

**BY ORDER OF THE COMMANDER
OFFUTT AIR FORCE BASE**

**OFFUTT AIR FORCE BASE INSTRUCTION
41-1**



**1 AUGUST 2011
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Health Services
PUBLIC ACCESS DEFIBRILLATION (PAD)
PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(Colonel Patrick L. Dawson)

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This instruction establishes the Offutt Air Force Base (OAFB) PAD program and implements public law. The program provides for Automated External Defibrillators (AED) to be placed in strategic locations on the installation for access by trained individuals to use in reviving personnel during certain cardiac crises prior to arrival of medical personnel IAW 42 U.S.C. § 238p & 238q. It identifies responsibilities, maintenance, quality assurance, and 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 Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/gcss-af61a/afirms/afirms/>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s through base publications/forms managers. This publication requires collection and maintenance of information subject to the Privacy Act of 1974. The authority to collect and maintain this information is 10 U.S.C. Medical and Dental Care, 10 U.S.C. 8013, Secretary of the Air Force. System of records notice F044 AF SG E, Medical Record System also applies. The reporting requirements identified in this publication are exempt from licensing in accordance with paragraphs 2.11.2, 2.11.5 and 2.11.12, AFI 33-324, The Information Collections and Reports Program; Controlling Internal, Public, and Interagency Air Force Information Collections (RCS Reports). Information collected and maintained under the provisions of this publication may be subject to the Freedom of Information Act and policy governing the Medical Quality Assurance program. 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.

SUMMARY OF CHANGES

Minor grammatical errors corrected; responsibilities for PAD Program Manager and Unit AED Coordinator outlined in detail in 3.4.5, 3.6.5.1 - 3.6.5.6, & 3.6.6.1 - 3.6.6.3. OAFB Form 41 was created to replace attachment 5. Other attachments were updated and reformatted.

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1. PURPOSE. This instruction provides guidance for the deployment of AEDs within buildings at OAFB including tenant units. The AED is to be used for an emergency response to Sudden Cardiac Arrest (SCA) as a means to decrease premature mortality. This instruction shall further identify and delineate the lines of responsibility and provide general guidelines to ensure an appropriate response to initiate such a program.

2. SCOPE. This document describes the role and responsibilities deemed necessary to ensure the broadest training and application of the AED. The scope of training and use is applicable to all federal employees and active duty personnel at OAFB including tenant units.

3. Roles and Responsibilities.

3.1. Installation Commander:

3.1.1. Ensures each organization has appointed individuals to meet the functional recommendations set forth in this document.

3.1.2. Provides the necessary resources to ensure total organizational compliance with the PAD program.

3.2. Medical Group Commander

3.2.1. The MDG/CC has ultimate medical responsibility for all medical aspects of the PAD program.

3.2.2. Appoints a Medical Director and Program Manager.

3.3. PAD Medical Director:

3.3.1. The Medical Director will be a physician proficient in emergency medical services protocols, cardiopulmonary resuscitation (CPR), use of AEDs, Neb. Rev. Stat §§ 38-1201 – 38-1237 and has direct medical oversight over the entire PAD program and its participants.

3.3.2. Has general responsibilities that include the establishment and maintenance of the "AED-Chain of Survival" guidelines included in this document ([Attachment 2](#)).

3.3.3. Assesses quality assurance, compliance to developed protocols, and continuation of proper training.

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

3.4. PAD Program Manager:

3.4.1. The Program Manager serves as the primary liaison between the Medical Group and the Unit AED Coordinator.

3.4.2. Provides initial training for Unit AED Coordinators and assists them with obtaining BLS training as requested.

3.4.3. Maintains a listing of the 55th Wing/tenant units Unit AED Coordinators that includes a copy of their appointment letter, the number of AEDs positioned in their unit, and the physical location for each AED.

3.4.4. Performs a Staff Assistance Visit (SAV) of each unit annually ([Attachment 3](#)).

3.4.5. Once notified by the AED unit coordinator that an AED has been used in an emergency situation and forwarded to the Biomedical Equipment Technician at the 55th MDG or BMET for Post Arrest Summary download, the PAD Program Manager will take the summary immediately from BMET, complete **OAFB Form 41 AED Coordinated Report for the Medical Director**, www.e-Publishing.af.mil and forward it to the Medical Director for review. The Medical Director should receive the completed report within one duty day of deploying the AED.

3.4.5.1. The Post Arrest Summary will be forwarded to the patient's medical record once reviewed by the Medical Director. The PAD Program Manager will maintain a copy of the AED report and the OAFB Form 41 for a minimum of three years.

3.5. Unit Commander:

3.5.1. The commander of each unit where an AED is present shall appoint an Unit AED Coordinator in writing (**Attachment 6**) who will serve as the primary liaison between the local organization's AED program and the Medical Director or Program Director.

3.5.2. The PAD program is not a "medical" program. It is a "user" program. Therefore, each unit commander is responsible to ensure funds are available for initial purchase and to obtain supplies. Additionally, they must ensure training on the AED is supported.

3.5.3. Each unit commander has full authority to purchase and implement any number of AEDs, as they desire. The decision to purchase AEDs should be discussed with the PAD Medical Director to assess risks for SCA in a work area. However, each unit will implement the minimum as recommended in the initial base assessment. All purchases must be coordinated with the Base Medical Equipment Management Office, 55 MDSS/SGSLE through the PAD Program Manager using the AED Purchase Request Coordination Letter (**Attachment 7**).

3.6. Unit AED Coordinator:

3.6.1. The Unit AED Coordinator shall be a member of the local organization where the AED is deployed. The Unit AED Coordinator or designee is responsible for the maintenance of the AED to ensure its readiness for proper function, to include a weekly visual check of the status indicator and a more inclusive monthly check (**Attachment 8**).

3.6.2. The Unit AED Coordinator will be trained in BLS.

3.6.3. Follow the manufacturer's suggested maintenance protocol for their particular AED.

3.6.4. Ensure BLS training of the organization's members in compliance with the established training policy and maintains a list of trained responders.

3.6.5. Maintain the following documentation in Unit AED Coordinator binder. Each form can be provided by the PAD Program Manager.

3.6.5.1. An original copy of the current Unit AED Coordinator Appointment Letter with Primary and Alternate.

3.6.5.2. List of all responders identified by the Squadron Commander. This list may be maintained electronically. A BLS certificate must be present for each.

- 3.6.5.3. Copy of Offutt AFB Instruction 41-1.
- 3.6.5.4. Records of AED Safety Inspection completion for the previous year ([Attachment 8](#)).
- 3.6.5.5. SAV inspection checklist provided by Program Manager for the previous year.
- 3.6.5.6. Documentation for any AED used during the previous year if applicable.
- 3.6.6. Once an AED has been used in an emergency situation, the Unit AED Coordinator will immediately follow the Post-Use Procedure Instruction ([Attachment 3](#)).
 - 3.6.6.1. The Program Manager must be notified immediately after an AED is deployed.
 - 3.6.6.2. Arrange for Traumatic Stress Response (TSR) debriefing for all individuals involved ([Attachment 4](#)) which can be arranged through Life Skills (Mental Health).
 - 3.6.6.3. The Unit AED Coordinator is responsible for the restocking of accessory supplies after an AED was used in an emergency situation.
- 3.7. Responders:
 - 3.7.1. Responders are individuals who are trained in BLS and who will respond to an emergency. Their specific training shall be set forth in accordance with local policy.
 - 3.7.2. Trained responders must follow the protocol in an emergency situation as depicted in the "AED-Chain of Survival" ([Attachment 2](#)).
- 3.8. Medical Logistics:
 - 3.8.1. All AEDs purchased with Defense Health Program (DHP) dollars MUST be loaded in the Defense Medical Logistics Standard Support (DMLSS) System with the full acquisition price under the Responsibility Center/Cost Center (RC/CC) of the section or organization that will "own" the device. If an account does not exist one must be created. Nomenclature must be "**Public Access Defibrillator.**" Inspection interval should be set for 12 months.
 - 3.8.2. All AEDs purchased with "Line" dollars must be loaded on the organization CA/CRL with the full acquisition price and MUST be gained in DMLSS at no cost under the account of the owning organization. If an account does not exist one must be created.
 - 3.8.3. Maintain a list of all organizations with these devices to ensure that QA messages are disseminated effectively and efficiently.
 - 3.8.4. Maintenance of these devices is limited and should be done in accordance with the manufacturer's literature. At this time, comprehensive calibration verification is not recommended unless specified by the manufacturer. AFMSA/SGSLE recommends an annual inspection of all PAD devices to ensure the integrity of the unit, status of the batteries, and patient pads. During this annual inspection, 55 MDG BMETs should validate, if possible, that user maintenance is being performed.

3.8.5. Unscheduled maintenance should be coordinated with the 55 MDG BMET shop to ensure that Historical Maintenance Record is updated appropriately. Most AEDs designed for use in a PAD program come with a warranty period ranging 4 to 7 years.

4. AED Selection. There are various companies that offer different types of AEDs, each with a wide range in capabilities as well as price. Since it is much easier to familiarize responders with a single unit's operation and maintenance, a single model has been designated for use on the entire installation. Specifically, OAFB will implement/use the Medtronic Lifepak CR Plus, which is manufactured by Medtronic Corporation. Medtronic currently is an authorized federal supplier and has a federal contract number.

5. AED Location and Installation.

5.1. The essential key to surviving a cardiac arrest is early access, early CPR, early defibrillation and early advanced care. Therefore, to provide the capability of early defibrillation, AEDs must be strategically placed throughout the organization.

5.1.1. A facility site assessment should be accomplished to determine the number of AEDs that are necessary as well as their placement within your building. The PAD Medical Director will have final approval for placement of the AED's taking into account the factors listed below.

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

5.1.2.1. Facility size and or accessibility.

5.1.2.2. Number of employees in the facility.

5.1.2.3. Identified "High Risk" environments.

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

5.1.2.5. Average age of the facility occupants.

5.1.2.6. Incidence of heart disease given the population at hand.

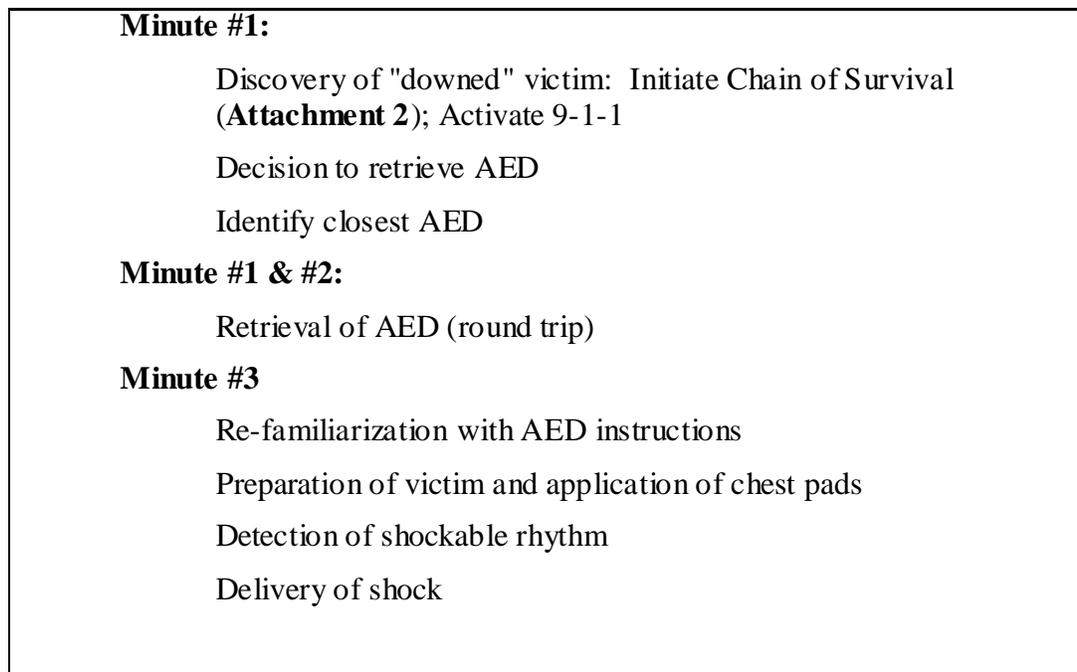
5.1.2.7. Emergency response protocol that may already be in place for your facility, keeping in mind that it is the time to initial shock that really matters.

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

5.1.4. Optimal response time, from the identification of a person "down" to the arrival of AED *on-scene*, is three minutes or less.

5.1.5. Optimal response time from the identification of a person down to the *delivery* of a shock (i.e. drop-to-shock) should be less than 5 minutes.

5.1.6. An event timeline for a responder should ideally be as follows:

Figure 5.1. Event Timeline for a Responder

5.1.7. AED accessory kits should be packed with the AED so that the responder will not lose time deciding what to take to the emergency. These kits provide items such as gloves, scissors, razor, tape, patient pads, a barrier mask, and a towel (**Attachment 5**).

5.2. AEDs on OAFB will be placed at the following locations at minimum: Base Exchange, Offutt Field House, 55th Force Support Squadron Manpower and Personnel Flight (MPF), Patriot Club, Power Plant, Community Center, 55th Maintenance Group (Benny Davis), and on each Security Forces Patrol Vehicle on patrol (may be checked out of a central location).

5.3. AEDs in medical units (ex. 55 MDG, 55 CES/CEF, Lincoln ANG Medical Unit) are not included in the PAD program because these units are not available for public access.

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

42 U.S.C. § 238p: *Recommendations and guidelines regarding automated external defibrillators for Federal buildings*, 2011.

42 U.S.C. § 238q: *Liability regarding emergency use of automated external defibrillators*, 2011.

Neb. Rev. Stat. §§ 38-1201-38-1237, *Emergency Medical Services Act*, 2009.

The Military Training Network Resuscitative Medicine Training Program
(<http://www.usuhs.mil/mtn/>), 7 March 2011.

AF/SG Interim Guidance on Purchase and Deployment of Automated External Defibrillators (AEDs), 5 May 2004.

FMR Bulletin 2009-B2, *Guidelines for Public Access Defibrillation Programs in Federal Facilities*, Department of Health and Human Services (DHHS), 14 August 2009.

Prescribed Forms: OAFB Form 41, *AED Coordination Report for the Medical Director*

Adopted Forms: AF Form 847, *Recommendation for Change of Publication*

Abbreviations/Acronyms and Terms

AED—Automated External Defibrillator: A defibrillator device that is commercially distributed in accordance with the Federal Food, Drug, and Cosmetic Act. Capable of recognizing the presence or absence of ventricular fibrillation or ventricular tachycardia, and is capable of determining, without intervention by the user of the device, whether defibrillation should be performed. Able to deliver an electrical shock to an individual upon determining that defibrillation should be performed.

BLS—Basic Life Support: A training program that teaches basic CPR techniques as well as AED use.

BMETs— -Biomedical Equipment Technician

CPR—Cardiopulmonary Resuscitation: The act of providing respiratory ventilation and heart (cardiac) compression by an external source. This most commonly is provided to an individual who is without both spontaneous respiration and heartbeat, and is provided by someone capable.

Defibrillation: —The application of an electric shock, via a defibrillator, directly through a person's chest.

DHHS—Department of Health and Human Services

DHP—Defense Health Program

DMLSS—Defense Medical Logistics Standard Support

EMS—Emergency Medical Services: The term used to describe the rapid response team of medically trained personnel to provide emergency medical assistance 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, nonphysical, economic, and non-economic losses.

MPF—Military Personnel Flight

OAFB—Offutt Air Force Base

PAD—Public Access Defibrillation

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:—An abnormal cardiac rhythm that is incompatible with life if not immediately treated. (Hereafter referred to as cardiac arrest).

QA—Quality Assurance

RC/CC—Responsibility Center/Cost Center

RCS Reports— - Information Collections and Reports Program; Controlling Internal, Public, and Interagency Air Force Information Collections.

RDS—Records Disposition Schedule

SAV—Staff Assistance Visit

SCA—Sudden Cardiac Arrest

SCD—Sudden Cardiac Death

Sudden Cardiac Death (SCD): —The term used to describe an abrupt cessation of normal cardiac function that typically results from ventricular fibrillation or pulseless ventricular tachycardia with rapid progression to death if not immediately treated.

TSR—Traumatic Stress Response

Ventricular Fibrillation: —An abnormal cardiac rhythm that is incompatible with life if not immediately treated. (Hereafter referred to as cardiac arrest).

Attachment 2**AED-CHAIN OF SURVIVAL****** In Case of Emergency, Initiate Chain of Survival ****

A2.1. Life-Threatening Cardiac Emergency. In the event of any potentially life-threatening cardiac emergency:

A2.1.1. First person on the scene will:

A2.1.1.1. Assess scene for safety.

A2.1.1.2. Determine unresponsiveness of victim.

A2.1.1.3. Activate local Emergency Medical Services (EMS) by calling 911, and activate site AED emergency response team.

A2.1.1.3.1. Perform CPR until AED arrives on scene.

A2.1.1.3.2. Send a co-worker or bystander to meet the emergency team at the main entrance and escort to site.

A2.1.2. AED response team will:

A2.1.2.1. Obtain AED and other emergency equipment and proceed directly to the scene.

A2.1.2.2. AED trained personnel will initiate use of the AED.

A2.1.3. First AED trained responder will:

A2.1.3.1. Check for unresponsiveness.

A2.1.3.2. Call for help/AED and instruct a bystander to call 911.

A2.1.3.3. Open airway and check for breathing. If there is no breathing or breathing appears abnormal, give two slow breaths and start compressions.

A2.1.3.4. First responder will continue compressions while the AED is turned on and pads are placed on victim's bare chest.

A2.1.3.5. To use AED, press the lid release/on-off button to open the lid, this turns the AED on.

A2.1.3.5.1. Follow voice prompts to apply electrode pads.

A2.1.3.5.2. Remove all clothing to expose bare chest.

A2.1.3.5.3. Shave chest hair, if necessary.

A2.1.3.5.4. If victim's chest is wet, wipe dry.

A2.1.3.5.5. Ensure good placement and contact of the electrodes. Once pads are appropriately attached, the AED will automatically analyze the heart rhythm.

A2.1.3.6. If shock is advised:

A2.1.3.6.1. Victim must be on a dry surface.

A2.1.3.6.2. Call out shock is advised, I am clear, you are clear, everyone clear, shocking.

A2.1.3.6.3. Deliver shock by pressing "SHOCK" button when instructed by voice prompt.

A2.1.3.6.4. After first shock is delivered, the AED will prompt you to begin CPR starting with chest compressions.

A2.1.3.6.5. After two minutes, the device will reanalyze checking for shock-able rhythm. If shock is indicated follow voice prompts otherwise continue CPR until advanced help arrives.

A2.1.3.7. If no shock advised:

A2.1.3.7.1. Device will prompt to check victim responsiveness, breathing, and pulse again.

A2.1.3.7.2. If no pulse or breathing, begin CPR for two minutes.

A2.1.3.7.3. Device will repeat analysis of heart rhythm again after two minutes of CPR.

A2.1.3.7.4. Continue cycles of heart rhythm evaluations, shocks (if advised), and CPR until advanced help arrives.

A2.1.3.7.5. *Do not* disconnect AED from victim.

A2.1.4. Additional AED responders shall assist with CPR, recording of data, notifications, crowd control, and escorting of EMS, as needed.

A2.1.5. Site coordinator will:

A2.1.5.1. Following AED use, the site coordinator or designee will ensure the AED used is forwarded to the Program Coordinator within 24 hours to have it serviced and post arrest summary downloaded by BMET at the 55th MDG.

A2.1.5.2. Clean the AED according to the manufacturer's instruction manual.

A2.1.5.3. Re-supply the quick-pak electrode packet and charge-pak battery charger after every use.

A2.1.5.4. Replace used accessory emergency medical supplies.

Attachment 3

55TH WING – PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAM STAFF ASSISTANCE VISIT (SAV) CHECKLIST

A3.1. The following SAV will:

- A3.1.1. Be organized into two sections.
 - A.3.1.1.1. Section I: Organization-Focused Functions.
 - A.3.1.1.2. Section II: Equipment-Focused Functions.
- A3.1.2. Focus on the key aspects of PAD program.
 - A3.1.2.1. Where will the review take place:
 - A3.1.2.1.1. At the PAD site and/or work center.
 - A3.1.2.2. When will the review take place:
 - A.3.1.2.2.1. At the discretion of the PAD Program Coordinator. Minimally, the PAD Program Coordinator will schedule a SAV with each PAD Site annually.
 - A3.1.2.3. Who Will Participate in review:
 - A.3.1.2.3.1. PAD Program Coordinator (or designee), Unit AED Coordinator, Responders (Minimum of one individual available for the interview process).
 - A3.1.2.4. What Will Occur:
 - A3.1.2.4.1. The PAD Program Coordinator or designee will:
 - A3.1.2.4.1.1. Complete the following checklist and share the preliminary findings with the AED Coordinator.
 - A3.1.2.4.1.2. Submit the checklist to the PAD Medical Director within 15 days.
 - A3.1.2.4.2. The PAD Medical Director will:
 - A.3.1.2.4.2.1. Analyze the findings and provide feedback regarding observations, compliance, and remediation to the PAD AED Coordinator and the PAD Unit Commander.
 - A3.1.2.5. What documents need to be available?
 - A.3.1.2.5.1. Current Unit AED Coordinator Appointment letter (OAFB Instruction 41-1, para. 3.6.6.1).
 - A.3.1.2.5.2. List of individuals identified as Responders (OAFB Instruction 41-1, para. 3.6.6.2).
 - A.3.1.2.5.3. Documentation that Responders have been trained (OAFB Instruction 41-1, para. 3.6.6.2).
 - A3.1.2.5.4. AED Safety Inspection Record(s) for the previous year (OAFB Instruction 41-1, para. 3.6.6.4).
 - A3.1.2.5.5. Records pertaining to any actual use of the AED in the previous year (OAFB Instruction 41-1, para. 3.6.6.6).
- A3.1.3. Be scored per instruction below:

A3.1.3.1. The scoring will include a question, or questions, to help you focus on the performance expectation in the standard and identifies the levels of compliance expressed in frequency of compliance or in quantitative or qualitative terms.

A3.1.3.2. The scoring will reflect the levels of compliance by section.

A3.1.3.3. The scoring will reflect each standard by scoring independently with either a “Yes” or “No” response.

A3.1.3.3.1. A “NA” response will be scored as a “Yes”.

A3.1.4. Require reviewers to complete all parts of the checklist and contact the PAD Program Coordinator if you require any assistance. Thank you for your support.

Ratings:

RATING	COMPLIANCE	REQUIREMENTS
90-100%	Assessment provides evidence of excellent compliance.	Compliant, no follow-up required best practice for total score.
75-90%	Assessment provides evidence of acceptable compliance.	Compliant.
60-75%	Assessment does not provide evidence of acceptable compliance.	Non-compliant, repeat SAV within 180 days.
< 60%	Assessment does not provide evidence of acceptable compliance.	Non-compliant, repeat SAV within 90 days.

55th Wing PAD SAV

Organization _____ Review Date _____

Location _____

Directions: Score 1 for every question for which a "Yes" and "NA" is marked. Non-bolded questions are for information only and not part of the scoring guidelines throughout the document.

Note to reviewer: References are listed to assist in your evaluation.

SECTION I ORGANIZATION-FOCUSED FUNCTIONS	
	AED
1. Each site must maintain the following documents:	___Y ___N
a. _____ An original or copy of the current Unit AED Coordinator Appointment letter (OAFB Instruction 41-1, <u>para. 3.6.5.1</u>)	___Y ___N
b. _____ A copy of Offutt AFB Instruction 41-1 (hardcopy or online access)	___Y ___N
c. _____ A list of identified Responders (OAFB Instruction 41-1, <u>para. 3.6.5.2</u>)	___Y ___N
2. Each site will identify administrative capability to support its functions, AED safety inspection records, submission of event reports, maintenance and care of AED, etc.	___Y ___N
a. _____ Records of AED Safety Inspection completion for the previous year (OAFB Instruction 41-1, <u>para. 3.6.5.4</u>)	___Y ___N
b. _____ Documentation of reports for the Medical Director for the previous year (Including proof of submission) (OAFB Instruction 41-1, <u>para. 3.6.5.5</u>)	___Y ___N
3. Does the site maintain an adequate number of trained Responders to meet the needs of its customers? _____ Number trained on BLS (OAFB Instruction 41-1, <u>para. 3.6.5.2</u>)	___Y ___N
4. Is there evidence that the site has conducted training for the Responders on equipment used within the facility?	___Y ___N
a. _____ Is there documentation that Responders have been provided with initial training on the AED to include location, operation, and user-level maintenance actions (during BLS)? (OAFB Instruction 41-1, <u>para. 3.6.5.2</u>)	___Y ___N
b. _____ Are the Responders able to correctly identify the location of the AED? (Interview 10% of the total Responders. All must be able to correctly identify the location to score this item "Yes")	___Y ___N
c. _____ Are the Responders able to correctly state the proper procedure to summon medical assistance if the AED is used? (Interview 10% of the total Responders. All must be able to correctly identify the procedure to request medical help IAW their organization plan to score this item "Yes")	___Y ___N
SECTION I Total score:	of 9

SECTION II EQUIPMENT-FOCUSED FUNCTIONS		AED
1. Each site is responsible to ensure that AED is maintained IAW manufacturer guidelines. (OAFB Instruction 41-1, para. 3.6.3) a. Is the equipment identified and mounted for easy access?		<input type="checkbox"/> Y <input type="checkbox"/> N
b. Are all required supplies and equipment available?		<input type="checkbox"/> Y <input type="checkbox"/> N
c. Is the equipment free from damage, cracks or foreign substances?		<input type="checkbox"/> Y <input type="checkbox"/> N
2. Each site is responsible to ensure appropriate cleaning/decontamination of equipment. a. Is there documentation that the equipment was cleaned and inspected following incident use or event IAW manufacturer's instructions?		<input type="checkbox"/> Y <input type="checkbox"/> N
SECTION II Total score:		<input type="text"/> of 4
SITE SCORE		
Section I	Section II	TOTAL
<input type="text"/> of 9 = <input type="text"/> %	<input type="text"/> of 4 = <input type="text"/> %	<input type="text"/> of 13 = <input type="text"/> %
RATING	COMPLIANCE	REQUIREMENTS
90-100% (0-1)	Assessment provides evidence of excellent compliance.	Compliant, no follow-up required best practices for total score.
75-90% (2-3)	Assessment provides evidence of acceptable compliance.	Compliant, written response to findings due within 90 days.
60-75% (4-5)	Assessment does not provide evidence of acceptable compliance.	Non-compliant, written response to findings due within 60 days, repeat SAV within 180 days.
< 60% (6+)	Assessment does not provide evidence of acceptable compliance.	Non-compliant, written response to findings due within 30 days, repeat SAV within 90 days.

Comments: _____

Reviewer: _____
Name Signature Date

Site Coord: _____
Name Signature Date

Med Director: _____
Name Signature Date

Attachment 4**TRAUMATIC STRESS RESPONSE (TSR) INFORMATION**

A4.1. What is TSR Stress Management? It is a comprehensive system of crisis intervention designed to assist individuals and groups affected by traumatic events (natural disasters, terrorist events, suicides, death - either accidental or intentional). Previously, this intervention was known as critical incident stress management (CISM).

A4.2. What events might precipitate a request for TSR services? Many types of events have the potential to produce individual and community traumatic stress. Events include large-scale disasters (tornadoes, bombings, hurricanes, etc.) and small-scale disasters (suicide, death or near-death of coworker, workplace violence event, etc.). TSR services will be provided after traumatic events to help those who have experienced the events. The goal is to assist those affected by traumatic events to cope with the normal stress reaction in an effective manner. These actions are intended to minimize the impact of exposure to these events and prevent or mitigate permanent disability if possible.

A4.3. What is the procedure for requesting TSR services? The office of record for TSR services is the Mental Health Center (294-7411). Please address any inquiries about TSR services to the Chief of the TSR team.

Attachment 5

RECOMMENDED AED SUPPLY LIST

Figure A5.1. Recommended AED Supply List

Medtronic Lifepak CR Plus, 500 or 1000 AED
Two sets of AED Pads
2 pairs of non-latex examination gloves (large or extra-large)
Rescue breathing barrier shield or mask (pocket mask)
Scissors
Disposable razor
Small towel

Attachment 6

EXAMPLE OF AED COORDINATOR APPOINTMENT LETTER (ON WING APPROVED LETTERHEAD ONLY)

MEMORANDUM FOR 55 MDG PAD MEDICAL DIRECTOR

FROM: (Organization/Office Symbol)

SUBJECT: AED/ Crash Cart Trainer/ Monitor

1. This letter is to appoint the following person as the (Organization) AED Coordinator

PRIMARY:

Name:	Rank:
Duty Title:	AFSC:
Office Symbol:	Duty Phone:
FAX:	E-mail:

ALTERNATE

Name:	Rank:
Duty Title:	AFSC:
Office Symbol:	Duty Phone:
FAX:	E-mail:

2. The AED Coordinator is responsible for the maintenance of the AED to ensure proper readiness. They are also responsible for the restocking of accessory supplies for AED's.

3. The individuals listed on the attached document have been selected and notified to be Identified Responders for the PAD program. Individuals who are trained are responsible for responding to an emergency. They are aware that they must follow the protocol in an emergency situation as depicted in the "AED-Chain of Survival".

 (Organization) Identified Responders

The following individuals have been selected and notified to be Identified Responders for the PAD program. Individuals who are trained are responsible for responding to an emergency. They are aware that they must follow the protocol in an emergency situation as depicted in the "AED-Chain of Survival".

|
 COMMANDER SIGNATURE BLOCK
 Unit Commander

Attachment 7

AED PURCHASE REQUEST COORDINATION LETTER

Date

MEMORANDUM FOR 55 MDG PAD MEDICAL DIRECTOR

FROM: ORGANIZATION AND OFFICE SYMBOL

SUBJECT: Unit Request for Automated External Defibrillator (AED)

1. The Name of Unit or Function requests authorization to procure number AED(s). Rationale for an AED(s) is to provide equipment in case of emergency in the following environment: describe population served based on risk factors for cardiac arrest such as population number, age distribution, work environment and/or distance from emergency response.

2. The name and model number of the AED requested is: Medtronic Lifepak CR Plus.

3. The AED Coordinator for the Name of Unit or Function will be rank and full name, who may be contacted at DSN phone number. The Medical Equipment Management Office (55 MDSS/SGSLE) and the PAD Program Manager can contact this individual to coordinate purchase and training, if procurement is approved.

4. Planned location(s) for the AED(s) for Name of Unit or Function are as follows: Describe actual location of AED so that anyone could come into your building and locate the AED following the directions.

5. If approved, the AED(s) will be supported and maintained IAW the guidance contained in OFABI 41-1, Public Access Defibrillation Program.

Unit Director/Commander's Name, Rank
Title

1st Inpd/PAD Program Medical Director

Date

MEMORANDUM FOR MEDICAL EQUIPMENT MANAGEMENT OFFICE

I recommend approval/disapproval of this request based upon medical need.

Signature: _____

Name/Rank: _____

55 MDG PAD Program Medical Director

2nd Inpd/Medical Equipment Management Office NCOIC

MEMORANDUM FOR REQUESTING UNIT

Your request is approved/denied. If approved, the requested AED(s) will be gained in Defense Medical Logistics Standard Support (DMLSS) system and a member from the Medical Equipment Management Office will be in contact with your AED Coordinator to facilitate the purchase.

Signature: _____

Name/Rank: _____ NCOIC, 55 MDSS/SGSLE

