deployed. The coordinator at a minimum maintains certification with Heartsaver AED, but it is highly recommended he/she obtains certification as a Heartsaver AED instructor. He/she must be appointed in writing by the unit commander. The Site Coordinator reports to the unit commander on issues related to the PAD program. The coordinator ensures:

1.9.1. The AED is properly stored, inspected, and maintained in accordance with (IAW) the manufacturer's guidelines. Maintains inspection and maintenance documentation. If the AED is used, returns it to a state of readiness as soon as possible as per the manufacturer's guidelines. Purchases supplies required for use with the AED. Contacts the Medical Group Equipment Repair Flight to conduct the periodic AED inspections as defined by manufacturer but at a minimum time interval of once per year. Also contacts the Medical Equipment Repair Flight if the AED has any mechanical issues or problems that he/she can't resolve. Serves as the equipment custodian for the AED. Ensures AED is on the site's equipment account.

1.9.2. Unit Targeted Responders are designated and that he/she and the Targeted Responders remain current on cardiopulmonary resuscitation (CPR)/AED training.

Maintains training documentation. Coordinates the training with the Resuscitative Medicine Coordinator.

1.9.3. An Event Summary Sheet is completed each time the AED is used. Forwards the summary sheet to the PAD Program Coordinator within 48 hours.

1.9.4. Arranges for Traumatic Stress Response (TSR) debriefing sessions to be provided to all individuals providing assistance in an emergency situation.

1.10. Targeted Responders. A core group of personnel most likely to be called upon to use the AED will be identified as Target Responders within their facility based upon staffing, type of facility, continuity and risk. The responders at a minimum maintain current certification with CPR/AED use. If present they respond to all medical emergencies that occur at their site as trained. After the emergency, they complete the Event Summary Sheet and forward it to the Site Coordinator.

1.11. Medical Logistics and Maintenance.

1.11.1. Procurement and receipt of AEDs will be coordinated by the purchasing unit with the nearest medical logistics office. Each unit's Site Coordinator will be responsible for recurrent visual and operational checks using manufacture's recommended timing and functional operations checklist.

1.11.2. The nearest medical equipment repair center (MERC) inspects the AEDs purchased by units including partner units annually or upon the request from the Site Coordinators. The MERC assists the Site Coordinator to resolve any mechanical issues or problems.

1.11.3. The MERC downloads the Code Summary Data after emergency use of the AED. The Site Coordinator will bring the device to the medical maintenance office for the download. The download will be provided to the PAD Program Coordinator and PAD Physician Consultant for a quality assurance review and presentation to CLSC. The Biomedical Equipment Technician (BMET) will inspect the device for damage and perform an operational check. If the device is in good working order it will be returned to the unit.

1.11.4. The MERC maintains a roster of AED locations, Site Coordinators and contact information; and updates this information during preventative maintenance checks or at time of any new purchase. The MERC provides this information to the PAD Program Coordinator.

2. AED Placement. The key to surviving Sudden Cardiac Death (SCD) is early CPR and defibrillation when indicated. The PAD Program Coordinator and PAD Physician Consultant will provide guidance to units on appropriate placement strategies based upon resuscitative medicine guidelines upon unit/installation commander's request. In general the AEDs should be placed in central locations with easy access and next to a telephone. The location of the AED needs to be clearly annotated via signage. They should be placed to minimize response times to potential victims. It helps to have the AEDs near trained personnel who would normally respond to a cardiac rescue, but everyone (including untrained employees) must know where the AEDs are located and how to activate the EMS system.

3. AED Use. AEDs are to be used as per the manufacturer's and American Heart Association standards and the site's AED use protocol.

DARRELL D. JONES, Major General, USAF
AFDW Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Federal Register E9-19555, *Guidelines for Public Access Defibrillation Program in Federal Facilities*

DoD 6055.6, *DoD Fire and Emergency Services Program*

AFMLO Guidance Document 02-01

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

AFPD 44-1, *Medical Operations*

AFI44-102, *Medical Care Management*

Abbreviations and Acronyms

AED—Automated External Defibrillators

AHA—American Heart Association

BMET—Biomedical Equipment Technician

CLSC—Cardiac Life Support Committee

CPR—Cardiopulmonary Resuscitation

MERC—Medical Equipment Repair Center

PAD—Public Access Defibrillation

SCD—Sudden Cardiac Death

MDG/CC—Medical Group Commander

Terms

Automatic External Defibrillator—a portable electronic device that automatically diagnoses potentially life threatening cardiac rhythm disturbances in a patient and is able to treat them through defibrillation, the application of electrical therapy which stops the abnormal pattern, allowing the heart to reestablish an effective rhythm.

Public Access Defibrillators—automatic external defibrillators that are intended for the use by non-medically trained individuals in public locations.

“User” Program—although medical has a large supporting role, it is the individual installation unit that decides whether to participate in the PAD program and, if so, maintains the equipment in a state of readiness, ensures personnel are trained in its use, and operates the equipment when necessary.

Attachment 2

APPOINTMENT LETTER

Date

MEMORANDUM FOR (ex.:79th MDG Public Access Defibrillation Program (PAD) Coordinator)

FROM: Your site's name

SUBJECT: Appointment Letter for PAD Program Site Coordinator

A1.1. (Name, squadron/office symbol) has been appointed as the Site Coordinator for the site's PAD Program. He/she will fulfill the responsibilities IAW AFDWI44-101.

A1.2. The following personnel have been appointed as Targeted Responders for the site's PAD Program:

They will fulfill the responsibilities IAW AFDWI44-101.

A1.3. If you have any questions please contact me at

Signature

Duty Title

Attachment 3

EVENT SUMMARY SHEET

When completed, fax to 579/779th MDG/PAD PROGRAM COORDINATOR @ XXX-XXX-XXXX

Location of event:		Date of event:	
Time of event (or when victim discovered):			
Was the event witnessed? YES NO		If yes, name of person that witnessed event:	
PAD site coordinator:			
Victim's name:			
Name(s) of responder(s):			
1)			
2)			
3)			
4)			
5)			
Was 911 called?		YES NO	
If yes, at what time:			
Was CPR given before AED arrived?		YES NO	
If yes, name(s) of responders that gave CPR:			
1)			
2)			
3)			
4)			
5)			
Were shocks given?			
If yes, total number of shocks:			
Did victim:			
Resume breathing?		YES NO	
Regain consciousness?		YES NO	
Time victim transferred to the emergency department:			
Any problems encountered/comments?			
Printed name of person completing sheet:			
Daytime and nighttime contact phone numbers.			
PAD Program Coordinator comments:			
PAD Program Coordinator signature:			
Date reviewed and signed:			
PAD Physician Consultant signature/date			

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