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OF THE AIR FORCE**

**AIR FORCE INSTRUCTION 44-177**



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Supplement**

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**Medical**

**PUBLIC ACCESS DEFIBRILLATOR  
PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*. It provides guidance and procedures for managing a Publically Accessible Defibrillator Program in accordance (IAW) with the “*Guidelines for Public Access Defibrillator Programs in Federal Facilities*”, 74 Federal Register 156, 14 August 2009 as directed by Public Law 106-505, *Cardiac Arrest Survival Act* and Public Law 106-505, *Public Health Improvement Act*. In addition, this instruction implements the Deputy Under Secretary of Defense (Installations and Environment)/Assistant Secretary of Defense (Heath Affairs) Memorandum, *Guidelines for Public Access Defibrillation Programs in DoD Facilities*, 15 August 2003. This instruction applies to all Air Force (AF), Air Reserve, and Air National Guard (ANG) owned facilities (to include space leased for period(s) over 179 days), as defined by the Air Force Real Property Agency, required to implement a Public Access Defibrillator (PAD) program. This publication outlines scope, responsibilities, Automated External Defibrillator (AED) acquisition, AED placement, AED maintenance, PAD quality assurance, and PAD documentation requirements. 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 in the Air Force Records Information Management System (AFRIMS). 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 847 from the field through the appropriate functional chain of command. The use of name or make of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force. This AFI may be supplemented at any level; supplements do not need to be routed to the OPR of this publication for coordination prior to certification and approval. Once published, supplements will be forwarded to the OPR of this publication. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items.

**(KIRTLANDAFB)** Air Force Instruction (AFI) 44-177, *Public Access Defibrillator (PAD) Program*, is supplemented as follows. It applies to all military and civilian personnel within the confines of the 377th Air Base Wing (377 ABW) and associate organizations on KAFB. This publication does apply to the Air National Guard (ANG) and Air Force Reserve Command (AFRC). The PAD program employs an Automated External Defibrillator (AED) to be used in an emergency response to Sudden Cardiac Arrest (SCA) as a means to decrease premature mortality. This instruction identifies the lines of responsibility and provides guidelines to ensure an appropriate response to such an event. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) AFMAN 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). Comply with AFI 33-332, *Air Force Privacy and Civil Liberties Program*, for documents containing Privacy Act information. For Official Use Only Information, comply with DoD 5200.1-R, paragraph AP 3.2, and AFI 31-401, *Information Security Program Management*. Refer recommended changes and questions about this publication to the Office of Primary Responsibilities (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847 from the field through the appropriate functional' s chain of command. 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. This publication may not be supplemented or further implemented/extended. Requests for waivers must be submitted to the OPR listed above for consideration and approval.

<b>Chapter 1—BACKGROUND</b>	<b>5</b>
1.1. Evolution of Publicly Accessible Defibrillators. ....	5
1.2. The scope of AED training and utilization. ....	5

1.3.	Inclusions. ....	6
1.4.	Exclusions. ....	6
<b>Chapter 2—ROLES AND RESPONSIBILITIES</b>		<b>7</b>
2.1.	AF Surgeon General: .....	7
2.2.	Air Force Medical Operations Agency Commander: .....	7
2.3.	MAJCOM/Numbered Air Force (NAF) Command Surgeon: .....	7
2.4.	Host Installation Commander: .....	7
2.4.	(KIRTLANDAFB) The 377th Air Base Wing Commander (377 ABW/CC): .....	7
2.5.	Director, Base Medical Services (DBMS): .....	8
2.6.	Host Installation PAD Program Coordinator (PPC): .....	8
2.6.	(KIRTLANDAFB) PAD Program Coordinator (PPC): .....	8
2.7.	Host Installation PAD Medical Director (PMD): .....	9
2.8.	Unit Commander or Tenant Organization Senior Leader: .....	10
2.8.	(KIRTLANDAFB) Organizational Commanders: .....	10
2.9.	Site Coordinator: .....	10
2.9.	(KIRTLANDAFB) Unit Site Coordinator: .....	10
Figure 2.1.	(Added-KIRTLANDAFB) KIRTLANDAFB Form 618, AED Monthly Inspection Checklist .....	11
Figure 2.2.	(Added-KIRTLANDAFB) Automated External Defibrillator (AED) Daily Inspection Checklist .....	12
Figure 2.3.	(Added-KIRTLANDAFB) KIRTLANDAFB Form 617, Chronological Record of Medical Use .....	14
2.10.	Targeted Responders: .....	16
2.11.	Medical Logistics: .....	16
2.11.	(KIRTLANDAFB) Medical Logistics (377 MDSS/SGSM): .....	16
2.12.	Biomedical Equipment Technician (BMET): .....	17
2.13.	(Added-KIRTLANDAFB) Medical Equipment Repair Center (MERC): .....	18
2.14.	(Added-KIRTLANDAFB) Education and Training: .....	18
<b>Chapter 3—AED MANAGEMENT</b>		<b>19</b>
3.1.	AED Acquisition. ....	19
3.2.	AED Funding. ....	20
3.3.	AED Maintenance. ....	20
3.4.	AED Placement. ....	20

Figure 3.1. (Added-KIRTLANDAFB) Automatic External Defibrillator (AED) Needs Risk Assessment ..... 22

3.5. AED Supplies. .... 23

Figure 3.2. (Added-KIRTLANDAFB) AED Manufacturer Information (Sample) ..... 23

Figure 3.3. (Added-KIRTLANDAFB) Simplified Adult BLS Algorithm ..... 24

3.6. (Added-KIRTLANDAFB) AED for base activities: ..... 25

3.7. (Added-KIRTLANDAFB) AED FOR FITNESS ASSESSMENTS. .... 25

**Chapter 4—POST PAD EVENT PROCEDURES 26**

4.1. Obtain documentation of the event. .... 26

4.2. Obtain stress incident support as required. .... 26

4.3. Review the event. .... 26

**Chapter 5—PAD DOCUMENTATION 27**

5.1. Event Summary Report. .... 27

5.2. Appointment Letters. .... 27

5.3. A Post-Use Procedure Checklist. .... 27

5.4. Periodic On-Site Program Evaluations. .... 27

5.5. Summary of AED locations. .... 27

5.6. AED Operators Inspection Checklist. .... 27

**Chapter 6—(Added-KIRTLANDAFB) LEGAL/HISTORICAL PERSPECTIVE 28**

6.1. (Added-KIRTLANDAFB) Good Samaritan: ..... 28

**Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION 29**

**Attachment 1—(KIRTLANDAFB) GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION 32**

**Attachment 2—SAMPLE POST-USE PROCEDURE CHECKLIST 34**

**Attachment 3—SAMPLE PERIODIC ON SITE PROGRAM EVALUATION (INSTRUCTIONS) 35**

**Attachment 4—(Added-KIRTLANDAFB) TSR INFORMATION 38**

**Attachment 5—(Added-KIRTLANDAFB) POST-USE PROCEDURE AND REGULAR MAINTENANCE 39**

**Attachment 6—(Added-KIRTLANDAFB) AFMC QUARTERLY EXERCISES DESIRED OUTCOMES 40**

**Attachment 7—(Added-KIRTLANDAFB) AFMC QUARTERLY UNIT AED EXERCISE EVALUATION 41**

## Chapter 1

### BACKGROUND

#### 1.1. Evolution of Publicly Accessible Defibrillators.

1.1.1. Multiple studies have shown that AEDs increase the chance of surviving from sudden cardiac arrest. Publicly accessible defibrillators, like publicly accessible fire extinguishers, are designed to be used by any bystander with minimal training.

1.1.2. According to the American Heart Association (AHA), nearly 383,000 out-of-hospital sudden cardiac arrests occur annually. Most arrests are a result of irregular heart rhythms (arrhythmias). These lethal arrhythmias cause the pumping action of the heart to stop abruptly leading to death. An electrical shock, termed defibrillation, is the best known treatment for these arrhythmias. However, defibrillation must be administered within minutes of a cardiac arrest to be effective. For every passing minute without defibrillation (and effective cardiopulmonary resuscitation, or CPR), a victim's chance of survival decreases 7 to 10 percent. After just 10 minutes, very few resuscitation attempts are successful. Historically, the ability to defibrillate was solely in the hands of trained emergency medical personnel, who may have a long response time. With modern AEDs, a rescuer can quickly and easily defibrillate a cardiac arrest victim and potentially save a life. Current AEDs are safe, effective, lightweight, low maintenance, and relatively inexpensive and can be used by nonmedical rescuers with relative ease.

1.1.3. All AF, Air Reserve and ANG owned facilities (to include space leased for period(s) over 179 days) as defined by the Air Force Real Property Agency that choose to implement a PAD will comply with this instruction unless otherwise specifically excluded. (T-2)

#### 1.2. The scope of AED training and utilization.

1.2.1. The CASA was enacted into public law with provisions to encourage AED use in federal buildings. This law also provides limited immunity from legal liability for harm resulting from use or attempted use of an AED by lay responders. An AED is considered a PAD when made available in a public or private location for use by anyone who is NOT a first-responder or medical staff. Though AEDs require very little interaction by the user and could be operated by any responder having minimal to no training, PAD programs are required to identify targeted trained responders. Per the American Heart Association (AHA), training is important as early effective CPR is an integral part of providing lifesaving aid to people suffering sudden cardiac arrest.

1.2.1.1. **(Added-KIRTLANDAFB)** In August 2003, the Secretary of Defense mandated that military installations establish PAD programs with consideration for potential placement of AEDs in federal buildings

1.2.2. The intent of PAD programs is to allow AEDs to be accessible similar to the fire extinguisher model. Goal is to provide readily available equipment and supplies, accompanied by simple instructions, to allow responders with minimal training the opportunity to successfully provide assistance to people suffering sudden cardiac arrest.

### 1.3. Inclusions.

1.3.1. Facilities identified as at-risk by the host installation PAD Program Coordinator (PPC) may be recommended to the base commander for participation in the PAD program. Final approval authority rests with the host installation commander.

1.3.2. Any AED in operational use in AF facilities or AF vehicles neither excluded nor governed by another AFI, regulation or program is subject to the provisions of this instruction.

1.3.3. Any AED purchased with AF funds that is not otherwise governed by a different AFI, regulation or program is subject to the provisions of this instruction.

1.3.4. Personally-procured AEDs will not be publicly accessible for use on AF property.

### 1.4. Exclusions.

1.4.1. Surgeon General (SG)-recognized Military Treatment Facilities (MTFs) and contingency Medical/Dental units.

1.4.2. Emergency response units for whom emergency response is a primary duty (includes but is not limited to police cars, ambulances and fire response vehicles). [**Note:** To qualify for exclusion, these responders must be accredited by the appropriate parent authority having regulations which meet or exceed the requirements in this instruction.]

1.4.3. Airframes certificated under the provisions of Title 49 United States Code Section 41102. Regulations governing Civil Air Carriers may be found under Title 14, Code of Federal Regulations, Part 119, Certification: Air Carriers and Commercial Operators.

1.4.4. Facilities established for contingency operations lasting less than 179 days.

1.4.5. Residential units unless the AED is placed in a publicly-accessible location (i.e. an AED in an individual's dorm room is not considered publicly accessible but a day room AED must comply with this AFI).

1.4.6. Open-air areas (AF owned facilities and/or real estate without a permanent cover).

1.4.7. Infrastructure support buildings not normally occupied during duty hours. Examples include but are not limited to: electrical connection (isolation) sheds, computer network switching stations, unattended pump stations, or unoccupied storage buildings.

## Chapter 2

### ROLES AND RESPONSIBILITIES

#### 2.1. AF Surgeon General:

2.1.1. Establishes policy for the Air Force PAD program.

#### 2.2. Air Force Medical Operations Agency Commander:

2.2.1. Responsible for implementation and execution of the PAD program.

2.2.2. Reviews special conditions affecting a host installation PAD program and advises the Major Command (MAJCOM)/SG. Provides consultative services to the MAJCOM/SG for program waivers upon request.

2.2.3. Directs Air Force Clinical Engineering (AFMOA/SGALE) to provide a list of suggested AEDs that are standard across a specific base or MAJCOM upon request. (NOTE: Chapter 3 contains details and criteria for AED Management, to include acquisition and selection criteria.)

#### 2.3. MAJCOM/Numbered Air Force (NAF) Command Surgeon:

2.3.1. Provides supplemental guidance for host installation commanders, as necessary.

2.3.2. Assists host installation commanders in execution of the PAD program.

#### 2.4. Host Installation Commander:

**2.4. (KIRTLANDAFB)The 377th Air Base Wing Commander (377 ABW/CC):** The 377 ABW/CC has the overall responsibility for the PAD program. The 377 ABW/CC directs the 377th Medical Group Commander (377 MDG/CC) to ensure proper medical objectives are maintained for the PAD program. Ensures every participating unit appoints a site coordinator to meet the guidelines and functional recommendations set forth in this supplement and AFI guidance.

2.4.1. Ensures execution and compliance of the host installation PAD program. (T-1)

2.4.1. **(KIRTLANDAFB) 377 MDG/CC:** The 377 MDG/CC is responsible to the 377 ABW/CC and the 150th Air National Guard Commander for supplementation of the PAD program and will ensure all medical aspects are maintained and provide professional guidance on program administration.

2.4.2. May delegate oversight for the installation PAD Program.

2.4.2. **(KIRTLANDAFB)** Appoints, in writing, a PAD Medical Director (PMD) to provide clinical oversight of the 377 ABW/CC PAD supplement program.

2.4.3. Appoints in writing a host installation PPC IAW paragraph 2.6.1. (T-3)

2.4.3.1. **(Added-KIRTLANDAFB)** Ensures host support to the 150th Medical Group for medical coordination and oversight. Emergency Medical Service (EMS) protocols, Cardiopulmonary Resuscitation (CPR), and the use of an AED IAW *Federal Guidelines for programs in Federal Facilities*, FR 28495, 23 May 2001.

2.4.4. Establishes a process for temporary replacement of AEDs removed from service. (T-2)

2.4.5. Ensures every participating unit appoints a site coordinator to meet the guidelines and functional recommendations set forth in this instruction and MAJCOM guidance. (T-2)

## **2.5. Director, Base Medical Services (DBMS):**

2.5.1. Provides local guidance to units (including tenants and federal employees in leased facilities) to execute the PAD program IAW this and applicable MAJCOM instructions. (T-2)

2.5.1.1. For multi-tenant facilities having occupants other than AF, guidelines may be found in Title 41 United States Code Section 101-20.103 to assure clarity of responsibility and accountability.

2.5.2. Appoints in writing a host installation PAD Medical Director (PMD) IAW paragraph 2.7 to provide clinical oversight of the host installation PAD program. (T-0, 74 Fed Reg 156 (Aug 14, 2009) and state laws) The DBMS may delegate a qualified alternate during periods where the PMD may be unavailable. (**Note:** The Chief of the Medical Staff (SGH) should provide recommendation(s) for this appointment(s).)

2.5.3. Ensures acquisition and accountability for AED devices IAW AFI 41-209, *Medical Logistics Support*. (T-2)

2.5.4. Ensures coordination with legal experts to assure that the host installation PAD program complies with applicable Federal, State, and local guidance (and host nation laws), where applicable. (T-0, 74 Fed Reg 156 (Aug 14, 2009) & local state laws)

## **2.6. Host Installation PAD Program Coordinator (PPC):**

**2.6. (KIRTLANDAFB)PAD Program Coordinator (PPC):** Appointed from the staff of the 377 MDG. The PPC will oversee all training processes for CPR in conjunction with the AED training programs. Provides recommendations to squadron commanders for individuals to serve as a Unit Site Coordinator point of contact and maintains a current list of unit site coordinators. The list of unit site coordinators will be updated at least annually. The PPC will also serve as the liaison between the PMD, Unit site coordinators, Medical Equipment Repair Center (MERC), installation safety office, and Medical Logistics. The PPC will conduct an annual staff assistant visit (SAV) on each participating unit and will provide the unit commander with a copy of the completed SAV checklist detailing any area(s) of concern.

2.6.1. Will, at a minimum, maintain current Basic Life Support (BLS)/AED certification. (T-3) Certification as a BLS/AED instructor is preferred. PPC may be any Air Force Specialty Code (AFSC). PPC's rank should be commensurate with responsibilities.

2.6.2. Refers organizations to training using Military Training Network (MTN)-recommended courses, such as the AHA *Heartsaver AED* certification curriculum IAW local host installation processes. Personnel may train under the auspices of the AHA or in another approved BLS course based on published national guidelines.

2.6.3. Assists site coordinators with all post-use activities including but not limited to event data documentation ([Attachment 2](#)), loaner acquisition, and traumatic stress response debriefing.

2.6.4. Serves as the primary liaison between the PMD, site coordinators, biomedical maintenance units, host installation safety office, and medical logistics regarding purchases, recalls, and other notifications.

2.6.5. Maintains a current list of site coordinators. (T-1) All communications regarding AEDs will be appropriately distributed by the PPC to site coordinators.

2.6.6. Maintains a current list of AED locations (T-1) and archives past lists for at least 24 months or according to base records manager table and rule. (T-3)

2.6.7. Coordinates unit and host installation PAD program processes with stakeholders and the base emergency response plan. Ensures local Emergency Medical Services (EMS) is notified of AED locations. ((T-0, 74 Fed Reg 156 (Aug 14, 2009))

2.6.8. Ensures appropriate medical information, which is obtained from the AED electronic data recording and event summary report, is forwarded to the PMD for review and oversight after an event. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

2.6.9. Performs a Periodic On-Site Program Evaluation on each participating unit every 24 months, at a minimum, and provide the unit commander with a copy of the completed evaluation checklist outlining any notable areas of concern. (T-2) ([Attachment 3](#))

2.6.9.1. The PPC clearly defines deadlines and documentation required to resolve any discrepancies.

## **2.7. Host Installation PAD Medical Director (PMD):**

2.7.1. Ensures PADs procured under this instruction comply with AF, Federal and state regulations as applicable. Approves unit PAD emergency response plans. (T-0, 74 Fed Reg 156 (Aug 14, 2009)).

2.7.2. Ensures the AED proposed for purchase adequately services predicted public needs, to include location, ease of use, predicted potential patient populations (to include children, adults, and the elderly), and operations which might place populations at risk within host installation AF facilities. (T-0, 74 Fed Reg 156 (Aug 14, 2009)).

2.7.3. In coordination with the PPC, provides recommendations for training, assists in emergency medical responder planning, maintains expertise in relevant clinical practice guidelines, and offers recommendations for AED deployment strategies.

2.7.4. Reviews the AED electronic data recording and event summary report and:

2.7.4.1. Leads a post-incident assessment with responders, where possible. (T-3)

2.7.4.2. Discusses event with the SGH within 4 duty days post event. (T-3)

2.7.4.3. (**Added-KIRTLANDAFB**) The medical director or designee will perform quality assurance review of all AED saved data and AED Response Report ([Figure 2.3](#)) within 48 hours of AED use. Additionally, the medical director will forward all response reports to the 377 MDG Executive Committee of the Medical Staff for final review.

2.7.5. Consults with units regarding medical utilization and provides medical guidance as needed to assist the PPC in keeping the host installation program current.

**2.8. Unit Commander or Tenant Organization Senior Leader:**

**2.8. (KIRTLANDAFB)Organizational Commanders:** The Organizational Commander of each participating unit shall designate a Unit PAD Coordinator who will serve as the primary liaison between the local organizations PAD program and the PMD. Additionally, they will provide unit funding for the PAD program. Costs will include: The AED device, AED accessories such as batteries and pads, 5 year maintenance contract, and a training platform that will train and instruct all employees (this will not be provided by the 377 MDG).

2.8.1. Implements the PAD program at the unit level.

2.8.2. Appoints, in writing, a site coordinator and alternate and provides a copy of the appointment letter to the PPC. (T-3)

2.8.3. Identifies trained targeted responders IAW paragraph 2.10. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) Supports training of targeted responders and funds training as needed.

2.8.3. **(KIRTLANDAFB)** It is at the discretion of the organizational commander to have readily an available AED during unit sponsored physical training that is outside of the area of a normal and reasonable medical response.

2.8.4. Authorizes funds to purchase and sustain AED(s) and required supplies using owning unit or installation funds through a medical logistics account. **(Note:** This process contributes to AED accountability and management through medical logistics.) (T-2)

2.8.4. **(KIRTLANDAFB)** The purchase of a separate AED for activities outside of a normal EMS response will be at the cost of the Organizational Unit, and will meet the requirements of this supplement.

2.8.5. Educates all employees regarding the existence and activation of the PAD program (T-0, 74 Fed Reg 156 (Aug 14, 2009)). This can be done via an in-processing checklist, newcomers training or other similar means.

2.8.6. Approves his/her unit's PAD emergency response plan. (T-2)

**2.9. Site Coordinator:**

**2.9. (KIRTLANDAFB)Unit Site Coordinator:** The Unit Site Coordinator shall be a member of the unit where the AED is deployed. He or she is responsible for ensuring all daily (highly recommended) /weekly/monthly operator functional checks are completed (**Figure 2.1 & 2.2**), and develops a facility emergency response plan. Moreover, the unit site coordinator will ensure all required supplies are stored with the AED.

**Figure 2.1. (Added-KIRTLANDAFB) KIRTLANDAFB Form 618, AED Monthly Inspection Checklist**

AED MONTHLY INSPECTION CHECKLIST															
AED Serial: _____		Year: _____	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
AED Assigned Unit: _____			Date	Date											
Bldg: _____ Floor: _____															
Primary Site Coordinator: _____															
Primary Site Coordinator: _____															
Instruction	Corrective Action	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	
1. Check alarm on cabinet, if equipped.	No alarm check 9V battery and contact unit facility manager to replace battery.														
2. Examine AED case, connector and battery well for: a. Foreign Substances b. Damage or Cracks c. Ensure the readiness display says "OK":	If there is damage to AED or readiness display does not say "OK", see troubleshooting readiness display below.														
3. AED must be equipped with two adult AED electrodes. Annotate electrode pad expiration dates: Electrode Pad #1: _____ Electrode Pad #2: _____ Pediatric Pad #1 (Optional) _____ Pediatric Pad #2 (Optional) _____	If dates are expired, contact the 377 MDSS BMET NCOIC at 846-3663														
4. AED must be equipped with two batteries. Annotate battery expiration date: Battery used in AED #1: _____ Spare battery #2: _____	If battery is not present or needs replacement, notify 377 MDSS BMET NCOIC at 846-3663														
5. Resuscitation supplies must be attached to AED unit. Responder AED/CPR pack: 2 CPR mask, 4 pair of gloves, 1 heavy duty scissors, 1-razor, 1-absorbent dry towels, 2-alcohol wipes, 1-equipment towelette, 1-biohazard bag	If missing, contact the 377 MDSS BMET NCOIC at 846-3663														
NOTE: To clean AED, use damp cloth with rubbing alcohol, peroxide solutions, or quaternary ammonium compounds. Do not use autoclave, steam, or gas sterilize.															
Troubleshooting Readiness Display															
 Replace Battery	Notify 377 MDSS BMET NCOIC at 846-3663. Use AED if needed.														
 Service needed	Immediately notify: 377 MDSS BMET NCOIC at 846-3663. Attempt to use the AED in an emergency. If AED is inoperable retrieve another AED if possible, and continue CPR until EMS arrives.														
 Battery removed: no power to unit	If battery is not present notify: 377 MDSS BMET NCOIC at 846-3663. If the battery is present in unit, press ON and verify that OK appears. If OK is visible, unit is now ready for use. If OK is still not visible, remove the battery to verify expiration date and check pins, then reinsert until "click" is heard. Press ON and verify OK is present.														
For any assistance regarding the KAFB Public Access Defibrillation Program, contact the PAD Program Coordinator via email at 377MDOS.SGMOP.PublicDefibrillator@us.af.mil or (505) 846-3663															

KAFB Form 618

**Figure 2.2. (Added-KIRTLANDAFB) Automated External Defibrillator (AED) Daily Inspection Checklist**

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) DAILY INSPECTION CHECKLIST			
<b>DAILY INSTRUCTIONS:</b>			
1. For the Powerheart AED, check the STATUS INDICATOR located to the right of the AED handle to ensure that it is GREEN.			
2. When the indicator is GREEN, the Powerheart AED is ready for a rescue.			
3. If the STATUS INDICATOR is RED, then contact the AED custodian and the 377 MDSS BMET NCOIC at 846-3663			
4. Document daily checks on inspection checklist provided below.			
5. On a day the building is not normally occupied, i.e., a weekend or holiday, annotate why the machine was not checked (i.e., write the word weekend or holiday in the line).			
DAILY AED LOG FOR (SQ/AREA): _____		MONTH/YEAR: _____	
PRIMARY / ALTERNATE SITE COORDINATOR: _____			
DATE (Daily Check)	STATUS INDICATOR GREEN - YES/NO	APPROPRIATE ACTIONS TAKEN - YES/NO	INITIALS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
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KIRTLANDAFB 620

2.9.1. Develops the unit’s PAD emergency response plan for unit commander approval. This plan will, at a minimum:

2.9.1.1. Be reviewed, approved and submitted to the PPC and PMD every two years, but not later than thirty days following change(s) to the response plan. (T-3)

2.9.1.2. Identify the location(s) of unit AEDs, annotate AEDs not in service, and expected return to service date(s). (T-2)

- 2.9.1.3. Describe the method of emergency medical services (EMS) notification. (T-0, 74 Fed Reg 156 (Aug 14, 2009))
- 2.9.1.4. Delineate method(s) to notify targeted responders in the event of a suspected cardiac emergency. (T-0, 74 Fed Reg 156 (Aug 14, 2009))
- 2.9.1.5. Be readily available for review by all unit site coordinators and targeted responders. (T-3)
- 2.9.1.6. Be included or incorporated into the base emergency response plan IAW Title 41, Code of Federal Regulations, Part 102-74.230, *Occupant Emergency Program*. (T-0)
- 2.9.2. Has current BLS provider training and an appointment in writing by the unit commander. (T-3)
- 2.9.2. **(KIRTLANDAFB)** The Unit Site Coordinator will keep the PPC apprised of the AED location, a current appointment letter (Primary/Alternate) with current information for these coordinators.
- 2.9.3. Ensures periodic inspections of the AEDs are conducted by the site coordinator or designee monthly or more frequently as recommended by the manufacturer. These visual checks will be documented IAW local procedures and will include battery status, pads, and supply availability. (T-2)
- 2.9.3. **(KIRTLANDAFB)** The Unit Site Coordinator will complete a Report of Survey, for lost, stolen or damaged AED's. The Unit Site Coordinator will notify the Medical Equipment Management Office (MEMO) when Report of Survey actions are initiated.
- 2.9.4. Immediately reports damaged or faulty AEDs to the supporting Biomedical Maintenance service. (T-1) Order replacement supplies as needed.
- 2.9.4. **(KIRTLANDAFB)** The Unit Site Coordinator will arrange services with the equipment manufacturer and ensure MERC receives a copy of the service report.
- 2.9.5. Reports location of AEDs at least every 12 months to the PPC. (T-3) **(Note:** If the physical (mailing) address of the location is changed, this change will be reported to the PPC within 10 duty days.) (T-3)
- 2.9.6. Manages targeted responders. A current log of trained responders will be maintained with copies of their certification cards. (T-2)
- 2.9.6. **(KIRTLANDAFB)** The Unit Site Coordinator will ensure all personnel have received the necessary training for the AED equipment and documented according to Education and Training **(See paragraph 2.14)**.
- 2.9.7. Assist with orienting newcomers per paragraph 2.8.5.
- 2.9.8. Encourages all airmen to become trained in BLS/AED and encourage unit team training.
- 2.9.8. **(KIRTLANDAFB)** If an AED has been used in an emergency situation, the Unit Site Coordinator will forward all incident data to the PMD for review and will arrange for a Traumatic Stress Response (TSR) debrief for all individuals involved in providing assistance to the victim. An AED Response Report **(Figure 2.3)** must be completed by the individual who used the AED on the patient. This form must be forwarded to the PAD Medical

Director within one duty day of the event via encrypted E-mail to [377MDOS.SGMOF.PublicDefibrillator@us.af.mil](mailto:377MDOS.SGMOF.PublicDefibrillator@us.af.mil).

**Figure 2.3. (Added-KIRTLANDAFB) KIRTLANDAFB Form 617, Chronological Record of Medical Use**

<b>MEDICAL RECORD</b>		<b>CHRONOLOGICAL RECORD OF MEDICAL CARE</b>	
Privacy Act Statement			
<small>AUTHORITY: AFI 33-332, Privacy Act Program.                  PURPOSE:                  ROUTINE USE:                  DISCLOSURE:</small>			
<b>AED RESPONSE REPORT</b>		Date of Incident:	Time of Incident:
Location:		AED Operator:	
Estimated time from patient's collapse until CPR begun: _____		Shockable Rhythm? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Position Patient was found (lying, sitting, etc): _____		Initial heart rhythm: _____	
Skin Color: _____		Final heart rhythm: _____	
		Total # of shocks delivered: _____	
Description of Event: <span style="float: right;"><input type="checkbox"/> See Reverse</span>			
Was cardiac arrest witnessed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN By whom: _____ Time: _____			
Was CPR started? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN By whom: _____ Time: _____			
Did the patient ever regain a pulse? <input type="checkbox"/> YES <input type="checkbox"/> NO Time: _____		Did the patient begin breathing? <input type="checkbox"/> Y <input type="checkbox"/> N Time: _____	
Did patient ever regain consciousness? <input type="checkbox"/> YES <input type="checkbox"/> NO Time: _____		Hospital patient taken to: _____ Time: _____	
Signs of Trauma? <input type="checkbox"/> YES <input type="checkbox"/> NO Explain: _____		Emesis (vomit)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Treatment: _____		Transporting agency: _____	
Incident Outcome and other comments: _____		Was a TSR completed or scheduled? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Report completed by: _____		Date: _____	
Prescribing physician review/recommendations: _____			
<b>PATIENT IDENTIFICATION:</b>		<b>RECORDS MAINTAINED AT:</b>	
PATIENT'S NAME (Last, First, Middle Initial)		SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
Relationship to Sponsor:		STATUS:	RANK/GRADE:
SPONSOR'S NAME:		ORGANIZATION:	
DoD ID NO.		DATE OF BIRTH:	

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
Privacy Act Statement	
<small>AUTHORITY: AFI 33-332, Privacy Act Program.  PURPOSE:  ROUTINE USE:  DISCLOSURE:</small>	
AED RESPONSE REPORT	
Description of Event:	Continued from Reverse

KIRTLANDAFB FORM 617 Page 2

2.9.9. Conducts periodic practice drills as recommended by the local PAD program guidance. (T-3). At a minimum, mock drills are recommended on an annual basis and the mock drill should be documented on an AF Form 3500 and reviewed by the PMD. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

2.9.9. **(KIRTLANDAFB)** The Unit Site Coordinator, in coordination with the installation PPC, will conduct and document at least two PAD practice drills annually.

2.9.10. Obtains the AED electronic data recording (generated by the AED device) immediately after its use on a patient.

2.9.10.1. It is most important that the AED electronic data recording be delivered without delay to the medical facility receiving the patient.

2.9.10.2. A copy of the AED recording will be sent to the PPC or PMD within two duty days following the event. (T-3)

2.9.10.3. The site coordinator will deliver the AED to the nearest Biomedical Equipment Technician (BMET) service for assistance in obtaining the AED recording. (T-2)

2.9.11. Seeks prompt replacement of AEDs that are out of service.

2.9.12. Marks enclosure and related reference directional indicators as “OUT OF SERVICE” when the AED is removed for service or inoperable.

## **2.10. Targeted Responders:**

2.10.1. Units will identify a core group of trained responders who are most likely to be called upon to respond during normal duty hours based upon staffing, type of facility, continuity and risk. Targeted responders will be identified near each AED location. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

2.10.2. When identifying targeted responders, commanders should consider:

2.10.2.1. Duty hours.

2.10.2.2. Duty description.

2.10.2.3. AED location.

2.10.2.4. Capability of selected targeted responders to perform in an emergency.

2.10.2.5. Willingness to respond. (**Note:** All targeted responders will be volunteers).

2.10.2.6. Training status. As targeted responders are volunteers, the unit may, but is not required, to fund training.

2.10.3. Targeted responders will understand their obligation to:

2.10.3.1. Maintain current training in BLS to include use of an AED. (NOTE: Possessing a “current” certification of BLS and AED training will serve as proof of training.)

2.10.3.2. Understand the unit PAD emergency response plan and the requirement to complete the event summary report (AF Form 3500, *PAD Event Summary/Mock Response Event Summary Report*) after any PAD usage.

2.10.3.3. Be fully familiar with the operation of the unit’s AED(s).

2.10.3.4. Notify their site coordinator immediately after responding to a PAD event.

2.10.3.5. Sequester the AED following use and turn in to the site coordinator or BMET as soon as possible.

2.10.3.6. After an event, assist in delivering the AED event summary report (AF Form 3500) to the site coordinator as soon as possible.

## **2.11. Medical Logistics:**

**2.11. (KIRTLANDAFB)Medical Logistics (377 MDSS/SGSM):** The 377 MDG's Equipment Review and Authorization Activity approves/disapproves procurement of all AEDs (both public access and personnel equipment) by non-medical treatment facility units. Once approved by the 377 MDSS/SGSM, each unit procures the AED device(s), accessories, and parts using unit funds IAW AFI 41-209, *Medical Logistics Support*.

2.11.1. Ensures all AED requests and purchases have the PMD’s signed approval prior to processing orders. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

2.11.1.1. The PMD's signature will stand as the physician's prescription as directed by FDA regulation(s).

2.11.1.2. The signed approval will become part of the permanent record for the purchase. The order or prescription (if signed separately) will be sufficiently detailed to identify the make and model of the AED(s) and its intended location. (T-3)

2.11.1.3. Medical equipment owned by non-medical AF units will be maintained on DMLSS equipment records for maintenance and quality assurance tracking purposes only. (T-2) Line-owned AEDs may be maintained on base supply records IAW AFI 41-209 if required by base supply activities.

2.11.1.3. **(KIRTLANDAFB)** Procurement and receipt of AEDs will be coordinated with the 377 MDG Medical Logistics office. Each Unit Site Coordinator will be responsible for daily/weekly operator checks using the AED functional operations checklist. The 377 MDG Bio-Medical Maintenance Office shall ensure annual maintenance and functional calibrations are performed. Should the AED/PAD require servicing, the Unit Site Coordinator will arrange this out-of-cycle maintenance with the manufacturer. The 377 MDG Medical Maintenance Office is responsible for certifying new AEDs/PADs, periodic maintenance, monitoring safety recall/health device alert notifications, and ensuring subsequent recall remedies are completed. Accountability and management of safety recalls and health device alert notifications will be accomplished utilizing the Defense Medical Logistics Support System (DMLSS). AED units will be entered into this system to monitor the locations and points of contact, in the event of any recall or notification. The cost of supplies, routine and periodic maintenance (and immediate replacement of the failed AED) will be funded by the respective units.

2.11.2. Ensures AED purchases are made IAW the AED list approved by AFMOA. (T-2)

## **2.12. Biomedical Equipment Technician (BMET):**

2.12.1. Performs acceptance inspection and/or any maintenance necessary to place AEDs in service. Performs routine inspection and/or maintenance per manufacturer guidelines. (T-2) **(Note:** This is maintenance beyond user capability.)

2.12.2. Distributes appropriate recall and safety notices to the PPC and monitors compliance with recalls. (T-1)

2.12.3. Assists printing the AED data recording (after an AED event) upon request.

2.12.4. Serves as the POC for site coordinators concerning AED maintenance issues.

2.12.5. Coordinates discrepancies with the PPC and site coordinators.

2.12.6. Notifies the PPC and site coordinator when an AED is placed in or out of service. (T-2)

2.12.7. Contacts site coordinator regarding cost to return an AED to service.

2.12.8. ARC units without BMET capability may utilize commercial vendors, other appropriately qualified personnel or the nearest military installation for support.

**2.13. (Added-KIRTLANDAFB) Medical Equipment Repair Center (MERC):** Provides limited maintenance such as periodic visual inspection of the equipment and accessories, replacement of batteries when needed, and verification of user logs. Frequency of inspection is IAW DMLSS. Performs an initial inspection of newly procured AEDs and tracks each device in DMLSS. An equipment data file for each AED will be maintained in MERC. Monitors safety recall/health device alert notification, and ensures needed action is taken. MERC will provide the necessary guidance to site coordinators when equipment maintenance actions are required. To assist with manufacturer's requests and any special handling for shipment. MERC will provide as much support as locally available. If an AED is removed from service, the corresponding AED location and all reference directional indicators will be clearly marked "OUT OF SERVICE."

**2.14. (Added-KIRTLANDAFB) Education and Training:** AEDs, by virtue of their simplicity, are designed for use by any lay person, trained or untrained. However, AED orientation and familiarity will make the user, in the event of sudden cardiac arrest, more likely to utilize and deliver defibrillation earlier. AED orientation should be accomplished at the time of CPR training. Formal training will be performed via the American Heart Association (AHA) Heartsaver AED Course. This four hour course will prepare Unit Site Coordinators, and rescuers already identified for CPR training to perform the essential CPR skills and to use designated AEDs deployed throughout the PAD program. Refresher training should occur once every two years. Any excess training requirement will be accomplished through a civilian source at the expense of each local using organization.

2.14.1. **(Added-KIRTLANDAFB)** Current cost for this outside training is estimated at \$35 per student (\$25 training/\$10 book). However, all PAD program training must be coordinated between the Unit PAD Coordinator and the 377 MDG's Education and Training Division. All AEDs on KAFB will be maintained and tested according to the manufacturer's guidelines.

## Chapter 3

### AED MANAGEMENT

#### 3.1. AED Acquisition.

3.1.1. With approval from the PMD and consultation with the BMET for base/MAJCOM standardization, the PPC should select one (or at most two) models to meet the needs of the installation from the AED list developed by AFMOA. (T-2)

3.1.1. **(KIRTLANDAFB) AED Selection.** The current model recommended by Biomedical Equipment Technician (BMETs) to be purchased for any new facilities and/or replacement of old models (i.e., Philips Heart Start FR2™, Philips Heart Start HS1™, or the Philips Heart Start FRX™) when MEMO deems it to be non-repairable, throughout the entire KAFB, as it will be simpler to familiarize responders with a single unit's operation and maintenance. Using organizations will finance their individual AED requirements.

3.1.1.1. AEDs purchased prior to publication of this Instruction may not meet the requirements of paragraph 3.1.1

3.1.1.2. AEDs permanently removed from service will be replaced with AEDs meeting this Instruction's requirements. (T-2)

3.1.2. AEDs and accessories purchased will be paid for by the requesting unit's funds. (T-2)

3.1.3. AED purchases require signature approval by the PMD. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) All such AEDs must comply with current AHA Guidelines for Emergency Cardiac Care. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

3.1.4. AED will have capability to store a record of use for review of the PAD event. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) [**Note:** The exported record will be handled IAW applicable Federal, State, and local regulations.]

3.1.5. Procurement of all AEDs and their locations will be documented and approved by the PMD. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) The PMD's signature on a purchase order or location change request meets this requirement.

3.1.5.1. The PMD will approve only fully automatic or semi-automatic AEDs. Semi-automatic AEDs prompt the operator to push the shock button if a shock is required. Fully automatic AEDs may reduce delays associated with hesitation to push this shock button. (**Note:** The AED must not be capable of a manual mode or being over-ridden by the operator when placed in service.) (T-1)

3.1.5.2. Tenant units will seek approval/prescription from the host installation PMD prior to purchase and must register AEDs with the PPC IAW AFI 41-209. (T-2)

3.1.5.3. Geographically Separated Units (GSUs) without a medical unit should seek support of the nearest installation that can provide program oversight and support IAW AFI 25-201, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreement Procedures*. (T-2)

### 3.2. AED Funding.

- 3.2.1. AEDs and supplies to execute and sustain the PAD program are funded by the using activity.
- 3.2.2. Purchase(s) must be coordinated with Medical Logistics to ensure consistency. (T-2)
- 3.2.3. Replacement schedules should be coordinated into unit planning. (T-3)

### 3.3. AED Maintenance.

- 3.3.1. Inspection and/or performance checking by users will not exceed manufacturer's recommendation. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) Site coordinators, or designees, will inspect AEDs at least monthly per paragraph 2.9.3.
- 3.3.2. When non-end-user maintenance is required, the AED will be sent to the supporting Medical Logistics/BMET section for repair. (T-2)

### 3.4. AED Placement.

- 3.4.1. The essential key to surviving ventricular fibrillation is early CPR and defibrillation when indicated. The optimal target is less than three minutes from recognition of cardiac arrest. Where implemented, participating units will strategically place AEDs throughout the facility to allow rapid response to the emergency. (T-0, 74 Fed Reg 156 (Aug 14, 2009))
- 3.4.2. The location will be approved by the PMD. (T-0, 74 Fed Reg 156 (Aug 14, 2009))
- 3.4.2. **(KIRTLANDAFB)** Final approval authority is the 377 ABW/CC.
  - 3.4.2.1. The host installation commander may choose to appoint a PAD working group to determine unit participation and strategic placement of AEDs.
  - 3.4.2.2. AED placement will be determined consistent with the factors outlined in "Guidelines for Public Access Defibrillation Programs in Federal Facilities", 74 Fed Reg 156 (Aug 14, 2009). (T-0)
  - 3.4.2.2. **(KIRTLANDAFB) PAD Location and Installation.** The key to a successful PAD program is early defibrillation. Therefore, PADs must be strategically placed throughout KAFB in order to decrease the response time for defibrillation of a SCA victim.
- 3.4.3. AEDs will be easily accessible in a well-marked and publicized location. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) (**Note:** A secure enclosure that minimizes potential tampering, theft, damage or inadvertent harm, such as storage in an alarmed AED housing, is highly recommended.)
  - 3.4.3.1. **(Added-KIRTLANDAFB)** Factors to consider in determining PAD placement include:
    - 3.4.3.1.1. **(Added-KIRTLANDAFB)** Facility size and/or accessibility.
    - 3.4.3.1.2. **(Added-KIRTLANDAFB)** Number of employees in the facility.
    - 3.4.3.1.3. **(Added-KIRTLANDAFB)** Identified high-risk environment (i.e., high voltage electrical equipment).

3.4.3.1.4. **(Added-KIRTLANDAFB)** Number of people that may have public access to the facility on daily basis.

3.4.3.1.5. **(Added-KIRTLANDAFB)** Average age of facility occupants; older populations are at higher risk.

3.4.3.1.6. **(Added-KIRTLANDAFB)** Security levels that may hinder access to the facility by emergency medical personnel.

3.4.3.1.7. **(Added-KIRTLANDAFB)** Final disposition on PAD placement throughout the Wing will be recommended by the PMD and 377 MDG/CC. A completed AED needs risk assessment (**Figure 3.1**) must be submitted to the PMD prior to final approval.

Figure 3.1. (Added-KIRTLANDAFB) Automatic External Defibrillator (AED) Needs Risk Assessment

**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 KAFB XX-XXX.
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 KAFB XX-XXX, *Public Access Defibrillator (PAD) Program*.

Signature: \_\_\_\_\_ 377 MDG AED PAD Medical Director

3.4.4. AED locations will be clearly marked. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) **Note:** Optimally, signs should be placed above or around each AED, easily viewed from both direct and perpendicular angles to the location. Some locations may benefit from directions signs to the nearest AED.)

3.4.4. (KIRTLANDAFB) The devices will be housed in wall-mounted cases which have an audible alarm that sounds when the door is opened. This is to alert nearby personnel that a victim has collapsed so they may notify paramedics via the system. The wall mounted case

will have a minimum clearance of three feet around them in which nothing may be placed so as not to hinder easy access to defibrillation.

3.4.4.1. A means to reliably activate the EMS system should be nearby the AED location and clearly marked with instructions. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

3.4.4.2. Collocation with fire alarms and/or fire extinguishers is suggested.

### 3.5. AED Supplies.

3.5.1. Certain supplies are recommended for the safe successful defibrillation and CPR. These supplies include:

3.5.1. (**KIRTLANDAFB**) Above every wall mounted case will be mounted an AED wall sign; each wall mounted case will contain at minimum AED fast response kit which will include 2 pairs of Non latex gloves, pocket breathing mask, paramedic scissors, razor, and a large absorbent paper towel. Also included in each unit will be cartridge of 2 sets of Adult SMART Pads, 1 set of infant/child SMART Pads cartridge, and a quick reference guide.

**Figure 3.2. (Added-KIRTLANDAFB) AED Manufacturer Information (Sample)**

AED Manufacturer Information (Sample)
<b>Adult (AED) Electrodes- \$</b>
<b>Battery/Data Card- \$</b>
5-year shelf life
300 shocks
<b>Rescue Pack Restock Kit- \$</b>
CPR Mask
Gloves
Razor
Scissors
Biohazard bag
Alcohol wipes
Wet pads
Hand sanitizer
-Dressing
<b>Daily/After Each Use:</b>
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 spare components are present and are in operating condition.

3.5.1.1. Simplified directions for CPR and the use of the AED. Many AED manufacturers and the AHA provide placards and signage for this purpose.

3.5.1.2. Several pairs of non-latex protective gloves (sized or universal size).

3.5.1.3. Mouth-to-mouth resuscitation protective device. (**Note:** Examples include appropriately sized face masks with detachable mouthpieces, or plastic or silicone face shields, preferably clear and single-use).

3.5.1.4. To assure proper electrode-to-skin contact, a disposable razor to dry shave a victim's chest areas if needed, as well as a supply of 4x4 gauze pads to clear/dry the contact area(s).

3.5.1.5. A pair of medium size bandage or blunt end scissors to remove clothing from the chest.

3.5.1.6. Spare battery (optional or as recommended by manufacturer).

3.5.1.7. Spare electrode pads (in appropriate child/adult sizes if required).

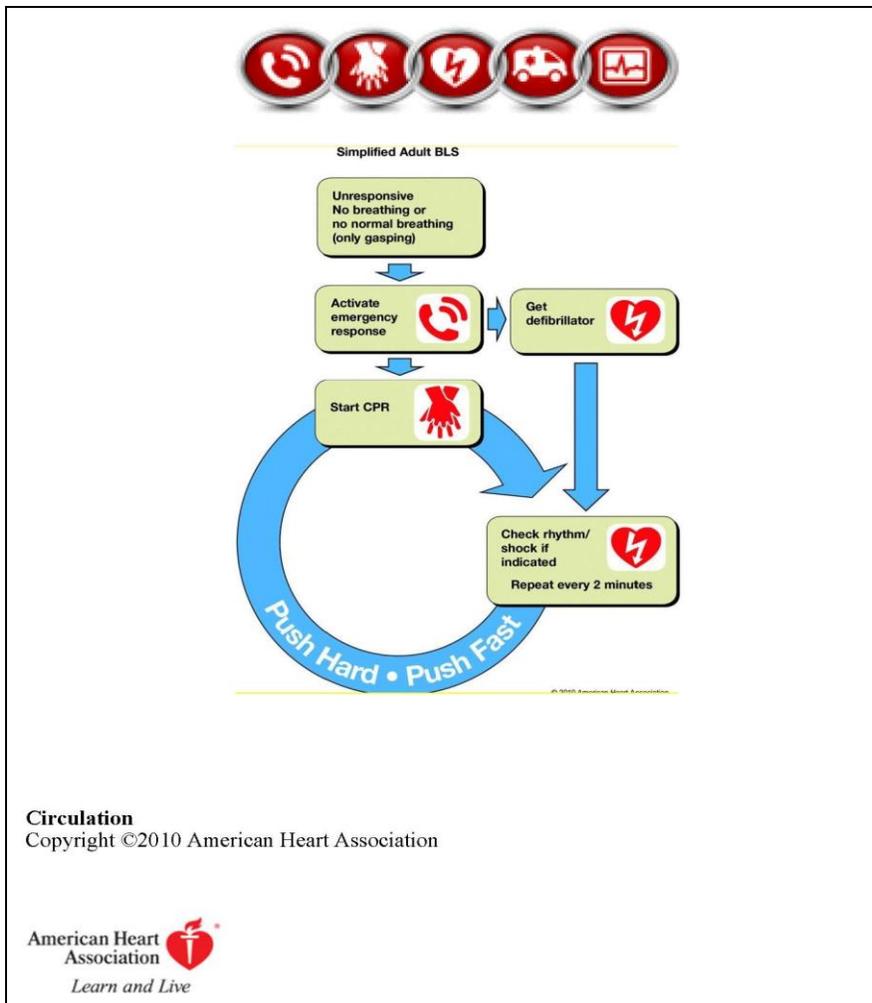
3.5.1.8. Two biohazard or medical waste plastic bags for waste and for transport of the AED.

3.5.1.9. Pad of paper, writing tools, and several copies of AF Form 3500.

3.5.1.10. One absorbent towel (preferably disposable) for larger volume liquid absorption.

3.5.2. **(Added-KIRTLANDAFB)** Proper use of the AED is outlined in the BLS Adult Algorithm (**Figure 3.3**). An easy to follow poster of this plan will be posted and displayed by the wall-mounted PAD cabinet. This algorithm follows the AHA “Chain of Survival” which involves: activating the EMS system (by dialing 911), early CPR, early defibrillation, and early Advanced Cardiac Life Support (ACLS).

**Figure 3.3. (Added-KIRTLANDAFB) Simplified Adult BLS Algorithm**



**3.6. (Added-KIRTLANDAFB) AED for base activities:**

- 3.6.1. (Added-KIRTLANDAFB) Contact MDG Education & Training division to verify the unit has had training or will be trained at the time the AED arrives.
- 3.6.2. (Added-KIRTLANDAFB) Obtain the make and model information provided by MERC (6-3663/3454).
- 3.6.3. (Added-KIRTLANDAFB) MERC will provide requesting personnel with all forms necessary for the AED purchase.
- 3.6.4. (Added-KIRTLANDAFB) The unit is responsible for purchase of the AED and supplies.
- 3.6.5. (Added-KIRTLANDAFB) The unit supply custodian will coordinate with the 377 MDG/SGSM for approval and proper procurement action. (phone number: (505) 846-3454).
- 3.6.6. (Added-KIRTLANDAFB) The AED will be received and placed on the unit's medical equipment account.
- 3.6.7. (Added-KIRTLANDAFB) When a new AED is received, an acceptance inspection will be performed by the MDG Biomedical Repair Technician (phone number: (505) 846-3663). Upon completion of that inspection, the AED with Custodian Action List (CAL) will be forwarded to Education and Training pending completion of training by the user.
- 3.6.8. (Added-KIRTLANDAFB) Before the AED is placed by the unit, the custodian will sign the CAL. The signed CAL will be returned to MEMO to ensure accountability of the equipment item.

**3.7. (Added-KIRTLANDAFB) AED FOR FITNESS ASSESSMENTS.**

- 3.7.1. (Added-KIRTLANDAFB) IAW with AFI 36-2905, *Fitness Program*, paragraph A8.2.12, if AEDs are available to the Fitness Cell, it is recommended having them on-site during all portions of the Fitness Assessment.
- 3.7.2. (Added-KIRTLANDAFB) 377 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.
- 3.7.3. (Added-KIRTLANDAFB) 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.

## Chapter 4

### POST PAD EVENT PROCEDURES

#### 4.1. Obtain documentation of the event.

4.1.1. Print the AED electronic data recording. All AEDs are equipped with a small device capable of storing data for later downloading. This data usually includes the patient's heart rhythm, AED assessment functioning, and the characteristics of shock(s) administered.

4.1.1.1. For patient care continuity, a copy of the AED electronic data recording will be forwarded to the medical facility receiving the patient within 2 calendar days. (T-3)

4.1.2. The Event Summary Report (AF Form 3500) and the AED electronic data recording will be forwarded to the PMD for review, as well as to any other authorities as required by state and local laws. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) The reports will be received by the PMD within 2 calendar days post-event. (T-3) Any disclosures of protected health information outside the covered entities must be accounted for IAW DoD 8580.02-R, *Department of Defense Health Information Security Regulation*. (T-0)

#### 4.2. Obtain stress incident support as required.

4.2.1. Unit commanders will consult with the PMD and/or senior medical leadership for recommendations regarding post-event psychological support for responders, witnesses, and co-workers as needed. (T-3)

#### 4.3. Review the event.

4.3.1. A quality assurance review will be performed after an AED event. (T-2) The PMD is typically the medical officer best-suited to lead this PIA, but any medical corps officer or senior medical leader may lead the review.

4.3.2. The review will be out-briefed to the MTF/SGH (or SGP if the SGH is unavailable) and/or MTF/CC within 4 duty days of the event. (T-3) Under Title 10 United States Code Section 1102, quality assurance documents are confidential and are not releasable without proper approval.

4.3.3. (**Added-KIRTLANDAFB**) Every event in which an AED is used in support of the PAD Program (or should have been used) will be reviewed by the PMD and/or SGH to establish whether the patient was treated according to the established protocol. All information, including Unit Site Coordinator's name, location of incident, scenario, patient data, rescuers on-scene, response times, and AED serial number, will be forwarded by the affected Unit Site Coordinator to the PMD and/or SGH. An AED Response Report (**Figure 2.3**) must be completed by the individual who used the AED on the patient. Once a thorough review has been completed, the PMD will submit (**Figure 2.3**) to the 377 MDG/CC for consultation and for quality assurance purposes. All information involved in this investigation is confidential and is protected from discovery under the Quality Assurance Protection Act, Title 10 of U.S.C., Section 1102.

## Chapter 5

### PAD DOCUMENTATION

#### 5.1. Event Summary Report.

5.1.1. An event summary report (AF Form 3500) will be completed by the targeted responder and forwarded to the site coordinator or alternate NLT COB the next duty day. (T-3)

5.1.2. The site coordinator will forward the AF Form 3500 to the PPC and PMD. This document will be kept on file by the PMD (or designee) for a minimum of 24 months (T-3) and stored IAW AFMAN 33-363. (T-0)

5.1.3. As part of the quality assurance review, the AF Form 3500 will NOT be filed in the medical record. The event summary must not be released to any agencies (including the victim, family, or hospital where the victim is treated) without proper approval. (T-0). MTFs should contact AFMOA/SGHQ for approval on release of 10 U.S.C. §1102-protected documents.

#### 5.2. Appointment Letters.

5.2.1. Appointment letters will be reviewed annually, or sooner if changes dictate. (T-3)

5.2.2. The PPC will maintain a copy of all PAD program related appointment letters for 24 months. (T-3)

#### 5.3. A Post-Use Procedure Checklist.

5.3.1. The post-use procedure checklist confirms documentation of an AED event and facilitates rapid return of the AED to service. ([Attachment 2](#)).

#### 5.4. Periodic On-Site Program Evaluations.

5.4.1. On-site reviews will be performed by the PPC (or designee) biennially IAW paragraph 2.6.8 and at the direction of the DBMS. (T-2) ([Attachment 3](#)) Discrepancies will be documented and resolved within a time frame set by the PPC. (T-3)

#### 5.5. Summary of AED locations.

5.5.1. The PPC will maintain a current list of AED sites to identify units/buildings covered by the PAD program. (T-1)

5.5.2. The document will be shared with EMS, Fire Department, and Security Forces as required.

#### 5.6. AED Operators Inspection Checklist.

5.6.1. Site coordinators or designees record periodic inspections of AEDs IAW manufacturer's recommendations and paragraph 2.9.3. The manufacturer's checklist may be used, if provided, or installations may utilize a local checklist. Discrepancies noted are to be remedied immediately.

**Chapter 6 (Added-KIRTLANDAFB)****LEGAL/HISTORICAL PERSPECTIVE**

**6.1. (Added-KIRTLANDAFB) Good Samaritan:** There have been no known lawsuits against AED users or lay rescuers providing CPR as “Good Samaritans.” The perceived potential for a suit involving AED use has been a deterrent for some organizations considering establishing a PAD program. In fact, the only successful lawsuits involving PAD Programs have been against companies (airlines, health clubs, and amusement parks) for not having an AED available in their facility. The Cardiac Arrest Survival Act (CASA), signed into law in November 2000, directs consideration of placement of AEDs in federal buildings and provides nationwide Good Samaritan protection that limits liability for anyone who renders emergency treatment with a defibrillator to save someone’s life. It is worth noting that “Good Samaritan” laws vary from state to state and that individuals with advanced healthcare training, such as medical doctors, nurses, and physician assistants may fall outside the scope of these laws.

THOMAS W. TRAVIS  
Lieutenant General, USAF, MC, CFS  
Surgeon General

**(KIRTLANDAFB)**

TOM D. MILLER, Colonel, USAF  
Commander

## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

*References*

*Cardiac Arrest Survival Act of 2000*, Public Law 106-505, 114 Stat. 2336, 13 November 2000

*Public Health Improvement Act*, Public Law 106-505, 114 Stat 2314, 13 November 2000

*Guidelines for Public Access Defibrillation Programs in Federal Facilities*, Department of Health and Human Services and the General Services Administration, 74 Federal Register 156, 14 August 2009 <http://www.foh.dhhs.gov/public/whatwedo/AED/HHSAED.asp>

10 U.S.C. § 1102, *Confidentiality of medical quality assurance records: qualified immunity for participants*

49 U.S.C. § 41102, *“General, temporary, and charter air transportation certificates of air carriers*

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41 CFR § 101-20.103, *Physical protection and building security*

41 CFR § 102-74.230, *Occupant Emergency Program*

DUSD(I&E)/ASD(HA) Memorandum, *Guidelines for Public Access Defibrillation Programs in DoD Facilities*, 15 August 2003

DOD 8580.02-R, *DoD Health Information Security Regulation*, 12 July 2007

AFMAN 33-363, *Management of Records*, 29 August 2013

AFI 25-201, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreement Procedures*, 18 October 13

AFI 33-360, *Publications and Form Management*, 25 September 2013

AFI 41-201, *Managing Clinical Engineering Programs*, 18 April 2011

AFI 41-209, *Medical Logistics Support*, 13 August 2013

National Conference of State Legislatures, *State Laws on Cardiac Arrest and Defibrillators*, 1 January 2013

<http://www.ncsl.org/IssuesResearch/Health/LawsonCardiacArrestandDefibrillatorsAEDs/tabid/14506/Default.aspx>

American Heart Association, *AED Implementation Guide*,

[http://www.heart.org/HEARTORG/CPRAndECC/WorkplaceTraining/AEDResources/AED-Resources\\_UCM\\_001296\\_SubHomePage.jsp](http://www.heart.org/HEARTORG/CPRAndECC/WorkplaceTraining/AEDResources/AED-Resources_UCM_001296_SubHomePage.jsp)

*Prescribed Forms*

AF Form 3500, *PAD Event Summary/Mock Response Event Summary Report*

*Adopted Forms*

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

*Abbreviations and Acronyms*

**ACLS**—Advanced Cardiac Life Support

**AF**—Air Force

**AFMOA**—Air Force Medical Operations Agency

**AFSC**—Air Force Specialty Code

**AHA**—American Heart Association

**BLS**—Basic Life Support

**BMET**—Biomedical Equipment Technician

**CASA**—Cardiac Arrest Survival Act of 2000

**CC**—Commander

**CPR**—Cardiopulmonary Resuscitation

**DBMS**—Director, Base Medical Service

**DMLSS**—Defense Medical Logistics Standard Support

**EMS**—Emergency Medical Services

**FDA**—Federal Drug Administration

**GSU**—Geographically Separated Unit

**HIPAA**—Health Insurance Portability and Accountability Act

**H.R.**—House Resolution

**IAW**—In Accordance With

**MAJCOM**—Major Command

**MTF**—Military Treatment Facility

**MTN**—Military Training Network

**NAF**—Numbered Air Force

**OPR**—Office of Primary Responsibility

**PAD**—Public Access Defibrillator; AED and PAD are synonymous in this Instruction

**PIA**—Performance Improvement Activity

**PMD**—PAD Medical Director

**PPC**—PAD Program Coordinator

**SG**—Surgeon General

**SGH**—Chief of Medical Staff, Military Treatment Facility

**SGP**—Chief Flight Surgeon, Military Treatment Facility

**U.S.C.**—United States Code (of Law)

*Terms*

**Accessible**—Property that someone can access.

**AED**—Automated External Defibrillator assigned to the PAD program; AED and PAD are synonymous in this Instruction.

**AED event**—The period of time beginning when a PAD is removed from its standby location to provide service to a victim of cardiac arrest and ending when the PAD is disconnected from the victim.

**Basic Life Support**—The performance of cardiopulmonary resuscitation and/or use of an AED.

**Biomedical Equipment Technician**—The Medical Logistics Flight technician that maintains and repairs medical equipment IAW AFI 41-209 and AFI 41-201.

**Defibrillator**—A device approved by the Federal Drug Administration for the purpose of administering an electric shock of preset voltage to the heart through the chest wall in an attempt to restore the normal rhythm of the heart during a life-threatening arrhythmia.

**Director, Base Medical Services (DBMS)**—The host installation medical commander (or senior medical leader) having oversight of the PAD program.

**Host Installation**—The installation upon which the AEDs are hosted as recorded on the medical logistics record.

**Lay responder**—Any non-medical bystander providing BLS.

**Medical Logistics**—The logistics unit supporting the medical stock record for the AED.

**Medical Treatment Facility**—Any Air Force real property utilized to provide medical care in the performance of its regular duties and credentialed by the Joint Commission or the Accreditation Association for Ambulatory Healthcare.

**PAD Medical Director**—A US-licensed physician, preferably proficient in ACLS but at a minimum proficient in BLS, and have familiarity with clinical practice guidelines, the use of AEDs IAW state and local laws, and CASA.

**Public**—referring to any agency, interest, property, or activity which is under the authority of the government or which belongs to the people.

**Targeted responder**—A lay responder identified by the unit and trained to participate in their PAD emergency response system. Targeted responders are BLS-certified using AHA or other approved national standards.

## Attachment 1 (KIRTLANDAFB)

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

**References**

AFI 41-209, *Medical Logistics Support*, 06 Oct 2014  
 AFI 36-2905, *Fitness Program, paragraph A8.2.12*, 21 Oct 2013  
 AFMAN 33-363, *Management of Records*, 01 Mar 2008  
 AFI 33-332, *The Air Force Privacy and Civil Liberties Program*, 12 Jan 2015  
 AFI 31-401, *Information Security Program Management*, 01 Nov 2005  
 AED IAW *Federal Guidelines for programs in Federal Facilities, FR 28495*, 23 May 2001.  
 AHA-American Heart Association 7272 Greenville Ave. Dallas, TX 75231  
*Guidelines for Public Access Defibrillation Programs in DoD Facilities*, August 2009

**Prescribed Forms**

KIRTLANDAFB Form 617, *AED Response Report*  
 KIRTLANDAFB Form 618, *AED Monthly Inspection Checklist*  
 KIRTLANDAFB Form 620, *AED Operation and Weekly Status Check*

**Adopted Forms**

AF Form 847, *Recommendation for Change of Publication*

**Abbreviations and Acronyms**

**377ABW** — 377<sup>th</sup> Air Base Wing  
**ABW/CC** — Air Base Wing Commander  
**AED** —Automated External Defibrillator  
**AFRIMS** — Air Force Records Information Management System  
**AFRC** — Air Force Reserve Command  
**ANG** — Air National Guard  
**BCLS** —Basic Cardiac Life Support  
**CAL** — Custodian Action List  
**MDG/CC** — Medical Group Commander  
**MEMO** — Medical Equipment Management Office  
**MERC** — Medical Equipment Repair Center  
**POC** — Point of Contact  
**RDS** —Records Disposition Schedule  
**SAV** — Staff Assisted Visit  
**SCA** —Sudden Cardiac Arrest  
**TSR** —Traumatic Stress Debrief

**Terms**

**Advanced Cardiac Life Support (ACLS)**—a detailed medical protocol for the provision of lifesaving cardiac care by paramedics, physicians, or specially trained nurses involving airway management, defibrillation, and the administration of advanced cardiac drugs.

**Automated External Defibrillator (AED)**—a defibrillator device commercially distributed IAW the Federal Food, Drug, and Cosmetic Act which is capable of recognizing the presence or

absence of ventricular fibrillation or ventricular tachycardia. Once device determines that defibrillation is indicated, the device will deliver electrical shocks to the victim in order to correct heart rhythm.

**Basic Life Support (BLS)**—a training program that teaches basic Cardio-Pulmonary Resuscitation techniques as well as AED orientation in support of PAD program uses.

**Cardio-Pulmonary Resuscitation (CPR)**—the act of providing artificial respirations (usually via mouth-to-mouth or mouth-to-mask) and chest compressions to a pulseless, and breathless victim.

**Defibrillation**—the application of an electrical shock, via an AED, directly through the pads placed on a victim's bare chest.

**Emergency Medical Services (EMS)**—the rapid response team of medically trained personnel who provide emergency medical intervention and/or transport to the hospital 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/Ventricular Fibrillation**—an abnormal cardiac rhythm resulting in little or no forward flow of blood to vital organs that is incompatible with life if not immediately treated.

**Rescuer**—is any individual, whether trained BCLS/AED personnel or an untrained lay-bystander, who provides assistance to a cardiac arrest victim.

**Sudden Cardiac Arrest (SCA)**—the 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.

## Attachment 2

## SAMPLE POST-USE PROCEDURE CHECKLIST

**The Site Coordinator will do the following after AED use:**

Notify Unit Commander, PPC and PMD immediately of emergency event.

It is critical to get the AED information to healthcare providers as soon as possible. If necessary, deliver the device to BMET or appropriate office for data downloading.

Medical Logistics will assist in replacing the AED back into service. A loaner AED may be available until the original AED is returned for use.

Verify all supplies are restored and checked for damage or expired items.

Ensure the replacement AED is clean. Review specific User's Guide for appropriate method.

Coordinate Traumatic Stress Response debriefing for employee(s) if deemed necessary.

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

Check status indicator before putting the unit back in service.

**Initial all restorative/corrective action items listed below:**

\_\_\_\_\_ AED removed from location used and delivered for data download.

\_\_\_\_\_ Event Summary Report (AF Form 3500) completed.

\_\_\_\_\_ AF Form 3500 delivered to PMD and PPC within 2 duty days.

\_\_\_\_\_ Traumatic Stress Response (TSR) debriefing scheduled and conducted.

Mental Health Flight POC: \_\_\_\_\_

\_\_\_\_\_ AED unit restored back to ready state and placed in service.

\_\_\_\_\_ Accessory items replaced and restocked as necessary and *all* items inspected.

\_\_\_\_\_ Unit Commander briefed on event and restorative actions.

**Comments:**

**Attachment 3****SAMPLE PERIODIC ON SITE PROGRAM EVALUATION (INSTRUCTIONS)**

**The following evaluation will be divided into two sections:**

Section I      Organization-Focused Functions

Section II      Equipment-Focused Functions

**This assessment focuses on the key aspects of PAD program.**

**Where Will the Review Take Place:** At the PAD site and/or work center.

**When Will the Review Take Place:** At the discretion of the PAD Program Coordinator. The PAD Program Coordinator will schedule the evaluation with each PAD site biennially.

**Who Will Participate:**

Reviewer: PAD Program Coordinator (or designee)

Site Coordinator

Targeted Responders (Minimum of one individual available for the interview process)

**The reviewer will:**

Complete the checklist and share the preliminary finding with the Site Coordinator.

Submit the checklist to the PAD Medical Director within 15 calendar days.

**The PAD Medical Director will:**

Analyze the findings and provide feedback regarding observations, compliance, and remediation to the Program Coordinator and the Unit Commander.

**What documents need to be available?**

- Current Site Coordinator Appointment letter
- List of individuals identified as Targeted Responders and documented training
- AED operators inspection checklist for the previous year
- Records pertaining to any actual use of the AED in the previous year
- Copy of unit or facility Emergency Response plan

**SAMPLE PERIODIC ON SITE PROGRAM EVALUATION (Page 1 of 2)**

**Organization** \_\_\_\_\_ **Review Date** \_\_\_\_\_

**Location** \_\_\_\_\_

<b>1. Does the site maintain the following documents?</b>	
a. PAD Program Site Coordinator Appointment letter	<input type="checkbox"/> Y <input type="checkbox"/> N
b. A copy of the unit specific emergency response plan	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Rosters of targeted responder with certification tracked.	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Records of the visual checks (i.e. inspections) of the AED, battery, and supplies for the previous 2 years.	<input type="checkbox"/> Y <input type="checkbox"/> N
e. Maintains list of all of the unit's AED locations. Summary list sent to the PPC and archived for 2 years.	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>2. Is there evidence that the site has conducted training within the facility?</b>	
a. Does the initial in-processing checklist or newcomers training include AED location and unit response plan?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Can unit employees correctly identify the AED location? (90% of the unit correctly identifies either the location or direction signs to the AED.)	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Are the Targeted Responders able to correctly state the proper protocols to activate EMS and apply the AED/administer aid to a victim?	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Did the unit conduct a mock AED drill at least annually?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>3. Each site is responsible to ensure that the AED is maintained IAW manufacturer guidelines.</b>	
a. Is the equipment identified and publicly available for easy access (unobstructed)?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Are all required supplies/equipment serviceable and not expired (where applicable)?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Is the equipment clean and free from damage, cracks or foreign substances? Is the AED battery and cabinet alarm operational?	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Has the AED been inspected/maintained by Biomedical Equipment Repair as recommended by manufacturer guidance?	<input type="checkbox"/> Y <input type="checkbox"/> N

**SAMPLE PERIODIC ON SITE PROGRAM EVALUATION (Page 2 of 2)**

**Comments:**

**Signatures denote awareness of program evaluation results (in turn):**

*Reviewer:*

Name	Signature	Date
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*Site Coord:*

Name	Signature	Date
------	-----------	------

*Unit CC:*

Name	Signature	Date
------	-----------	------

*Med Director:*

Name	Signature	Date
------	-----------	------

*Prgm Coord:*

Name	Signature	Date
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**Attachment 4 (Added-KIRTLANDAFB)****TSR INFORMATION****A4.1. (KIRTLANDAFB) Traumatic Stress Response [formerly Critical Incident Stress Management (CISM) Information]****A4.1.1. (KIRTLANDAFB) What is TSR?**

A4.1.1.1. (KIRTLANDAFB) 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.

**A4.2. (KIRTLANDAFB) What events might precipitate a request for TSR services?**

A4.2.1. (KIRTLANDAFB) 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 a 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 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.

A4.2.2. (KIRTLANDAFB) 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.

**A4.3. (KIRTLANDAFB) What is the procedure for requesting TSR services?**

A4.3.1. (KIRTLANDAFB) The office of record for TSR services is the Life Skills Support Center. 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 5 (Added-KIRTLANDAFB)****POST-USE PROCEDURE AND REGULAR MAINTENANCE****A5.1. (KIRTLANDAFB) The AED Unit Site Coordinator will do the following after any AED use:**

A5.1.1. (KIRTLANDAFB) Notify PAD Medical Director via the “AED Response Report” (see [Figure 2.3](#)) within 24hrs after incident.

A5.1.2. (KIRTLANDAFB) 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 PMD with the Response Report ([Figure 2.3](#)).

A5.1.3. (KIRTLANDAFB) Conduct employee (TSR) debriefing, as deemed necessary.

A5.1.4. (KIRTLANDAFB) Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or expiration dates.

A5.1.5. (KIRTLANDAFB) Remove any replace battery in the AED and perform a Battery Insertion Test (BIT) prior to replacing the AED back into service.

A5.1.6. (KIRTLANDAFB) Clean the AED. Review specific User’s Guide for list of appropriate cleaning agents.

**A5.2. (KIRTLANDAFB) Regular Maintenance.** See User’s guide for the complete maintenance schedule.

**A5.3. (KIRTLANDAFB) Daily:**

A5.3.1. (KIRTLANDAFB) 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.

A5.3.2. (KIRTLANDAFB) Ensure all supplies, accessories and spare parts are present and are in operating condition.

**A5.4. (KIRTLANDAFB) After Each Use:**

A5.4.1. (KIRTLANDAFB) Inspect the exterior and pad connectors for dirt or contamination.

A5.4.2. (KIRTLANDAFB) Check status indicator, perform a BIT to confirm the power source is ready to be put back in service.

A5.4.3. (KIRTLANDAFB) Ensure all supplies, accessories and spare parts are present and are in operating condition.

A5.4.4. (KIRTLANDAFB) Check all expiration dates and any obvious signs of damage to the unit.



## Attachment 7 (Added-KIRTLANDAFB)

## AFMC QUARTERLY UNIT AED EXERCISE EVALUATION

Figure A7.1. AFMC Quarterly Unit AED Exercise Evaluation (Sample)

EVALUATION CRITERIA	DATE:	
	Yes	No
1. Did the staff know the location of the nearest AED?		
2. CPR/AED certified staff arrives at victim's side within 3 minutes?		
3. CPR/AED certified staff describes appropriate victim assessment and initiation of CPR?		
4. AED and appropriate AED supplies arrive at victim's side within 4 minutes after victim's discovery?		
5. CPR/AED certified staff can describe AED use and demonstrate correct actions?		
<p>Name of exercise participants:</p> <p>Exercise feedback to participants:</p> <p>Evaluator:</p>		