

Administrative Changes to HURLBURTFIELDI41-101, *Public Access Defibrillation (PAD) Program*

OPR: 1 SOMDG/SGH

References to 16th Special Operations Wing (16 SOW) should be changed to 1st Special Operations Wing (1 SOW) throughout the publication.

References to 16th Medical Group (16 MDG) should be changed to 1st Special Operations Medical Group (1 SOMDG) throughout the publication.

References to 16th Medical Support Squadron (16 MDSS) should be changed to 1st Special Operations Medical Support Squadron (1 SOMDSS) in paragraph 4.2.3; 16 MDSS (1 SOMDSS) address of 131 Loop Road should be changed to 113 Lielmanis Avenue in paragraph 4.2.3.

References to 16<sup>th</sup> Civil Engineering Squadron should be changed to 1st Special Operations Civil Engineering Squadron in Attachment 7.

19 April 2012

**BY ORDER OF THE COMMANDER,  
16TH SPECIAL OPERATIONS WING (AFSOC)**

**HURLBURT FIELD INSTRUCTION 41-101**

**18 MAY 2006**



**Health Services**

**PUBLIC ACCESS DEFIBRILLATION  
(PAD) PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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Pages: 19

Distribution: F

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This instruction implements Air Force Policy Directive (AFPD) 41-1, *Health Care Programs and Resources* and AFPD 41-2, *Medical Support*. It establishes the procedures governing the Hurlburt Field PAD Program. It outlines the roles, responsibilities, and procedures for managing the implementation of the provisions of the "Guidelines for Public Access Defibrillation (PAD) Programs in Federal Facilities." It provides guidance for the deployment of Automated External Defibrillators (AEDs) and further identifies and delineates the lines of responsibility. It provides general guidelines to ensure an appropriate response to initiate such a program within buildings on Hurlburt Field, FL (including associate units). This instruction is affected by the Privacy Act of 1974. Maintain and dispose of records created in accordance with Air Force Records Disposition Schedule (RDS) which may be found on-line at <https://webrims.amc.af.mil>. This instruction requires collection and maintaining information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 8013. System of Records notice F036 AF PC C, Military Personnel Records System, applies. Civilian employees are governed under 10 U.S.C. 55, 10 U.S.C. 8013, Secretary of the Air Force; and E.O. 9397 (SSN).

## Chapter 1

### SCOPE:

**1.1.** This document describes the roles and responsibilities deemed necessary to ensure the broadest training and application of the AED and applies to all federal employees, reservists, and active duty personnel on Hurlburt Field.

## Chapter 2

### DEFINITIONS:

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

**2.2. Basic Cardiac Life Support (BCLS).** A training program that teaches basic CPR techniques as well as AED. *NOTE:* Section 401.2915, *Florida Statutes* and Rule 64E-2039, *Florida Administrative Code* (F.A.C.), require initial and refresher training on the general use of AEDs, CPR, and on the particular model of AED available in a facility for all members who will be using the AEDs. Pursuant to F.A.C. 64E-2039, refresher training shall be conducted every 2 years.

**2.3. Florida Good Samaritan Act.** Allows a reasonable person reacting to a perceived medical emergency without objection of the victim to be immune from civil liability.

**2.4. Responders.** Responders are individuals who are trained in BCLS for use in a sudden cardiac arrest emergency. Their specific training shall be set forth in accordance with local policy.

**2.5. Automated External Defibrillator (AED).** A defibrillator device that is:

2.5.1. Commercially distributed in accordance with the Federal Food, Drug and Cosmetic Act (FFDCA).

2.5.2. 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.

2.5.3. Able to deliver an electrical shock to an individual upon determining that defibrillation should be performed.

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

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

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

**2.9. Sudden Cardiac Arrest (SCA).** When the electrical impulses of the human heart malfunction causing ventricular fibrillation, an erratic and ineffective rhythm, characterized by the absence of a pulse and respirations.

**2.10. 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.

**2.11. Emergency Medical Services (EMS).** The term used to describe the rapid response team of medically trained personnel that provides emergency medical assistance.

**2.12. 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.

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

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

**2.15. Chain of Survival.** Designed to optimize a patient's chance for survival from sudden cardiac arrest. There are four links in the chain:

2.15.1. Early access.

2.15.2. Early CPR.

2.15.3. Early defibrillation.

2.15.4. Early advanced cardiac life support (ACLS).

## Chapter 3

### ROLES AND RESPONSIBILITIES:

#### 3.1. Installation Commander (16 SOW/CC).

3.1.1. The installation commander has the *overall* responsibility for the PAD program. The installation commander directs the 16th Medical Group Commander (16 MDG/CC) to ensure proper medical objectives are maintained for the PAD program.

3.1.2. Ensures each organization has appointed individuals to meet the functional recommendation set forth in this instruction.

3.1.3. Provides or ensures each unit/organization commander has the necessary resources to ensure total organizational compliance with the PAD program.

#### 3.2. 16th Medical Group Commander (16 MDG/CC):

3.2.1. The 16 MDG/CC has the ultimate *medical* responsibility for all medical aspects of the PAD program and is responsible to the 16 SOW/CC for implementation of the PAD program.

3.2.2. The 16 MDG/CC will ensure all medical objectives are maintained, provide professional guidance on program administration and appoint in writing a medical director.

#### 3.3. Medical Director:

3.3.1. The medical director will be a physician, proficient in emergency medical services protocols, CPR, and the use of AEDs in accordance with the Florida state law.

3.3.2. The medical director has direct *medical* oversight over the entire PAD program and its participants.

3.3.3. The medical director will have general responsibilities that include the establishment and maintenance of the "AED Use-Chain of Survival" and "Post-Use Procedure" guidelines included in this instruction (**Attachment 1 and Attachment 2**).

3.3.4. Assesses quality assurance, compliance with developed protocols, and continuation of proper training.

3.3.5. Critically reviews all recorded data cards and actions taken each time an AED is used.

3.3.6. Determines the AED to be used on the installation with input from Medical Logistics to ensure standardization and that devices meet minimum requirements.

#### 3.4. Unit/Organization Commanders:

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

3.4.2. Ensure the AED coordinator is properly trained and certified to manage the unit's AED program and provide ongoing training to the unit on its use and upkeep.

3.4.3. Provide resources for the purchase, maintenance, and upkeep of the AED.

3.4.4. Responsible for the security of the equipment and supplies and their replacement if lost, stolen, or damaged.

### **3.5. AED Coordinators:**

3.5.1. The AED coordinator shall be either a military member or a civilian supervisor and/or management official of the local unit/organization where the AED is deployed.

3.5.2. The AED coordinator is responsible for the maintenance of all equipment and supplies to assure proper functioning of the AED device, based upon training provided by a source approved by the medical director.

3.5.3. Follows the manufacturer's suggested maintenance protocol for their particular AED.

3.5.4. Provides or ensures organization's members receive training in BCLS in accordance with Florida law.

3.5.5. Once an AED has been used in an emergency situation, the AED coordinator/designee will immediately complete the AED Coordinated Report for Medical Director (**Attachment 4**), and forward it to the medical director for review. The medical director should receive the completed report within 1 duty day of employing the AED.

3.5.6. Arrange for Critical Incident Stress Management (CISM) debriefing sessions to be offered for all individuals involved in providing assistance in an emergency situation if requested by commander (**Attachment 5**).

### **3.6. Responders:**

3.6.1. Responders are either military members or civilian supervisors and/or management officials who are trained in BCLS and who will respond to all potential cardiac emergencies. Their specific training shall be set forth in accordance with this instruction.

3.6.2. Trained responders should follow the protocol in an emergency situation as depicted in the "AED Treatment Algorithm" (**Attachment 3**).

## Chapter 4

### AED LOCATIONS AND INSTALLATION:

**4.1. The Essential Key to Surviving a Heart Attack is Early Defibrillation.** AEDs must be strategically placed throughout each unit/organization based upon the time to initial shock of a victim of SCA, which should optimally be less than 4 minutes. An initial Hurlburt Field facility site assessment has designated sites with the highest priority to obtain PADs ([Attachment 6](#)).

4.1.1. Future facility site assessments will be accomplished, as Hurlburt Field needs change, to determine the number of AEDs that are necessary, as well as their placement within buildings. The medical director will review adequacy of AED placement annually and will be consulted regarding any new mission requirements. Facility modifications/AED installation requests must be coordinated on an AF Form 332, Base Civil Engineer Work Request, and approved prior to installation if facility is modified.

4.1.2. Factors to consider in determining AED placement include the following:

4.1.2.1. Facility size.

4.1.2.2. Number of employees in the facility.

4.1.2.3. Average age of the facility occupants.

4.1.2.4. Incidence of heart disease, given the population at hand.

4.1.2.5. Emergency response protocol may already be in place for a facility; however, optimal response time from the identification of a person "down" to the arrival of AED on-scene should be 4 minutes or less.

4.1.2.6. In order to achieve complete area coverage within a building, an AED should be positioned no more than 1 minute's travel time (one way) from any given point within the building.

**4.2. AED Procurement.** AEDs must be procured utilizing established Air Force, wing, and unit instructions and policies. Current policy mandates using organizations or installations must fund the purchase and upkeep of AEDs and related equipment. The 16 MDG has not been resourced to purchase AEDs:

4.2.1. Medical items will be purchased with the Government Purchase Card in accordance with AFI 64-117.

4.2.2. Units will establish a medical Resource Code/Cost Center (RC/CC) account and Project Fund Management Report (PFMR) through the unit's Resource Advisor.

4.2.3. AEDs will be shipped to 16 MDSS/SGSL, Medical Logistics Officer, 131 Loop Road.

4.2.4. Unit RC/CC will be loaded as a supplementary address in the requisition process.

4.2.5. AEDs will be received, inspected, and accounted for in the Defense Medical Logistics Standard Support (DMLSS) utilizing the unit's RC/CC.

4.2.6. Unit AED coordinator will be notified once the AED is indexed and accounted for.

4.2.7. Unit AED coordinators will produce AEDs for inventory every 12 months as directed by the Medical Logistics Flight Commander IAW AFI 41-209.

4.2.8. Missing and /or damaged AEDs requiring a Report of Survey will be the responsibility of the unit IAW AFMAN 23-220.

## Chapter 5

### EVENT TIMELINE:

#### 5.1. Minute #1:

- 5.1.1. Discovery of "downed" victim: Initiate Chain of Survival; Activate 911 ([Attachment 1](#)).
- 5.1.2. Decision to retrieve AED.
- 5.1.3. Identify closest AED.

#### 5.2. Minutes #2 & #3. Retrieval of AED.

#### 5.3. Minute #4:

- 5.3.1. Refamiliarization with AED instructions.
- 5.3.2. Preparation of victim and application of chest pads.
- 5.3.3. Detection of shockable rhythm.
- 5.3.4. Delivery of shock.

#### **5.4. AED accessory kits will be located with the AED so that the responder will not lose time deciding what to take to the emergency. These kits will provide items such as:**

- 5.4.1. Simplified CPR directions and use of the AED.
- 5.4.2. Non-latex protective gloves.
- 5.4.3. CPR face mask with one-way valves and plastic or silicon face shields.
- 5.4.4. Spare battery and electrode pads.
- 5.4.5. Bandage and scissors.
- 5.4.6. Disposable safety razors.
- 5.4.7. Biohazard/medical waste container/ bags.
- 5.4.8. Absorbent towels.

#### **5.5. Calling 911 activates the EMS.** It is important to note that there is **no** alarm activation when the AED is removed from its wall-mounted enclosure.

NORMAN J. BROZENICK, JR., Colonel, USAF  
Commander

**Attachment 1****GLOSSORY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Public Health Section 401.2915.

Florida Statutes, *Automatic External Defibrillators*, [www.flsenate.gov/Statutes/index.cfm](http://www.flsenate.gov/Statutes/index.cfm); *Guidelines for Public Access Defibrillation Programs in Federal Facilities*, 18 Jan 01.

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; *Public Health Service Act*, 42 U.S.C., Sections 238, 247, 248.

Title 2, Part B; Public Law 42 U.S.C. 201, *Cardiac Arrest Survival Act of 2000*; Marenco, J. & Wang, P.

Journal of the American Medical Association (JAMA) 7 Mar 01, pages 1193-1200, *Improving Survival from Sudden Cardiac Arrest - The Role of the Automated External Defibrillator*; AFD 44-1, *Medical Operations*.

American Heart Association's (AHA) concept, "*Chain of Survival*."

Federal Register Part III, *General Services Administration*, 41 CFR Parts 102-71, et al.

U.S. Food and Drug Administration (FDA) website, <http://www.fda.gov/cdrh/consumer/AED-PAD.html>.

Center for Devices and Radiological Health, *Automatic External Defibrillators (AEDs) and Public Access Defibrillation (PAD) Programs*.

**Attachment 2****AED USE –CHAIN OF SURVIVAL*****Section A2A—In Case of Emergency, Initiate Chain of Survival.*****A2.1. AED Use – Chain of Survival.****A2.2. Activate 9-1-1/Assess Patient:**

A2.2.1. Assess scene safety.

A2.2.2. Assess responsiveness. Tap shoulder and shout, “Are you OK?”

A2.2.3. Initiate emergency response plan. Activate EMS and obtain AED.

A2.2.4. Check Airway, Breathing, and Circulation (ABCs).

A2.2.4.1. Assess Airway. Perform head tilt, chin lift to open airway.

A2.2.4.2. Assess Breathing. Look, listen, and feel. If breathing absent, use protective airway mask to deliver two rescue breaths.

A2.2.4.3. Assess Circulation. Check for signs of circulation (if healthcare worker, assess carotid pulse). If signs of circulation (pulse) are absent, begin chest compressions.

***Section A2B—Early CPR (for one trained responder) – Adult and Child (over 1 year of age) Basic Cardiac Life Support (BCLS).*****A2.3. Perform CPR until an AED arrives:**

A2.3.1. Compress and release chest 15 times (rate 100 compressions/minute).

A2.3.2. Ventilate by giving two rescue breaths.

A2.3.3. Continue CPR, 15 compressions/two rescue breaths. Check for signs of circulation (pulse if healthcare worker) after four cycles (approximately 1 minute) and then every few minutes thereafter.

A2.3.4. If victim regains pulse but no signs of breathing, perform one rescue breath every 5 seconds.

A2.3.5. If victim regains breathing and signs of circulation, place victim on either side (recovery position) and protect airway in the event of vomiting and monitor until EMS arrives.

***Section A2C—Early Defibrillation*****A2.4. Place the AED near the head of the patient on the same side as the responder:**

A2.4.1. Turn on the AED.

A2.4.2. Cut or tear away clothing.

A2.4.3. Expose and prepare the chest.

A2.4.4. If excessive chest hair, quickly shave or clip.

A2.4.5. If chest wall is wet, dry it before placing electrode pads.

A2.4.6. Follow the AED's verbal and visual prompts.

A2.4.7. Apply electrodes.

A2.4.8. Allow the AED to analyze-do not touch the victim.

A2.4.9. If indicated, deliver shock by pressing the illuminated shock button.

A2.4.10. Continue care per the AED Treatment Algorithm.

***Section A2D—Early Advanced Care***

**A2.5. Have a designated person wait for EMS providers at the front entry of main building and help guide them to the patient:**

A2.5.1. Individuals working on the patient should communicate information to the EMS providers such as:

A2.5.1.1. Victim's/patient's name.

A2.5.1.2. Any known medical problems or allergies.

A2.5.1.3. Time victim was found.

A2.5.1.4. Initial and current condition of the victim.

A2.5.1.5. Information from the AED, such as number of shocks delivered.

A2.5.1.6. Assist EMS personnel as necessary.

**Attachment 3****POST-USE PROCEDURE AND REGULAR MAINTENANCES*****Section A3A—Responder: AED Post-Use Procedure.*****A3.1. The AED coordinator will do the following after any AED use.**

- A3.1.1. Notify medical director via the written “AED Coordinated Report for Medical Director.”
- A3.1.2. Remove used PC data card/battery pack and replace it with a spare PC card/battery pack. Label used PC data card with patient identification information and deliver it to the medical director with the report listed above.
- A3.1.3. Arrange employee (CISM) debriefing if commander deems it necessary.
- A3.1.4. Restock with new supplies 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.

***Section A3B—Regular Maintenance.*****A3.2. See User’s Guide for complete maintenance schedule.****A3.3. Daily.**

- A3.3.1. Check the Status Indicator. Verify the light settings that indicate the unit is ready to use. Consult your 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 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 — ADULT/CHILD >1 YEAR**

**A4.1. Assess scene safety.**

**A4.2. Call 9-1-1 and get AED.**

**A4.3. Check Airway and Breathing.**

**A4.4. Breathing Present?**

A4.4.1. Place patient on their side and monitor until help arrives.

A4.4.2. Assess Circulation.

**A4.5. Signs of Circulation?**

A4.5.1. Give rescue breathing.

A4.5.2. One breath every 5 seconds until help arrives.

**A4.6. Do CPR until AED arrives.**

**A4.7. Attach AED to patient and follow AED prompts.**

**A4.8. When emergency personnel arrives, give patient information and assist as necessary.**

## Attachment 5

## AED COORDINATED REPORT FOR MEDICAL DIRECTOR

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

A5.1.1. \_\_\_\_\_ Remove used battery (battery is also the data storage unit for the AED) and label it with the patient ID (name: last, first; last four of SSN).

A5.1.2. \_\_\_\_\_ Insert a new battery into the AED.

A5.1.3. \_\_\_\_\_ Follow post-use procedure guidelines to restore AED unit back to ready state (**Attachment 2**).

A5.1.4. \_\_\_\_\_ Replace/restock any accessory items as necessary.

A5.1.5. \_\_\_\_\_ Deliver used battery (if it was not given to emergency personnel during the event) AND this checklist, within 1 duty day, to the AED Medical Director for review and filing.

A5.1.6. \_\_\_\_\_ Schedule/conduct Critical Incident Stress Management (CISM) debriefing as determined necessary by the AED Coordinator.

**A5.2. CISM debriefing planned?** \_\_\_\_\_ (Date) \_\_\_\_\_; **Conducted?** \_\_\_\_\_ (Date) \_\_\_\_\_.

**A5.3. Incident Details:**

A5.3.1. Date incident occurred \_\_\_\_\_.

A5.3.2. Time incident occurred \_\_\_\_\_.

A5.3.3. Location incident occurred \_\_\_\_\_.

A5.3.4. Time EMS called \_\_\_\_\_.

A5.3.5. Time AED placed on patient \_\_\_\_\_.

A5.3.6. Time EMS arrived on scene \_\_\_\_\_.

A5.3.7. Were AED shocks administered? (Circle one).

A5.3.7.1. Yes; If yes, how many \_\_\_\_\_.

A5.3.7.2. No.

A5.3.7.3. Don't know.

**A5.4. Patient Information (if known):**

A5.4.1. Name (Last, First, MI) \_\_\_\_\_.

A5.4.2. Male / Female (circle one).

A5.4.3. Age \_\_\_\_\_.

A5.4.4. Last Four of SSN \_\_\_\_\_.

A5.4.5. Assigned Unit \_\_\_\_\_.

A5.4.6. Branch of Service/Civilian \_\_\_\_\_.

A5.4.7. Date of Birth \_\_\_\_\_.

A5.4.8. Phone Number(h) \_\_\_\_\_ (w) \_\_\_\_\_.

A5.4.9. Home Address \_\_\_\_\_.

A5.4.10. Name of AED Coordinator: Print Signature \_\_\_\_\_.

A5.4.11. Date checklist sent to Medical Director: \_\_\_\_\_.

**NOTES:**

1. **QUALITY ASSESSMENT DOCUMENT PROTECTED FROM DISCLOSURE UNDER 10 U.S.C. 1102.**
2. **DO NOT RELEASE WITHOUT PERMISSION OF THE COMMANDER.**

**Attachment 6**

**CRITICAL INCIDENT STRESS MANAGEMENT INFORMATION**

**A6.1.** Critical Incident Stress Management (CISM) 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.** Many types of events have the potential to produce individual/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.). CISM services will be provided after traumatic events to help those who have experienced such 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 the disabling effects of a traumatic event.

**A6.3.** The office of record for CISM services is the Behavioral Health Flight (881-4237). Please address inquiries about CISM services to the Team Chief of the critical incident stress team (CIST).

## Attachment 7

**PLACEMENT FOR AEDS**

AED #	Location
1	90005 – 505th Command and Control Wing
2	90053 – 16th Civil Engineering Squadron
3	90075 – Gas Station
4	90210 – Command HQ
5	90232 - Gym
6	90228 – Mini Mall
7	90302 – Enlisted Club
8	90304 – Youth Center
9	90509 – Commando Inn
10	90517 - Gym
11	90802 – Deployment Center
12	90909 – Officer’s Club
13	91012 – BX
14	91013 – Commissary
15	91300 – Golf Course
16	91259 – 20th Special Operations HQ
17	92473 – Recreation Center

<b>18</b>	Security Forces Vehicle East Zone
<b>19</b>	Security Forces Vehicle West Zone
<b>20</b>	Gym currently under construction