

**BY ORDER OF THE COMMANDER
LOS ANGELES AIR FORCE BASE**

**LOS ANGELES AIR FORCE BASE
INSTRUCTION 41-105**



18 DECEMBER 2012
Certified Current 3 December 2013
Medical Services

**PUBLIC ACCESS DEFIBRILLATION (PAD)
PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available on the e-Publishing website at www.e-publishing.af.mil for downloading or ordering.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: 61 MDS/SGNE

Certified by: 61 MDS/CC
(Col Subrina Linscomb)

Supersedes: SMCI48-105,
8 February 2008

Pages: 9

This instruction provides guidance for the PAD program. The program provides for Automated External Defibrillators (AED) to be placed in strategic locations on the installation to allow access by trained individuals to use in reviving victims during certain cardiac crises, prior to arrival of medical personnel. It identifies responsibilities, maintenance, quality assurance, and documentation requirements. It also outlines maintenance and disposition of records created as a result of prescribed processes in accordance with *Records Disposition Schedule* (AFRIMS 33-22, Communication Security (COMSEC) Systems and Accountability of Records). It complies with AFI 33-332, *Air Force Privacy Act Program* for documents containing Privacy Act information and conforms with DoD Regulation 5400.7/Air Force Supplement/AFSPCSUP1, DoD *Freedom of Information Act Program*, Chapter 4 for documents containing, For Official Use Only (FOUO) information. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR), using the AF IMT 847, *Recommendation for Change Publication*; route AF IMT 847 from the field through the appropriate functional chain of command. Ensure that 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/afirms/afirms/afirms/rims.cmf/>.

SUMMARY OF CHANGES

The numbering for this publication was changed from SMCI 48-105 to LAAFB Instruction 41-105 to reflect realignment of OPR. The Space and Missile Systems Center PAD program was re-designated as the PAD program. Paragraph 1 was added and numbering sequence updated. This revision replaces 61st Air Base Wing (61 ABW) with 61st Air Base Group (61 ABG), 61st Medical Group (61 MDG) with 61st Medical Squadron. Paragraph 2.1 and 2.2 was added to describe the responsibilities of the SMC/CV and Group/Squadron Commanders, SMC Directors, and Tenant Organizations respectively. IAW SMC/JA review, paragraph 2.5 was revised to clarify laws and regulations used as references for this publication. The roles and responsibilities of the medical director (paragraph 2.5 and its subparagraphs), the program coordinator (paragraph 2.6 and its subparagraphs), Site Coordinators (paragraph 2.7 and its subparagraphs), and Targeted Responders (paragraph 2.8 and its subparagraphs) were expanded and a special note was added about funding of replacement supplies and equipment. Paragraphs 3, 4, 5, and 6 were added. Paragraph 2 was renamed Routine Maintenance and moved to paragraph 8. Paragraph 4 was renamed PAD Equipment and Supplies, moved to paragraph 7 and the equipment list revised. Paragraph 3 was moved to paragraph 9 and additional requirements added regarding ongoing evaluation and monitoring of compliance with this policy. Attachment 1, Glossary of References and Supporting Documentation was added. Three new prescribed forms were developed; LAAFB IMT Form 12, *Monthly PAD Inspection Checklist*, LAAFB IMT Form 13, *PAD Compliance Inspection Checklist*, and LAAFB IMT Form 14, *PAD CPR-AED Response Exercise Evaluation*. LAAFB IMT Form 7, *Public Access Defibrillation Program Event Summary* was revised.

1. OVERVIEW: The concept of public access defibrillation utilizes community “volunteer” lay responders or rescuers (non-medical LRRs) who have been trained in CPR and in the appropriate use of PADs for sudden cardiac arrest situations. The LAAFB PAD program is designed to take into account the unique layout of buildings that do not have a single, clearly defined chain of command as well as those units that operate for extended hours and serve the general public.

2. RESPONSIBILITIES:

2.1. The SMC/CV: Tasks Unit Commanders, Directors and Tenant organization senior leaders to appoint site coordinators by floor in Buildings 270, 271, and 272 and one site coordinator per PAD in other LAAFB buildings.

2.1.1. SMC will fund all PADs, equipment, supplies, batteries, cables, pads, and cabinetry for the PAD program.

2.2. Group/Squadron Commanders, SMC Directors, and Tenant Organizations: Appoints primary and alternate site coordinators for each PAD assigned to their unit. Sends a copy of the appointment memorandum to the PAD program coordinator.

2.3. 61 ABG Commander:

2.3.1. Has overall operational responsibility for program implementation and sustainment.

2.3.2. Directs the 61 MDS/CC (Director Base Medical Services (DBMS)) to ensure proper medical objectives are maintained for the PAD program.

2.4. 61 MDS/CC (DBMS):

2.4.1. Implements the PAD program IAW this instruction.

2.4.2. Ensures all medical objectives are maintained and provides medical oversight of program administration.

2.4.3. Appoints in writing a medical director and program coordinator for the PAD program.

2.5. PAD Medical Director: The medical director will be a licensed physician, proficient in emergency medical services (EMS) protocols, cardiopulmonary resuscitation (CPR), and the use of PADs in accordance with California Code of Regulations, Title 22, Section 9, Chapter 1.8, California Civil Code, Section 1714.21 and California Health and Safety Code, Section 1797.196.

2.5.1. The medical director is responsible for:

2.5.1.1. Providing oversight for training, EMS coordination, protocols and standing orders.

2.5.1.2. Assisting with formulation of PAD deployment strategies (i.e., advises DBMS and ABG/CC on placement of PADs at designated base locations).

2.5.1.3. Overseeing quality assurance and PAD use guidelines.

2.5.1.4. Is the prescribing authority for placement of PADs in PAD locations IAW *Guidelines for Public Access Defibrillation Programs in Federal Facilities*.

2.5.1.5. Review or have a designated representative review, all LAAFB IMT Form 7, *Public Access Defibrillation Program Event Summary* sheets within 5 days of PAD use.

2.6. PAD Program Coordinator: At a minimum, will be a Basic Life Support (BLS) Instructor Trainer and from the 61 MDS.

2.6.1. The program coordinator will:

2.6.1.1. Oversee/coordinate adult CPR training in conjunction with the PAD training for site coordinators and targeted responders.

2.6.1.2. Validate that site coordinators and targeted responders have completed CPR/AED training.

2.6.1.3. Provide recommendations to group/squadron commanders for individuals to serve as site coordinators.

2.6.1.4. Provide guidance to site coordinators on the PAD program continuity binder content training materials and conduct binder inspections annually.

2.6.1.5. Provide recommendations to site coordinators regarding PAD locations and number of targeted responders for each PAD location.

2.6.1.6. Forward LAAFB IMT-7 to the medical director within 48 hours of an event.

2.6.1.7. Work closely with unit commanders and site coordinators to provide AED manufacturer guidance and equipment recall information.

2.6.1.8. Ensure monthly PAD inspections and maintenance actions are accomplished.

2.7. Site Coordinators (SCs):

2.7.1. The primary and alternate site coordinators at each placement area, at a minimum, will be CPR/AED trained and appointed in writing by each squadron commander or agency director. A copy of the appointment memorandum will be sent to the PAD program coordinator. The site coordinator and/or their alternates will:

2.7.2. Coordinate Assignment of Targeted Responders (TRs) as follows:

2.7.2.1. Appoint a minimum of two targeted responders per PAD location. The site coordinator may appoint additional targeted responders based on number of personnel in the unit. For example, a unit with 100 personnel may appoint additional targeted responders to meet the needs of the population.

2.7.2.2. Find and assign replacements for targeted responders when they are reassigned to another location and update the roster. Send updated appointment letter to the PAD program coordinator.

2.7.3. Ensure Training Requirements are Met:

2.7.3.1. Obtain and maintain Heartsaver PAD certification every 24 months.

2.7.3.2. Compile a list of targeted responders for each AED location.

2.7.3.3. Arrange Heartsaver PAD training for themselves and targeted responders through the PAD program coordinator.

2.7.3.4. Track targeted responder's CPR due date on a roster and maintain in PAD program continuity binder.

2.7.3.5. Participate in Blue Falcon exercise scenarios and evaluations. Conduct additional mock cardiac exercises throughout the year when necessary. Document mock cardiac exercises using the LAAFB IMT Form 14, *PAD Response Exercise Evaluation* and send to program coordinator.

2.7.4. Arrange post-event Traumatic Stress Response services through the Mental Health clinic.

2.7.5. Inspect PAD Equipment and Supplies:

2.7.5.1. Inspect PADs, check battery status and complete the LAAFB IMT Form 12, *Monthly PAD Inspection Checklist* and file the completed checklist in the PAD continuity binder.

2.7.5.2. Ensures the PADs, associated supplies and equipment are in working order and readily available for use.

2.7.5.3. Ensures PAD program documents are current and maintained in the continuity binder.

2.7.5.4. Coordinate request replacement supplies for PAD (expired and after use) through the PAD program coordinator. **NOTE:** Replacement supplies are funded by the requesting unit through their own funds. Defense Health Program funding cannot be used to purchase PAD program supplies and equipment.

2.7.5.5. Notify the PAD program coordinator or Biomedical Maintenance (653-6643) immediately if a PAD is non-functional.

2.8. Targeted Responders will:

2.8.1. Obtain and maintain Heartsaver PAD certification every 24 months and provide documentation of completion to site coordinator.

2.8.2. Respond to emergency situations and activate EMS. In an emergency situation, targeted responders should follow Heartsaver PAD treatment protocols.

2.8.3. Complete LAAFB IMT-7 and forward to the site coordinator immediately after the PAD is used.

3. PROCEDURES:

3.1. Post-event Assessment:

3.1.1. Ensure the completed LAAFB IMT-7 is faxed/scanned to the PAD program coordinator within 24 hours of the PAD being used. The purpose of this form is to document the use of the PAD and provide information on the event to the medical director and program coordinator for review.

3.1.2. Remove the PAD from service and sequester to protect event data. Place a sign over the temporarily missing device box with directions to the closest functioning PAD.

4. EXERCISE REQUIREMENTS AND EVALUATION:

4.1. To validate skills of the site coordinators and the targeted responders, mock cardiac arrest exercises requiring adult CPR and use of the PAD will be conducted quarterly by the PAD program coordinator. These quarterly mock exercises may be conducted in conjunction with base exercises, and sections may be targeted randomly. It is therefore imperative that each site coordinator regularly performs a self-assessment in response to a cardiac emergency event, proper use of the PAD and completion of the event summary.

4.2. Feedback will be provided either on the spot or at the end of the exercise to the site coordinator, the targeted responders of the section tested.

4.3. Major deviations may require retraining of site coordinator/targeted responders and reevaluation within 3 months of the mock cardiac arrest exercise. **NOTE:** An example of a major deviation include but not limited to failure to clear area before delivering a recommended shock.

5. TRAINING/RE-TRAINING:

5.1. Site coordinators and targeted responders are expected to obtain training in adult CPR and use of PAD through a nationally recognized organization every 2 years.

5.2. Training in adult CPR and AED can be arranged through the 61 MDS Education and Training Office by calling: 653-6673.

6. PROCUREMENT:

6.1. Replacement of the PAD, batteries, cables, equipment and supplies will be funded by the assigned unit (i.e., the site coordinators unit will fund this requirement).

6.2. PADs are considered medical equipment and must be prescribed for use by lay responders. Procurement of PADs must be approved by the medical director prior to release of the PAD to the unit.

6.3. The 61 MDS BMET must be consulted to determine the PAD model and type to ensure the procuring unit is aware of all procedures to purchase and maintain the PAD and associated supplies and equipment.

6.4. Requesting PAD Replacement: Replacement PADs will be requested through the PAD program coordinator.

6.5. Requesting PAD Placement in a New Location: Units that request a PAD program and placement of the PAD may request evaluation placement by a written request to the 61 MDS/CC (E-mail is acceptable) providing justification. The 61 MDS/CC will evaluate the proposed area (population at risk, logistics of maintaining personnel qualifications, and PAD maintenance), consult with the PAD program coordinator and make recommendations to the 61 ABG/CC. New PAD purchases and supplies will be funded by the requesting unit.

7. PAD EQUIPMENT AND SUPPLIES:

7.1. The PAD will be maintained in a location arranged by the program coordinator, the medical director and the site coordinator. It will not be moved to a new location without the consent of the 61 MDS PAD program coordinator. The PAD and associated supplies will be kept in an alarmed wall cabinet.

7.2. The following equipment will be purchased and stored with the PAD:

7.2.1. Adult PAD pads – 2.

7.2.2. Pediatric PAD pads – 2 (only needed if the unit justifies the requirement).

7.3. Contents of the Two Rescuer Responder AED/CPR Pack:

7.3.1. CPR face masks/shields – 2

7.3.2. Non-latex protective gloves – 4 pairs (size large)

7.3.3. Heavy Duty Emergency Shears – 1

7.3.4. Disposable razors – 1 (to dry shave a victim in chest area if required)

7.3.5. Biohazard/medical waste container/bags – 1

7.3.6. Absorbent dry towels – 1

7.3.7. Two antimicrobial hand towlettes – 2

7.3.8. Equipment cleansing towlette – 1

8. ROUTINE MAINTENANCE:

8.1. The 61 MDS BMET services PADs and provides routine preventive maintenance for the PAD. Additionally, the 61 MDS BMET will provide oversight for inspections and/or maintenance requirements as follows:

8.1.1. Conduct annual maintenance checks on PADs.

8.1.2. Assist site coordinators with PAD mechanical problems.

8.1.3. Provide PAD manufacturer's guidance and equipment recall information to the PAD medical director and PAD program coordinator.

9. QUALITY ASSURANCE:

9.1. The PAD medical director or designee will review the LAAFB IMT Form 7, LAAFB IMT 12, the LAAFB IMT Form 13, *PAD Compliance Inspection Checklist* and IMT Form 14 to identify the need for additional training requirements and policy updates. The medical director will present a review of each event to the 61 MDS Executive Committee of the Medical Staff.

9.2. The PAD program coordinator will inspect the continuity binder content and training materials. Findings will be documented using LAAFB IMT Form 12. Inspection findings will be given to the site coordinators for follow-up and resolution.

ELLEN M. PAWLIKOWSKI, Lt Gen, USAF
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING DOCUMENTATION*****References***

Public Law 106 – 505, Public Health Improvement Act, *Cardiac Arrest Survival Act of 2000*, November 13, 2000

41 C.F.R. 102-79.115, *Guidelines for Public Access Defibrillation Programs in Federal Facilities*, 2001

Prescribed Forms

LAAFB IMT Form 7, *Public Access Defibrillation Program Event Summary*.

LAAFB IMT Form 12, *Monthly PAD Inspection Checklist*

LAAFB IMT Form 13, *PAD Compliance Inspection Checklist*

LAAFB IMT Form 14, *PAD CPR-AED Response Exercise Evaluation*

Adopted Forms

No forms are adopted in this publication

Acronyms

AED—Automatic External Defibrillator

ABG—Air Base Group

AFRIMS—Air Force Records Information Management System

AFSPCSUP1—Air Force Space Command Supplement 1

BLS—Basic Life Support

BMET—Biomedical Equipment Technician

CPR—Cardiopulmonary Resuscitation

COMSEC—Communications Security

DMLSS—Defense Medical Logistics Standard Support

EMS—Emergency Medical Services

DBMS—Director Base Medical Services

LAAFB—Los Angeles Air Force Base

LRR—Lay Responder/Rescuer

MDS—Medical Squadron

PAD—Public Access Defibrillation

OPR—Office of Primary Responsibility

RDS—Records Disposition Schedule

SC—Site Coordinator

SMC—Space and Missile Systems Center

TR—Targeted Responder

Terms

Automated External Defibrillator—is a portable electronic device that automatically diagnoses the potentially life threatening cardiac arrhythmias of ventricular defibrillation and ventricular tachycardia in a patient, and is able to treat them through defibrillation.

Defibrillation—the application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

Public Access Defibrillator—the deployment of automatic external defibrillators in public facilities for the use by laypersons to provide early intervention to victims of cardiac arrest.