

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

**SEYMOURJOHNSON AIR FORCE BASE
INSTRUCTION 41-101**



19 MARCH 2014

Health Services

**PUBLIC ACCESS DEFIBRILLATION
PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(Colonel Eleanor Nazar-Smith)

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This instruction implements AFD 41-1, Health Care Programs and Resources. These procedures establish guidelines for the 4th Fighter Wing (4 FW) Public Access Defibrillation (PAD) Program and implements the Public Health Improvement Act; Title IV Cardiac Arrest Survival Act of 2000, 42 United States Code 238p to 238q federal law. It applies to all 4 FW personnel and tenant units. The program provides for Automated External Defibrillators (AED) to be placed in strategic locations on the installation. Prior to arrival of medical personnel, these devices can be employed by trained individuals to revive people who have suffered an acute cardiac event. This instruction identifies responsibilities, maintenance, quality assurance, and documentation requirements. This instruction requires collecting and maintaining information protected by Executive Order 9397, Privacy Act of 1974, Numbering Systems for Federal Accounts Relating to Individual Persons and F033 AF B, Privacy Act Request File. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, Recommendation for Change of Publication. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual 33-363, Management of Records, and disposed of IAW the Air Force Records Disposition Schedule located in Air Force Records Management System: <https://www.my.af.mil/afirms/afirms/afirms/rims.cfm>.

Chapter 1—GENERAL POLICIES AND AREAS OF RESPONSIBILITY	3
1.1. Purpose.	3
1.2. Scope.	3

1.3.	Roles and Responsibilities:	3
1.4.	Response Plan:	6
1.5.	Maintenance:	6
1.6.	Establishing/Reviewing AED Placement.	7
Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION		8
Attachment 2—CURRENT SJAFB AED LOCATIONS		10
Attachment 3—AED TREATMENT ALGORITHM		11
Attachment 4—MONTHLY INSPECTION CHECKLIST		12
Attachment 5—SAMPLE PAD SITE COORDINATOR APPOINTMENT LETTER		14
Attachment 6—EVENTS SUMMARY SHEET		15
Attachment 7—MAINTENANCE AND POST-USE PROCEDURE LIST		16
Attachment 8—SAMPLE JUSTIFICATION LETTER		18
Attachment 9—ANNUAL UPDATE OF UNIT PAD PROGRAM RESPONSE PLAN MEMORANDUM		20

Chapter 1

GENERAL POLICIES AND AREAS OF RESPONSIBILITY

1.1. Purpose. This instruction provides guidance on the deployment of AEDs within the facilities of Seymour Johnson Air Force Base (AFB). The AED will be used during an emergency response to sudden cardiac arrest as a means to prevent premature mortality. This instruction will further identify and delineate lines of responsibility and provide general guidelines to ensure an appropriate response to initiate this program.

1.2. Scope. This document describes the roles and responsibilities deemed necessary to ensure the broadest training and application of the AED. The scope of training and use is applicable to all active duty, federal employees, and volunteers at Seymour Johnson AFB.

1.3. Roles and Responsibilities:

1.3.1. 4th Fighter Wing Commander (4 FW/CC).

1.3.1.1. Has overall responsibility for the PAD program.

1.3.1.2. Appoints a Director of Base Medical Services/Medical Group Commander who follows and ensures current medical guidelines are maintained.

1.3.1.3. Ensures each organization with an AED appoints a unit individual as the AED point of contact to meet guidelines set forth in this document.

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

1.3.2. 4th Medical Group Commander (4 MDG/CC).

1.3.2.1. Is responsible to the installation commander to ensure all AED medical objectives are maintained and provide professional guidance on PAD program administration.

1.3.2.2. Ensures quality assurance measures are developed and implemented.

1.3.2.3. Appoints in writing a medical director and installation PAD program manager.

1.3.3. Installation PAD Program Manager.

1.3.3.1. Will maintain a log of all installation AEDs and their specific location (**Attachment 2**).

1.3.3.2. Coordinates with the PAD medical director, medical logistics and maintenance on all installation AED purchases.

1.3.3.3. Conducts annual inspection of unit AED operational and exercise logs to ensure compliance with this instruction.

1.3.4. PAD Medical Director.

1.3.4.1. Has direct medical oversight over the PAD program and its participants.

1.3.4.2. Has general responsibilities that include the review of the AED Treatment Algorithm guidelines included in this document (**Attachment 3**).

1.3.4.3. Will be available to organizations for consultation on unit compliance with this guidance.

1.3.4.4. Critically reviews all recorded data from all AED usage events and provides feedback to the impacted organization and unit commander, as needed.

1.3.4.5. Retains authority to direct the standardization of AED equipment throughout the wing.

1.3.5. Logistics and Maintenance.

1.3.5.1. Procurement and receipt of AEDs will be coordinated by the purchasing unit with the 4th Medical Group (4 MDG) medical logistics office. Each unit's AED Site Coordinator will be responsible for the monthly operational checks IAW manufacturer's recommendations ([Attachment 4](#)).

1.3.5.2. The Medical Maintenance (4 MDSS/SGSM) office of the 4th Medical Support Squadron will provide organizational maintenance. Organizational maintenance requires trained Biomedical Equipment Technicians (BMET) and the use of tools and test equipment not available to the equipment operator. A qualified BMET performs or supervises the maintenance. Organizational maintenance includes, but is not limited to: adjustment, calibration, inspection, lubrication, maintenance contract management, modification, repair, replacement of parts, or assemblies and subassemblies, servicing, and training. The equipment operator performs user maintenance, including proper operation and use of equipment, daily inspections, cleaning, simple lubrication, minor exterior repairs and operational adjustments, and reporting equipment malfunctions to a supervisor or the medical equipment maintenance office. The cost of battery replacement must be provided by the owning unit.

1.3.5.3. Should an AED require further servicing, the unit AED Site Coordinator will arrange this maintenance or service with 4 MDSS/SGSM. Accountability and management of safety recalls and health device alert notifications will be accomplished utilizing the Defense Medical Logistics Standards Support System (DMLSS). AED units will be placed in this system to monitor the locations and points of contact, in the event of any recall or notification. The cost for organizational and user maintenance and/or replacement of a failed AED will be funded by the owning unit.

1.3.6. Unit Commander.

1.3.6.1. The unit commander of the purchasing organization will appoint an AED Site Coordinator ([Attachment 5](#)) who will serve as the primary liaison between the local organization and the installation PAD Program Manager, PAD Medical Director, and 4 MDSS/SGSM.

1.3.6.2. Will ensure all unit AED Site Coordinators are Cardiopulmonary Resuscitation (CPR) trained (preferably instructors). This training is the responsibility of the purchasing organization.

1.3.6.3. The PAD program is not a "medical" program. It is a "user" program. Therefore, each unit commander funds the purchase, reuse supplies, and long-term training for unit personnel in the facility where the AED is located.

1.3.6.4. Each unit commander has full authority to purchase and strategically place units throughout their organization. Factors considered in determining AED location include the following: facility size and number of employees, identified high-risk/at-risk employees in the unit, and age of facility occupants. Installation of AEDs will be coordinated through 4 MDSS/SGSM and the AED Site Coordinator. The AEDs are not to be moved from their initial location. They will be strategically placed in a position where it is easily accessible and easily viewed by the general public. If it is necessary to move the AED, then the AED Site Coordinator must notify the PAD Program Manager and 4 MDSS/SGSM.

1.3.6.5. Determine need for Traumatic Stress Response intervention following AED usage.

1.3.7. AED Site Coordinator.

1.3.7.1. Will be a member of the local organization where the AED is deployed.

1.3.7.2. Must be trained and certified in CPR by an approved agency.

1.3.7.3. The site coordinator will inspect the AED, check battery status and notify 4 MDSS/SGSM if problems are discovered. Copies of the inspection sheets will be forwarded to the PAD Program Manager on a quarterly basis. The completed inspection sheets must be filed in a binder maintained at the unit. The binders will be reviewed semi-annually by the PAD Program Manager and at the Medical Director's discretion.

1.3.7.4. Within 24 hours after use of the AED, the site coordinator will forward an Events Summary Sheet (**Attachment 6**) to the Installation PAD Program Manager for review by the Medical Director and hand carry the used AED to 4 MDSS/SGSM, which is located within the 4 MDG clinic. After the AED is used, the site coordinator will use the post procedure checklist (**Attachment 7**) to ensure all post-use steps are accomplished.

1.3.7.5. Establishes an equipment account with 4 MDSS/SGSM for the cost of purchase, supplies, batteries or any maintenance repairs. The procurement of medical items requires coordination and authorization through 4 MDSS/SGSM, who is the procurement activity center for approved AED requirements for all organizations on base. AEDs purchased for non-medical treatment facility organizations will be issued to non-Department of Health Professions Responsibility Center/Cost Center funded with Operations and Maintenance dollars provided by the unit.

1.3.7.5.1. Since an AED is a piece of medical equipment, the procurement of AEDs for non-Medical Treatment Facility units is subject to approval by the 4 MDG Equipment Review Approving Authority.

1.3.7.5.2. An initial request for AED should be placed through the AED Program Coordinator by submitting the appropriate documents. The organization requesting procurement of an AED must submit, in writing, justification of need for the medical device. The letter of justification (**Attachment 8**) must include: name of the unit requesting the AED, building number and location the AED will be placed, and the appointment of primary and alternate PAD Site Coordinators. The installation PAD

program manager will then submit the PAD request to the ERAA board for MDG approval to process the purchase.

1.3.7.5.3. AEDs owned by non-MTF units will be maintained on the DMLSS account.

1.3.7.6. May consider coordination of traumatic stress response debriefing sessions for all individuals involved in providing assistance in an emergency.

1.3.8. Lay Rescue Responders.

1.3.8.1. Will be identified by the AED Site Coordinator and will be trained and maintain certification in adult Basic Life Support with AED use through a nationally recognized organization.

1.3.8.2. Notify their respective AED Site Coordinator immediately after an event when an AED is used.

1.3.8.3. Complete Event Summary Sheet and forward to AED Site Coordinator immediately (within 24-hours) after an AED is used.

1.3.8.4. Follow the protocol in an emergency situation as depicted in the AED Treatment Algorithm ([Attachment 3](#)).

1.4. Response Plan:

1.4.1. All units and organizations participating in the Seymour Johnson AFB PAD Program will devise response plans that describe the method of response in the event of a suspected acute cardiac arrest. The response plan will use the format outlined in ([Attachment 9](#)).

1.4.2. Each individual unit must have its initial Unit PAD Response Plan Memorandum approved by the PAD Medical Director prior to activation of the PAD Program within their unit. Thereafter, an annual update of the response plan will be submitted to the PAD Medical Director.

1.5. Maintenance:

1.5.1. MDSS/SGSM will serve as the point of contact for site coordinators and the manufacturer representatives concerning any problems with AEDs. 4 MDSS/SGSM will calibrate all AEDs and conduct an initial and annual preventative maintenance on all AEDs located on Seymour Johnson AFB and tenant units serviced by the 4 FW IAW manufacturer's specifications and guidelines. 4 MDSS/SGSM will inform the owning organization unit AED coordinators, and the base Medical Director of any discrepancies noted during inspections and will remove unserviceable equipment until it is once again serviceable. If an AED has to be replaced, 4 MDSS/SGSM will supply the organization with a loaner AED until the procurement of a new device has been accomplished. **NOTE:** The unit will not be required to submit another request in the event of replacement of defective equipment.

1.5.2. Generally, AEDs are stand-alone, maintenance-free equipment with a battery life of two years. Each unit with an AED is responsible for the cost of supplies, batteries, or any maintenance repairs.

1.5.3. If, for any reason, a PAD device malfunctions at any time during use, call Biomedical Equipment Maintenance immediately at DSN 722-1877 to report the failure.

1.6. Establishing/Reviewing AED Placement. The following items should be addressed when establishing or reviewing AED placement at any location:

1.6.1. Evaluate decision to implement PAD program (risk/benefit evaluation).

1.6.2. Review data of previous sudden cardiac arrests to identify at-risk situations.

1.6.3. Consider workforce and visitor demographics (i.e.: older workers and visitors are at higher risk for cardiac arrest).

1.6.4. Consider special needs (i.e.: strenuous work/exercise, electrical shock risk, and other significant physical stress areas are higher risk areas for cardiac arrest).

1.6.5. Select area to place and store AED(s) and additional supplies. The location should be climate-controlled and have immediate access to a telephone to contact emergency medical services in the event of a medical emergency.

1.6.6. Funding and Purchase of AED(s):

1.6.6.1. Units are required to establish a medical account to purchase AEDs. All purchases will be made through 4 MDSS/SGSM.

1.6.6.2. Additional equipment to be purchased and maintained with AED(s):

1.6.6.2.1. Non-latex protective gloves.

1.6.6.2.2. CPR face mask/shield.

1.6.6.2.3. Disposable razors to dry shave a victim's chest area if required.

1.6.6.2.4. Bandage scissors.

1.6.6.2.5. Electrode pads.

1.6.6.2.6. Biohazard/medical waste container/bags.

1.6.6.2.7. Pad of paper and pens.

1.6.6.2.8. Absorbent towel.

JEANNIE M. LEAVITT, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 41-201, *Managing Clinical Engineering Programs*, 25 March 2003

Guidelines for Public Access Defibrillation Programs in Federal Facilities, *Department of Health and Human Services*, 23 May 2001

Public Law 106-505, *Public Health Improvement Act of 2000, Title IV, Subtitle a, Cardiac Arrest Survival Act (CASA)*; (H.R. 2498), 13 November 2000

Public Law 106-129, 42 U.S.C. 241 note, *Healthcare Research & Quality Act of 1999, Section 7*, 6 December 1999

42 U.S.C., *Public Health Service Act, Section 238, 247, 248: Title 2, Part B*, 13 November 2000

Marenco J, Wang P, et al, *Improving Survival from Sudden Cardiac Arrest: The Role of the Automated External Defibrillator. JAMA 2001 Mar 7; pgs 1193 – 1200*, 25 May 2002

American Heart Association Emergency Cardiac Care Guidelines, *Heart saver AED for the Lay Rescue and First Responder*, 2005

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Acronyms and Abbreviations

AED—Automated External Defibrillator

BMET—Biomedical Equipment Technician

CC—Company Commander

CPR—Cardio Pulmonary Resuscitation

DMLSS—Defense Medical Logistics Standards Support System

ERAA—Equipment Review Approving Authority

FW—Fighter Wing

HCP—Health Care Provider

IAW—In Accordance With

MDG—Medical Group

MDSS—Medical Support Squadron

MTF—Medical Treatment Facility

PAD—Public Access Defibrillation

SGH—Chief of Medical Staff

SGSM—Medical Logistics

SQ—Squadron

Attachment 2

CURRENT SJAFB AED LOCATIONS

Table A2.1. Current SJAFB AED LOCATIONS

Heritage Hall – Building #1600	Hanger Row – Building #4502
Visitor Center – Building 1700	Health and Wellness Center – Building #4210
Exchange/Main Hallway– Building #3735	Fitness Center – Building #4210
Shoppette – Building #3711	Red Horse- Building #2501
Military Personnel Squadron – Building #4201	Eagles Landing – Building #3705
Commissary – Building #3722	Combat Arms Training and Maintenance – Building #2304
Bowling Center – Building #3730	4th Medical Group (Medical Maintenance) Building #2800
Education Center – Building #3660	Comptroller Squadron– Building #3010
Ammo – Building #2205	Contracting– Building #3010
4th Component Maintenance Squadron- Building #4900	Security Forces Squadron– Building #5006
Fire Department – Building # 4601	4th Equipment Maintenance Squadron Building #2219
4th Fighter Wing Operations Group – Building #4516	4th Aircraft Maintenance Squadron – Building #4502
Civil Engineer (High Voltage shop) – Utility Truck– Building #3300	4th Medical Group (In-Flight Emergency Response) – Building #2800
916th Maintenance Squadron – Building # 4909	342nd Training Squadron Pope Army Air Field Building # 295
916th Aerospace Medicine Squadron – Building # 2800	342nd Training Squadron Pope Army Air Field Building # 501
916th Logistics Readiness Squadron – Building # 4810_	342nd Training Squadron Pope Army Air Field Building # 502
916th – Red Horse –Building # 2406	342nd Training Squadron Pope Army Air Field Building # 503
916th – Services –Building # 4012	Camp Mackall Fort Bragg, Building # 636
916th – Security Forces –Building # 4817	916th Communication Squadron Building # 5019
916th – Operations Group –Building # 4916	916th – MSG –Building # 4012

Attachment 3

AED TREATMENT ALGORITHM

Table A3.1. AED Treatment Algorithm

Action	Adult	Child (1 year old to puberty)	Infant (less than 1 year old)
Check for response	Tap and shout Determine if unresponsive		
Phone your emergency response number (or 911)	Phone your emergency response number (or 911) as soon as you find the person does not respond	Phone your emergency response number (or 911) after giving 5 sets of 30 compressions and 2 breaths (if you are alone)	
CPR sequence (CAB)	Compressions → Airway → Breathing		
Begin compressions	Allow complete recoil between compressions Minimize interruptions Two rescuers rotation compressions every two minutes		
Compression location	Lower half of the breastbone		Just below nipple line
Compression methods	2 hands	1 or 2 hands	2 fingers
Compression depth	At least 2 inches	About 2 inches	About 1 ½ inches
Compression rate	At least 100 compressions per minute		
Open the airway	Head tilt-chin lift		Head-tilt-chin lift (caution not to tilt the head too far back)
Check breathing	Look for only gasping or no breathing (take at least 5 seconds but no more than 10 seconds)		
Start CPR	30:2 for 1 or 2 rescuers	30:2 for single rescuer 15:2 for 2 healthcare provider rescuers	
AED	Use the AED as soon as it arrives		
Press the "On" button or open the lid	Follow the AED prompts		
Attach pads to the person's bare chest and follow the AED prompts	Use adult pads	Use child pads/key/switch if child is between 1 and 8 years old or adult pads if child is 8 or older	

Attachment 4

MONTHLY INSPECTION CHECKLIST

Table A4.1. Monthly Inspection Checklist

Philips® HeartStart FRX AED MONTHLY INSPECTION CHECKLIST					
ECN:	Model: FRX	Serial:	RC/CC:	Location: BLDG	
Refer to the Philips HeartStart FR2 Operator’s Guide for detailed information on user maintenance. The following checklist is an overview designed to guide you through each monthly inspection. The inspection is required to be accomplished and documented once each month.					
<p>Monthly User Maintenance Procedure:</p> <ol style="list-style-type: none"> 1. Ensure the unit is clean, undamaged, and free of excessive wear. 2. Check the Hourglass if it’s blinking/flashing, unit is good.. 3. Replace any used, damaged or expired supplies/accessories. 4. Verify the carrying case is in good condition with no rips, tears, broken clips, or broken zippers. 5. Check security box wall mount. 6. Replace Battery Part #M3863A /Pads Part#989803158211 if needed and before it expires. <p>If any above item fails or requires attention, contact Biomedical Equipment Maintenance immediately at 919-722-1877.</p>					
Due Date	Date Inspected	Printed Name	Signature	Telephone	Pass/Fail
August/ Year					
September/ Year					
October/ Year					
November/ Year					
December/ Year					
January/ Year					
February/ Year					
March/ Year					
April / Year					
May/ Year					
June/ Year					
July/ Year					
<p>Remarks This form should be left with the AED when completed. It will be collected and inspected during annual preventive maintenance inspection by</p>					

Biomedical Equipment Maintenance of the 4th Medical Group. SERVICE ISSUES/QUESTIONS: Contact Biomedical Equipment Maintenance at 722-1877.
*Provide copies of the inspection sheets quarterly to 4 MDG/SGNE 4MG-CPR-SABC@seymourjohnson.af.mil

Attachment 5

SAMPLE PAD SITE COORDINATOR APPOINTMENT LETTER

Figure A5.1. Sample Pad Site Coordinator Appointment Letter

	DEPARTMENT OF THE AIR FORCE <small>4TH FIGHTER WING (ACC) SEYMOUR JOHNSON AFB, NC 27531</small>			DATE												
	MEMORANDUM FOR 4 MDG/PAD PROGRAM MANAGER															
FROM: (Your Organization/Office Symbol) (Your Address) (Base, State, Zip)																
SUBJECT: PAD SITE COORDINATOR Appointment Letter																
1. The following individual(s) is (are) appointed as the PAD SITE COORDINATOR(s) for the AED(s) located at _____ (Name and Bldg Number).																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Rank/Name</u></th> <th style="text-align: left;"><u>Org/Office Symbol</u></th> <th style="text-align: left;"><u>Duty Phone</u></th> <th style="text-align: left;"><u>Primary/Alternate</u></th> </tr> </thead> <tbody> <tr> <td>XXXX XXXXX</td> <td>4 XXX/XXX</td> <td>722-XXXX</td> <td>Primary</td> </tr> <tr> <td>XXXXXXXXXX</td> <td>4 XXX/XXX</td> <td>722-XXXX</td> <td>Alternate</td> </tr> </tbody> </table>					<u>Rank/Name</u>	<u>Org/Office Symbol</u>	<u>Duty Phone</u>	<u>Primary/Alternate</u>	XXXX XXXXX	4 XXX/XXX	722-XXXX	Primary	XXXXXXXXXX	4 XXX/XXX	722-XXXX	Alternate
<u>Rank/Name</u>	<u>Org/Office Symbol</u>	<u>Duty Phone</u>	<u>Primary/Alternate</u>													
XXXX XXXXX	4 XXX/XXX	722-XXXX	Primary													
XXXXXXXXXX	4 XXX/XXX	722-XXXX	Alternate													
2. The site coordinator will be BLS trained (at minimum) and is responsible for monthly battery checks, inspection of the AED, and notifying Medical Equipment Repair if problems arise with the equipment.																
3. This also recognizes that the organizational unit this (these) AED(s) are designated to is responsible for the procurement and replacement of expired pads, batteries and accessories items as needed at the unit expense.																
4. They are responsible for knowing the location and status of the AEDs at all times.																
5. This letter supersedes all previous letters with same subject.																
NAME O. OFFICER, Rank, USAF Squadron Commander or Equivalent																

Attachment 6

EVENTS SUMMARY SHEET

Figure A6.1. Events Summary Sheet

<p>Location: _____ Date/Time: _____</p> <p>PAD oversight physician: _____</p> <p>PAD program coordinator: _____</p> <p>Victim's name: _____</p> <p>Was the event witnessed or non-witnessed? witnessed/non-witnessed</p> <p>Name of trained rescuer(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Internal response plan activated: YES/NO</p> <p>Was 911 called? YES/NO</p> <p>Was pulse taken at initial assessment? YES/NO</p> <p>Was CPR given before the AED arrived? YES/NO</p> <p>If yes, name(s) of CPR rescuer(s):</p> <p>_____</p> <p>_____</p> <p>Were shocks given? YES/NO Total number of shocks _____</p> <p>Did victim:</p> <p> Regain a pulse? YES/NO</p> <p> Resume breathing? YES/NO</p> <p> Regain consciousness? YES/NO</p> <p>Was the procedure for transferring patient care to the emergency medical team executed? YES/NO</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>Any problems encountered?</p> <p>_____</p> <p>_____</p> <p>Printed name of person completing form with daytime and nighttime contact phone numbers</p> <p>FAX SHEET to "ATTENTION of 4 MDG/PAD PROGRAM MEDICAL DIRECTOR" AT DSN 722-0054</p> <p>After an AED had been employed, regardless of the outcome or time of day, notify the PAD Medical Director at 919-722-0928 or the PAD Program Manager at 919-722-1524/1525.</p>
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Attachment 7**MAINTENANCE AND POST-USE PROCEDURE LIST****A7.1. Regular Maintenance.** *See User's Guide for complete maintenance schedule.*

A7.1.1. Daily. Visual Check of status indicator light. Verify the light settings that indicate the unit is ready to use. Consult your User's Guide for the specifics regarding the meaning of your lighting configuration.

A7.1.2. Weekly:

A7.1.2.1. Check the Status Indicator. Verify the light settings that indicate the unit is ready to use.

A7.1.2.2. Ensure all supplies, accessories and spares are present and are in operating condition.

A7.1.2.3. Inspect the exterior and pad connectors for signs of damage.

A7.1.2.4. Check expiration dates of chest pads and supplies.

A7.2. Responder. AED Post-use Procedure. The Site Coordinator/Responder will do the following after any AED use:

A7.2.1. Notify Medical Director via the written "AED Coordinated Report for Medical Director."

A7.2.2. Contact Medical Equipment Repair Center to download the device information recorded during its use and deliver it to the Medical Director with the report listed above.

A7.2.3. Conduct employee Traumatic Stress Response (TSR) debriefing if SQ/CC deems necessary. A TSR debriefing is a comprehensive system of crisis intervention designed to assist individuals and groups affected by traumatic events (natural disasters, terrorist events, suicides, and death – either accidental or intentional). TSR services may 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. The office of record for TSR services is the Mental Health Clinic (722-1883). Please address any inquiries about TSR services to the Chief of the TSR team.

A7.2.4. Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or expiration dates.

A7.2.5. Remove and replace battery in the AED and perform a Battery Insertion Test, according to unit manual, prior to replacing the AED back into service.

A7.2.6. Inspect the exterior and pad connectors for dirt or contamination.

A7.2.7. Clean the AED. Review specific User's Guide for list of appropriate cleaning agents.

A7.2.8. Check the Status Indicator. Verify the light settings that indicate the unit is ready to use. Consult your User's Guide for the specifics regarding the meaning of your lighting configuration.

A7.2.9. Ensure all supplies, accessories and spares are present and are in operating condition.

A7.2.10. Check expiration dates and any obvious signs of damage to the unit.

A7.2.11. Validate medical device sticker AF Form 4368, Scheduled Maintenance and Certification Label. The label will be completed for each service rendered and affixed to the *AED*.

Attachment 8

SAMPLE JUSTIFICATION LETTER

Figure A8.1. Sample Justification Letter

 <p>DEPARTMENT OF THE AIR FORCE 4TH FIGHTER WING (ACC) SEYMOUR JOHNSON AFB, NC 27531</p>
<p>MEMORANDUM FOR 4 MDG PAD COORDINATOR</p> <p>FROM: (Your Organization/Office Symbol) (Your Address) (Base, State, Zip)</p> <p>SUBJECT: Unit Request for Automated External Defibrillator (AED)</p> <p>1. The 4th XXX Squadron (XXX) requests authorization to procure 1 AED. Rationale for an AED is to provide equipment in case of emergency in the following environment.</p> <p>2. Describe in paragraph form the reason for requesting the AED. Identify exact location where AED will be placed (IAW guidelines in this instruction). Please be advised if your unit is adjacent to another unit with an AED your request may not be approved. Instead you will be asked to share resources. If you have unusual circumstances i.e. an employee with a history of previous cardiac arrests, please indicate so in your justification. Annotate statement from commander indicating approval to utilize squadron funds to pay for the cost of the unit, accessories, and the continued maintenance of the AED.</p> <p>2. Number of requested AED(s) and accessories:</p> <ul style="list-style-type: none"> - Philips, HeartStart FRx (PN:861304, \$1,231.75 EA) Quantity: <u> 1 </u> - Carrying Case, FRx Defibrillator (PN:989803139251, \$81.25 EA) Quantity: <u> 1 </u> - HIS Battery Pack (PN:989803121381, \$81.25 EA) Quantity: <u> 1 </u> - HeartStart SMART Pads II (PN:989803139261, \$31.85 EA) Quantity: <u> 2 </u> - Defibrillator Cabinet-Basic (PN:989803136531, \$148.85 EA) Quantity: <u> 1 </u> <p>3. The AED Site Coordinators for the Squadron/Office Symbol will be RANK/Name as primary, and RANK/Name, as alternate. They can be contacted at DSN 722-XXXX. The Medical Equipment Management Office, 4 MDSS/SGSM and the PAD Program Coordinator can contact these individuals to coordinate purchase and arrange AED and BLS training, if procurement is approved.</p> <p>4. Planned location for this AED for the Squadron/Office Symbol, XXXX Flight is as follows: Enter Squadron/(Unit), Bldg XXX, through Production Control door (located at back of building). Proceed through Airlock door and make a right into the XXX Section (K3/K4 area). The AED will be mounted on the immediate right/left hand wall in front of the Lab Chief's office.</p>

5. If approved, the AED will be supported and maintained IAW the guidance contained in AFI 41-209, 64-117 and SJAFBI 41-1.

XXXXXXXXXXXXXXX, Rank, USAF
Commander, 4 XXX

1st Ind/PAD Program Medical Director

Date

MEMORANDUM FOR MEMO (4 MDSS/SGSM)

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

XXXXXXXXXX, Lt Col, USAF, MC
PAD Program Medical Director, 4 MDG

2d Ind/MEMO NCOIC, DATE, Unit request for AED

MEMORANDUM FOR REQUESTING UNIT

Your request is approved/denied.

If approved, the requested AED will be gained in Defense Medical Logistics Standard Support system and a member from the Medical Equipment Management Office will be in contact with your AED Site Coordinator to facilitate the purchase in accordance with SJAFBI 41-1 chapter 3.7.5.

XXXXXXXXXXXX, Rank, USAF
Medical Equipment Management Office, 4 MDG

Attachment 9

ANNUAL UPDATE OF UNIT PAD PROGRAM RESPONSE PLAN MEMORANDUM

Figure A9.1. Annual Update of Unit Pad Program Response Plan Memorandum

Date
MEMORANDUM FOR 4 FW PAD MEDICAL DIRECTOR
FROM:
SUBJECT: Annual Update of Unit Public Access Defibrillation (PAD) Program Response Plan
1. The PAD Program site Coordinator for the (<i>unit name</i>) is _____, who may be contacted at _____.
2. Automatic External Defibrillator (AED) location(s) for (<i>Name of Unit or Function</i>) is/are as follows (<i>describe actual location of AED so that anyone could come into your building and locate the AED following the directions</i>)
3. In the event of a suspected acute cardiac event, unit personnel will respond in the following manner: (<i>describe how an alarm will be initiated when a suspected acute cardiac event is witnessed. If the unit is using teams of Lay Rescue Responders, how will they be rapidly notified? Who calls 919-722-0911 , who performs CPR, who gets the AED? Who will meet the Emergency Response System (ERS) crew that responds to ensure that the victim can be rapidly located? In general, the chain of events should be as follows:</i>
<ul style="list-style-type: none"> • <i>Establish unresponsiveness</i> • <i>Activate the emergency response system and get the AED, or direct a coworker to do this if available</i> • <i>Activate ERS by calling 919-722-0911</i> • <i>Recognize cardiac arrest by checking for signs of circulation</i> • <i>Provide CPR</i> • <i>Attach/operate AED safely</i>
Unit Director/Commander's Name, Rank Title, Unit