

**BY ORDER OF THE COMMANDER  
OF JOINT BASE CHARLESTON**

**JOINT BASE CHARLESTON INSTRUCTION  
41-101**



**5 DECEMBER 2013**

**Health Services**

**AUTOMATED EXTERNAL  
DEFIBRILLATOR (AED) PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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Certified by: 628 MDG/CC  
(Colonel Judith A. Hughes)

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This instruction establishes the Joint Base Charleston (JB CHS) Automated External Defibrillator (AED) Program and outlines responsibilities and procedures for managing a Public Access Defibrillation (PAD) Program in accordance with (IAW) *Guidelines for Public Access Defibrillation Programs in Federal Facilities*, the Cardiac Arrest Survival Act (CASA) and DoD Guidelines. This instruction is applicable to active duty, reserve, civilian and contract employees. This publication identifies scope, responsibilities, acquisition, placement, inspection and maintenance, quality assurance, and documentation requirements for use of AEDs. The AED program is not a medical program; it is an individual unit program. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with 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/>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional's chain of command.

**SUMMARY OF CHANGES**

This document has been substantially revised and must be completely reviewed. Major changes include: Conversion of Charleston AFB instruction 41-1 to Joint Base Charleston Instruction 41-101 to include a significant change in program scope and those assigned as an Office of Primary Responsibility (OPR). Additional paragraphs have been added to address scope, responsibilities, acquisition, placement, inspection and maintenance, quality assurance, and documentation

requirements. The requirement for unit coordinators to be a Heartsaver® AED Instructor has been removed. Attachments have been added to provide further detailed information, clarification, and required forms to facilitate program compliance.

Background: According to the American Heart Association (AHA) 2010 Student Handbook, up to 600 people die every day in the United States from sudden cardiac arrest. Most cardiac arrests are a result of irregular heart rhythms called ventricular tachycardia or ventricular fibrillation. These lethal heart rhythms cause the pumping action of the heart to stop abruptly and can rapidly lead to death. The technique of delivering an electrical shock, called defibrillation, is the best-known treatment for ventricular fibrillation and pulseless ventricular tachycardia. To be effective, defibrillation must be administered within minutes of a cardiac arrest. For every minute that passes without defibrillation and effective cardiopulmonary resuscitation (CPR), a victim's chance of survival decreases seven to ten percent. After as little as ten minutes, very few resuscitation attempts are successful. In the past, the ability to defibrillate was solely in the hands of trained emergency medical personnel, whom may have a long response time. With the advent of AEDs, a trained rescuer can quickly and easily defibrillate a cardiac arrest victim and potentially save a life. New generation AEDs are safe, effective, lightweight, low maintenance, and relatively inexpensive. Evidence suggests strategic placement of AEDs increases the chance of survival during sudden cardiac arrest. Public access refers to the accessibility of the AED device itself. Public access does not mean that any member of the public who witnesses a person in cardiac arrest should use an AED. Public access to AEDs provides AHA Heartsaver® trained individuals the capability to respond prior to the arrival of emergency medical personnel.

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## **1. SCOPE.**

1.1. All units that have AEDs on the installation will participate in the JB CHS AED program and will comply with this instruction. This instruction does not apply to AEDs utilized by Fire and Emergency Services (F&ES) emergency response personnel or AEDs located in medical treatment facilities (MTFs) specifically for patient care by trained medical personnel. AEDs in public areas for use by layman would be included in the scope of the instruction.

## **2. RESPONSIBILITIES.**

2.1. The 628th ABW Commander (628 ABW/CC):

2.1.1. Has overall responsibility for the AED program; directs the 628 MDG/CC to ensure proper program oversight/compliance with federal guidelines for the AED Program.

2.1.2. Ensures every unit that has an AED managed under the scope of the JB CHS AED Program appoints a unit coordinator and meets the guidelines set forth in this instruction.

2.1.3. Monitors compliance information through the Emergency Management Working Group chaired by MSG/CC.

2.2. 628 MDG/CC:

2.2.1. Is responsible to the 628 ABW/CC for implementation of the AED Program. Ensures program objectives are in compliance with federal guidelines and provides professional guidance on program administration.

2.2.2. Ensures semi-annual updates on program execution and compliance are provided through the JB CHS Emergency Management Working Group. Will provide AED usage data to Emergency Management Working Group annually at a minimum.

2.2.3. Appoints, in writing, a Medical Director and Program Director (PD) for the AED program.

2.3. Medical Director:

2.3.1. Will be a physician familiar with Emergency Medical Services (EMS) protocols, CPR and the use of AEDs IAW AHA guidelines.

2.3.2. Will review all AED Needs Risk Assessments (Attachment 2) to determine if AED placement is warranted. The medical director assigned to the 628 MDG will review requests originating from units on the Air Base as well as the Naval Weapon Station. Completed risk assessments will be routed to the AED PD office who will maintain a copy of ALL completed risk assessments for the installation.

2.3.2.1. For approved needs risk assessments, a prescription will be hand written and given to the unit authorizing the purchase of an AED. A copy of all prescriptions will be routed to the AED PD office who will maintain a copy of ALL AED prescriptions.

2.3.3. Reviews victim event summary sheets (Attachment 3) within 2 duty days each time an AED is used. The Medical Director assigned to the 628 MDG will review victim event summary sheets for AEDs used on the Air Base as well as the Naval Weapon Station. The Medical Director is required to maintain the summary sheet for 2 years.

2.3.3.1. Reviews event electronic data and action taken, reports review to the Executive Committee of the Medical Staff (ECOMS) and ensures information is documented in the meeting minutes. The MDG Medical Director will ensure the 628 MDG/CC is briefed each time an AED is used on the Joint Base Installation.

2.3.4. Provides oversight for training, EMS coordination, quality assurance documentation, post use procedures and processes, consultation to units on compliance, and recommendations of AED program deployment strategies.

2.3.5. Will provide medical guidance as needed to assist the PD and Unit Coordinators.

#### 2.4. The Program Director:

2.4.1. The PD, at a minimum, will be a Military Training Network (MTN) basic life support (BLS) instructor. The PD will oversee all training using the American Heart Association (AHA) Heartsaver® AED certification curriculum. The Joint Base Charleston AED Program utilizes the AHA Heartsaver® AED through MTN; however, other nationally recognized AED/CPR certifications may be accepted.

2.4.1.1. An alternate or assistant PD may also be assigned to assist with workload. They are not required to maintain BLS instructor credentials.

2.4.2. Will serve as AED program management subject matter expert and be available to provide information and guidance to commanders, unit coordinators, and targeted responders. Serves as the primary Point of Contact for the unit coordinators regarding AED ancillary purchases, recalls, other notifications, and questions.

2.4.3. Responsible for ensuring a completed needs risk assessment is completed and a prescription is issued by the Medical Director before an AED is purchased and placed in a public location.

2.4.3.1. Forwards all completed needs risk assessments to the Medical Director for review and disposition. Maintains final signed copy of ALL risk assessments for units across the installation.

2.4.4. Assists unit coordinators with obtaining Heartsaver® AED certification training.

2.4.5. Responsible for updating AED locations and AED unit coordinator lists annually.

2.4.5.1. The list will include the unit name, office symbol (if applicable), building number, the number of AEDs a unit has, AED's location within the building, date MD prescription written, date of risk assessment, date of last annual compliance check, and unit coordinator name and contact information.

2.4.6. Responsible for providing an updated list of all units/buildings with AEDs not tracked in the 628 MDG Defense Medical Logistics Standard Support (DMLSS) program to 628 CES/CEF annually.

2.4.6.1. Will work with 628 CES/CEF, Fire Emergency Services, and 628 Medical Logistics to ensure AED compliance checks (Attachment 4) are completed annually on all units with an AED. Will monitor installation compliance trends and report them semi-annually to Emergency Management Working Group directly or through MDG/CC.

2.4.7. Responsible for reviewing completed compliance checks and providing feedback on AED program deficiencies to AED unit coordinators.

2.4.7.1. Will make comments or recommendations for correction on all AED compliance checklists received with deficiencies.

2.4.7.2. Will e-mail unit coordinator a copy of AED compliance checklist with deficiencies to include comments or recommendations so corrective actions can be taken. The Medical Director and unit coordinator's commander will be courtesy copied on this e-mail.

2.4.8. Assists unit coordinators with all responsibilities including, but not limited to, AED data download, loaner acquisition, traumatic stress response debriefing through the assistance of the Mental Health Clinic, acquiring training and ordering new AED equipment and supplies.

2.4.9. Will consult the Medical Director for all medical guidance.

2.4.10. Coordinates interim changes and additions to this instruction in addition to assisting with regular update and scheduled reviews with the ABW POC.

2.4.11. Conducts initial and annual unit coordinator training and ensures compliance is monitored.

2.5. 628 CES/CEF, Fire Emergency Services:

2.5.1. Will complete Section 1 of the AED compliance checklist (Attachment 4) annually for each building with a MD approved AED that is not tracked in the 628 MDG DMLSS program.

2.5.2. Will notify the AED PD when AED compliance checklists are completed and forms will be picked up by the AED PD within 7 days of completion for appropriate action.

2.6. 628 MDG Education and Training:

2.6.1. Will provide access to Heartsaver® AED certification training and/or training aids/classes as available and IAW MTN guidelines.

2.6.1.1. Heartsaver® AED certification training may be provided to active duty and DoD civilian employees.

2.6.1.2. Heartsaver® AED certification training may only be provided to contract employees if it is specifically stated in their contract.

2.7. Unit Commanders (for all units with AED):

2.7.1. Will appoint, in writing, a primary and alternate AED program unit coordinator, who will serve as the primary liaison between the unit and the AED PD and Medical Director (Attachment 5).

2.7.2. Will appoint, in writing, a minimum of two unit targeted responders who have received Heartsaver® AED certification training. The AED PD recommends 10% of staff be targeted responders.

2.7.2.1. When identifying targeted responders, consideration should be given to people typically on the premises, people staffing offices close to the AED location, people due to remain in unit for extended period of time and those willing and physically able to respond and perform Heartsaver® AED procedures.

2.8. Unit Coordinator:

2.8.1. Will, at a minimum, have the Heartsaver® AED certification training.

2.8.2. Will utilize the steps outlined in the AED Emergency Response Plan (Attachment 6).

2.8.3. Ensures all targeted responders are familiar with the steps outlined in the AED Emergency Response Plan.

2.8.4. Ensures all targeted responders receive required training and remain current in Heartsaver® AED certification training through a nationally recognized organization.

2.8.4.1. Will utilize unit's Heartsaver® AED Instructor(s), if available, to provide Heartsaver® AED certification training to identified unit targeted responders. For details on active duty, DoD civilian, and contractor training, please refer to paragraph 2.6.

2.8.5. Will purchase and restock all equipment (initial and replacement AED) and supplies to include expired items (electrode pads/cables, batteries, razors, or gloves) using individual unit funds through the medical DMLSS system sub-account or unit equipment chain to ensure AED accountability and management.

2.8.5.1. Will coordinate all AED purchases with the PD and the Medical Director for approval.

2.8.5.2. Obtain training aids such as a trainer AED or any other accessories through PD, if needed.

2.8.6. Ensures AED monthly operational checks are conducted IAW manufacturer's recommendations. Monthly operational checks are documented on the AED monthly inspection card (attachment 7).

2.8.6.1. Reports any visual indicator of battery icon or wrench icon to MDG biomedical equipment technician (DMLSS purchased units) or unit equipment custodian (all others) the same duty day.

2.8.7. Ensures victim event summary reports (Attachment 3) for all AED events are accomplished and forwarded to the PD and Medical Director within 2 duty days of events.

2.8.7.1. Completes all additional post-use activities, after action checklist (Attachment 8), arranges for loaner AED acquisition and traumatic stress response debriefing coordination (Attachment 9).

2.9. Unit Targeted Responder:

2.9.1. Will accept all responsibilities associated with being a targeted responder.

2.9.1.1. Willing and physically able to respond and perform Heartsaver® AED procedures.

2.9.1.2. Maintains currency in Heartsaver® AED certification training through MTN or any other nationally recognized AED certifications as approved by the PD and Medical Director.

2.9.1.3. Will be trained on the AED Emergency Response Plan.

2.9.2. Will immediately notify the unit coordinator of all emergency event requiring use of an AED.

2.10. 628th Medical Group Logistics:

2.10.1. The 628th Medical Group Logistics Flight Commander or Biomedical Equipment Maintenance Office will serve as the point of contact for AED purchases for all units on JB CHS-AB.

2.10.2. Will order AEDs and supplies using individual unit funds and distribute all AEDs purchased on the AB through the medical DMLSS system.

2.10.3. Units on the JB CHS-WS will purchase requested AEDs and supplies using individual unit funds through their individual equipment and supply ordering chain once MD prescription has been written.

2.11. 628th Bio-Medical Repair Shop (BMR):

2.11.1. Will be key advisor to units on the care and upkeep of the AED.

2.11.2. Will schedule maintenance on AEDs for units with an approved AED that is tracked in the 628 MDG Defense Medical Logistics Standard Support (DMLSS) program as required. All other units with AEDs not tracked in 628 MDG DMLSS account, are individually responsible for following manufacturer required maintenance schedule.

2.11.2.1. In conjunction with scheduled maintenance visit, will complete Section 1 of the AED compliance checklist (Attachment 4) annually for each building with an approved AED that is tracked in the 628 MDG DMLSS program.

2.11.2.2. Will forward all completed AED compliance checklists to the AED PD within 5 days of completion for appropriate action.

2.11.3. Will serve as the point of contact (POC) for unit coordinators and manufacturer representatives concerning problems with AEDs.

2.12. JB CHS Facility Managers:

2.12.1. May serve as a single POC for the installation-wide distribution of information related to the AED program. They will be responsible for ensuring information gets to commander and/or AED unit coordinator as appropriate.

### **3. RISK ASSESSMENT AND AED ACQUISITION PROCEDURES.**

3.1. Units requesting purchase of an AED will coordinate with AED PD for an initial needs risk assessment.

3.1.1. AED PD will forward the needs risk assessment to the Medical Director for review and disposition.

3.1.2. Funding of AED equipment and supplies is a unit responsibility. Unit coordinators on the AB will provide Medical Logistics with necessary paperwork (unit funded DMLSS sub-account and AED prescription) for all AED purchases. Any unit with an AED not meeting the requirements will return the AED to the 628th Medical Group.

3.1.3. Any unit no longer needing their AED will return the AED to the 628th MDG biomedical equipment technician (DMLSS purchased units) or unit equipment custodian (all others) and notify the AED PD of their unit's AED removal.

3.2. AEDs are considered prescription medical devices; therefore, procurement of all AEDs must be coordinated and approved by the Medical Director (Attachment 2).

3.3. AED model(s) will be determined by the Medical Director based on simplicity of use, durability, battery life, internal memory, warranty, cost, and available training packages. For uniformity, purchase of AEDs will be the same equipment throughout JB CHS when possible.

3.3.1. 628th Medical Logistics will approve AB purchases of AEDs and accessories with an approval letter and prescription from the Medical Director.

3.3.2. NWS units will purchase approved AEDs type through their individual unit funds.

3.4. Medical Logistics will order AB AEDs and accessories utilizing a unit funded DMLSS sub-account. Units requesting an AED unit must first establish a medical account. Consult 628th Medical Logistics.

### **4. AED LOCATION, PLACEMENT, AND REQUIRED SUPPLIES.**

4.1. Once approved for purchase, AEDs will be strategically placed throughout the unit to reduce time between victim collapse and the ability to provide initial defibrillation, if indicated. Factors to consider in determining AED placement include the following:

4.1.1. Facility size and/or accessibility.

4.1.2. Number of employees in the facility.

4.1.3. Identified high-risk environments.

4.1.3.1. Use of equipment that may increase risks such as high voltage, heavy equipment use, etc.

4.1.3.2. Activities of daily work that may increase risks.

4.1.3.3. Facility design that may increase risk.

4.1.3.4. The type of employees/occupants may increase risk such as age, medical diagnosis, etc.

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

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

4.1.6. Security levels that may hinder access to the facility by emergency medical personnel.

4.1.7. Optimal response time from identification of a downed person to the arrival of the AED is ideally within 3-5 minutes. A copy of the "American Heart Association Chain of Survival" treatment algorithm (Attachment 10) must be maintained near the AED.

4.2. AED accessory kits should be packed with the AED so that the responder will not lose time deciding what to take to the emergency. Accessory kits will contain at a minimum gloves, scissors, razor, medical tape, extra electrodes (AED pads), and a barrier mask.

4.3. AEDs will be easily accessible in a well-marked and publicized location. Signs will be placed above or around each AED that can be easily viewed from two separate directions (both direct view and "down the hall" 90 degrees to the direct view). A telephone or reliable process to activate EMS or 911 will be nearby.

4.4. AEDs will be stored in an alarmed AED housing unit which will be activated when the unit is removed for use generating action from others to activate EMS through the base 911 system.

4.5. AEDs will be stored in a secure location minimizing potential tampering, theft, damage or inadvertent harm. AED locations are not to be changed without prior coordination with the PD and Medical Logistics to ensure visibility, accountability, and to guarantee maintenance and recall functions occur in a timely manner.

## **5. AED INSPECTION AND MAINTENANCE.**

5.1. The BMR will advise units on maintenance beyond the unit coordinator's ability. In most cases, the unit will require repair by the manufacturer. Individual units will be responsible for repair costs.

5.1.1. Funding of non-repairable devices and or expired components is a unit responsibility.

5.2. Individual units will inspect AEDs IAW manufacturer's recommendations.

## **6. QUALITY ASSURANCE.**

6.1. The Medical Director or designee will review all event summary sheets to assess quality of care.

6.2. The Medical Director will provide post event feedback to the unit commander, unit coordinator and those involved with the event. Event review summaries will also be reported in ECOMS.

## **7. DOCUMENTATION.**

7.1. All appointment letters (Attachment 5) are to be reviewed annually and updated when changes dictate.

7.1.1. The PD will maintain a copy of all appointment letters.

7.1.2. The unit coordinators will maintain a copy of their own appointment letter and a complete list of targeted responders.

7.2. A victim event summary (Attachment 3) will be completed by the unit coordinator and forwarded to the PD within 2 working days.

7.3. AED compliance checklist (Attachment 4) will be completed annually by F&ES or BMR personnel.

7.4. Evidence of AED monthly function inspections/test maintained by unit coordinators.

7.4.1. Discrepancies noted are to be remedied immediately by the Unit coordinators.

## **8. AED FOR FITNESS ASSESSMENTS.**

8.1. IAW with AFI 36-2905, *Fitness Program*, paragraph A8.2.12, if AEDs are available to the Fitness Assessment Cell, it is recommended having them on-site during all portions of the Fitness Assessment.

8.2. 628 AABW/FSS will be responsible for requesting and purchasing AEDs that can be utilized for this purpose by the staff conducting Air Force required fitness tests for and will ensure compliance with AED program requirements.

8.3. There is no requirement for individual units to have an AED on site for unit physical fitness or mock fitness testing. Any unit using AEDs for this purpose, must be in compliance with AED program requirements.

JEFFREY W. DEVORE, Colonel, USAF  
Commander

## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

*References*

**Cardiac Arrest Survival Act (CASA) H.R. 2498** (42 USC 238p/238q)

*Guidelines for Public Access Defibrillation Programs in Federal Facilities*, Department of Health and Human Services (HHS) and the General Services Administration (GSA)  
<http://www.foh.dhhs.gov/public/WhatWEDo/AED/HHSAED.ASP>

*American Heart Association Heartsaver® AED Guidelines*, 2010 & certified curriculum

**AFI 36-2905**, *Fitness Program*, 1 July 2010

**OPNAV Instruction 5100.29**, *Navy Installation Automated External Defibrillation Program*, 13 July 2012

*Prescribed Forms*

There are none.

*Adopted Forms*

**AF 847**, *Recommendation for Change of Publication*

*Abbreviations and Acronyms*

**AED**—Automated External Defibrillator

**AHA**—American Heart Association

**AW/CC**—Airlift Wing Commander

**BLS**—Basic Life Support

**BMR**—Bio-Medical Repair

**CASA**—Cardiac Arrest Survival Act

**CO**—Commanding Officer

**CPR**—Cardiopulmonary Resuscitation

**DBMS**—Director of Base Medical Services

**DMLSS**—Defense Medical Logistics Standard Support

**ECOMS**—Executive Committee of the Medical Staff

**EMS**—Emergency Medical Services

**F&ES**—Fire and Emergency Services

**IAW**—In Accordance With

**MDG**—Medical Group

**MDG/CC**—Medical Group Commander

**MTF**—Military Treatment Facility

**MTN**—Military Training Network

**NHCC**—Naval Health Clinic Charleston

**NWS**—Naval Weapons Station

**OPR**—Office of Primary Responsibility

**PAD**—Public Access Defibrillator

**PD**—Program Director

**SAV**—Staff Assistance Visit

Attachment 2

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) NEEDS RISK ASSESSMENT

DATE: \_\_\_\_\_ Person completing this assessment: \_\_\_\_\_

1. Name of the unit and office symbol requesting AED.  
\_\_\_\_\_
2. List the building number and location in the building where AED is desired. Be descriptive (ie., first floor outside of conference room ).  
\_\_\_\_\_
3. Please list the number of employees/occupants in the facility where AED is desired.  
\_\_\_\_\_
4. Identification of high-risk environments:
  - a. List the type of high risk equipment used that requires the need for an AED to be located in the building (i.e., high voltage/heavy workplace equipment use): \_\_\_\_\_
  - b. List activities of daily work that require the need for an AED to be located in the building: \_\_\_\_\_
  - c. Describe the facility design layout and other barriers that may hinder assess of emergency medical personnel requiring the need for an AED to be located in the building (i.e., security level): \_\_\_\_\_
  - d. List the type of employees/occupants that require the need for an AED to be located in the building (i.e., age, medical diagnosis, etc): \_\_\_\_\_
5. List the number of people that may have public access to the facility on a daily basis.  
\_\_\_\_\_
6. Describe the ability of the staff to maintain AED Heartsaver® response during hours of operation as prescribed in CAFBI 41-1. \_\_\_\_\_
7. Provide the name(s) and contact information of the unit’s Commander appointed AED Program Unit Coordinator(s).  
\_\_\_\_\_
8. Unit Commander’s Name: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

I have reviewed the needs risk assessment and prescribed approval/disapproval placement of an AED at the above location IAW JBCI 41-1, *Automated External Defibrillator Program*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
628 MDG AED Program Medical Director

Attachment 3

VICTIM EVENT SUMMARY SHEET

AUTHORITY: 10 U.S.C. 8013; EO 9397 PRINCIPAL PURPOSE(S): Medical Assessment of quality of care. This is a requirement for the event summary sheet. This data aids physicians in researching the patient in the Composite Health Care System (i.e., electronic medical record). This provides medical information tracking and quality assurance activities that assess the quality of care. ROUTINE USES: Same as principal uses. DISCLOSURE: Failure to identify last name and last 4 of SSN will slow or impede medical assessment of quality of care.

Location of Event: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Victim's Name and last four of SSN: \_\_\_\_\_

Was the medical emergency witnessed or non-witnessed did you see the person lose consciousness or did you find the person to be unconscious?) Witnessed/Non-Witnessed

Name of trained responder(s): \_\_\_\_\_

Internal (unit specific) Emergency Response Plan activated? YES/NO

Was Emergency Assisted Phone Number (9-1-1) called? YES/NO

Was CPR given before the AED arrived? YES/NO

If yes, name(s) of CPR rescuer(s): \_\_\_\_\_

Were shocks given? YES/NO

Total number of shocks \_\_\_\_\_

Did the victim:

Resume breathing? YES/NO

Regain consciousness? YES/NO

Any problems encountered? \_\_\_\_\_

Unit Coordinator's signature: \_\_\_\_\_

Medical Director comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL DIRECTOR SIGNATURE: \_\_\_\_\_

Attachment 4

AED COMPLIANCE CHECKLIST

Unit: _____ Building: _____ # of AEDs _____		
<b>SECTION I: Equipment-Focused Functions</b>		
<b>1. Maintain the following:</b>	<b>YES</b>	<b>NO</b>
a. Sign identifying the location of the AED		
b. AED is mounted on the wall		
c. Required supplies (electrode pads/cables, batteries, razors, or gloves) available and not expired		
d. Expiration date of AED Pads (please note month/year): month_____ year_____		
e. Evidence of monthly function/test inspections		
<b>SECTION II: Organization-Focused Functions (completed by AED Program Director/Alternate)</b>		
<b>1. Maintain the following:</b>	<b>YES</b>	<b>NO</b>
a. Current AED Program Unit Coordinator Appointment Letter		
b. Current list of targeted responders and evidence of initial/refresher Heartsaver®/AED training		
c. AED Needs Risk Assessment (i.e., prescriptive approval) on file		

Use back of form for comments

Reviewer:	_____	_____	_____
	Name	Signature	
Date	Phone		
Unit Coordinator:	_____	_____	_____
	Name	Signature	Date
Phone			
AED Program Director:	_____	_____	_____
	Name	Signature	Date

## Attachment 5

## SAMPLE APPOINTMENT LETTER FOR AED PROGRAM UNIT COORDINATOR

Figure 5.1. Sample Appointment Letter for AED Program Unit Coordinator.

(Letterhead)		
MEMORANDUM FOR 628 MDG/SGNE		
FROM: Unit/CC		
SUBJECT: Appointment of Automated External Defibrillator Program Unit Coordinators		
1. In accordance with JBCI 41-1, <i>Automated External Defibrillator Program</i> , section 2.7, the following individuals are hereby appointed as AED Unit Coordinators. These members have reviewed JBCI 41-1 and are familiar with all duties associated with this assignment. In addition, they have met the minimum requirements as outlined in JBCI 41-1.		
	<u>NAME</u>	<u>PHONE</u>
Primary:	Rank/Name	963-xxxx
Alternate:	Rank/Name	963-xxxx
2. This memorandum supersedes all previous correspondence, same subject.		
Commander's Signature Block		
cc:		
Individuals		
AED Program Binder		

## Attachment 6

## AED EMERGENCY RESPONSE PLAN TEMPLATE

Figure 6.1. AED Emergency Response Plan Template.

<b>AED EMERGENCY RESPONSE PLAN</b>	
<b>A cardiac response is initiated by any person who observes a suspected cardiac emergency.</b>	
<b>The first person on the scene shall:</b>	
_____	<b>(1) Initiate AHA Heartsaver®/AED Chain of Survival or, if untrained, call 911 and inform the Emergency Medical Services (EMS) of the nature of the emergency and the location.</b>
_____	<b>(2) Alert the targeted responders by using the list placed in the nearest AED cabinet.</b>
_____	<b>(3) Notify facility or installation security personnel of the emergency. In building _____ during normal duty hours, facility security personnel are available at (843)963-xxxx. Security personnel may need to be prepared to lower vehicle barriers for medical response vehicles. After normal duty hours or in other buildings call Joint Base Charleston Security Forces Squadron at commercial (843)963-xxxx</b>
<b>ALL TARGETED RESPONDERS SHALL BE TRAINED IN THE AED EMERGENCY RESPONSE PLAN AND:</b>	
_____	<b>(1) Upon notification, all available targeted responders will move to the victim's location. The first Targeted Responder on-scene will remain with the victim, take charge of medical efforts, direct bystanders and other Cardiac Responders to obtain the AED equipment, meet and lead the EMS from the facility entrance to the victim, and provide any other assistance required. If AED use is indicated, the Heartsaver® trained personnel will administer the CPR and apply the AED according to established protocols until local EMS professionals arrived and assume care of the victim.</b>
_____	<b>(2) Once professional medical personnel have arrived and treated or removed the victim, the lead Targeted Responder will notify the unit coordinator if he/she has not already been alerted.</b>
_____	<b>(3) All Targeted Responders and individuals involved will remain and participate in the after action review process led by the unit coordinator and AED Program Director if available. The event summary sheet completed on the spot in accordance with Joint Base Charleston Instruction 44-1. Any AED device used will be quarantined until the memory has been downloaded and reviewed by the Joint Base Charleston AED Medical Director or other designated medical authority (AED devices have a memory that can be reviewed to obtain more information about a cardiac event). In accordance with the Joint Base Charleston AED Program Coordinator, a replacement AED will be provided and supplies refreshed to ensure AED availability.</b>
_____	<b>(4) The unit coordinator will notify the Joint Base Charleston AED Program Director immediately after the event. The unit coordinator will submit the event summary sheet to the Joint Base Charleston AED Program Director NLT 2 days post event (843) 963-6834 DSN 673-6834.</b>
_____	<b>(5) The Joint Base Charleston AED Program Director will request traumatic stress response service counselors from the 628 Mental Health Clinic to support employees who may be affected by the incident.</b>
<b>628 MDG AED Program Director Signature: _____ Date: _____</b>	
<b>628 MDG AED Program Director Signature Block/Stamp:</b>	

Attachment 7

AED MONTHLY INSPECTION CARDS

20\_\_ AED INSPECTION

	DATE	INITIALS
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

20\_\_ AED INSPECTION

	DATE	INITIALS
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

20\_\_ AED INSPECTION

	DATE	INITIALS
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

20\_\_ AED INSPECTION

	DATE	INITIALS
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

## Attachment 8

## AFTER ACTION CHECKLIST

Figure A8.1. After Action Checklist.

**The Unit coordinator will do the following after any PAD use:**

Notify Medical Director and/or PD immediately after emergency event.

It is critical to get the AED back into service as soon as possible. Deliver the device to 628 MDG Education and Training or Medical Logistics for data downloading for any AED located on the Air Force Base. For any AED located on the Naval Weapons Station, the AED will need to be delivered to NHCC's BMET.

The downloaded AED report will go to the Medical Director electronically or hardcopy immediately and will not be released to any other parties without prior approval.

The 628 MDG Medical Logistics will coordinate battery replacement and/or testing, according to unit manual, prior to replacing the AED back into service. The Unit coordinator may need to borrow a loaner AED from Medical Logistics until the AED is available again.

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

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

Arrange Traumatic Stress Response debriefing for employee(s).

**After Each use**

Inspect the exterior and pad connectors for damage, dirt, or contamination.

Check status indicator before putting the unit back in service.

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

\_\_\_\_\_ AED removed from location used and delivered for data download to proper authority and Event Summary Sheet completed.

\_\_\_\_\_ Follow attached Post-Use Procedures guide to restore AED unit back to ready state.

\_\_\_\_\_ Replace/Restock any accessory items as necessary.

\_\_\_\_\_ Deliver Event Summary Sheet to the Medical Director or PD for review and filing NLT 2 days of event.

\_\_\_\_\_ Schedule Traumatic Stress Response (TSR) defriefing.

Mental Health Flight: 965-6852

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

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

**Regular Maintenance**

- See User's Guide for complete maintenance schedule.

**Montly Inspections:**

- Power unit on to ensure AED is operational (batteries).
- Inspect the exterior and pad connectors for signs of damage, dirt, or contamination.
- Ensure all supplies, accessories, and spares are present and are in operating condition.
- Check expiration dates and any obvious signs of damage to the unit.
- Record inspected results and remedies.

**Attachment 9****TRAUMATIC STRESS RESPONSE (TSR) INFORMATION**

**A9.1. What is TSR Stress Management?** It is a comprehensive system of crisis intervention designed to assist individuals and groups affected by traumatic event (death - accidental or intentional, suicides, terrorist events, and natural disasters). Previously, this intervention was known as critical incident stress management (CISM).

**A9.2. 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.

**A9.3. What is the procedure for requesting TSR services?** The office of record for TSR services is the Mental Health Clinic (963-6852). Please address any inquiries about TSR services to the Chief of the TSR team.

Attachment 10

AMERICAN HEART ASSOCIATION CHAIN OF SURVIVAL



Note: 30 compressions to 2 breaths

Heartsaver®  
Infant CPR



*Tap and shout*

*Yell for help. Send someone to phone 911*



*Look for no breathing or only gasping*

*Push hard and fast.  
Give 30 compressions*



*Open the airway and give 2 breaths*

*Repeat sets of 30 compressions and 2 breaths*



*If you are alone after 5 sets of 30 compressions and 2 breaths, phone 911, and then resume sets of 30:2*