

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

**TYNDALL AIR FORCE BASE INSTRUCTION
40-101**



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Health Services

**PUBLIC ACCESS DEFIBRILLATION (PAD)
PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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Certified by: 325 MDG/CC
(Col George Nicolas Jr.)

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1. PURPOSE: This instruction provides guidance for the deployment of Automated External Defibrillators (AED) within buildings at Tyndall AFB. 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 instruction 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 federal employees and active duty personnel at Tyndall AFB.

3. ROLES AND RESPONSIBILITIES:

3.1. 325th Fighter Wing Commander will:

3.1.1. Have the overall responsibility for the PAD program. The 325 FW/CC designates the 325th Medical Group Commander as point of contact to ensure proper medical objectives are maintained for the PAD program and determines the sites in which the AEDs are placed.

3.2. Medical Group Commander (MDG/CC) will:

3.2.1. Be responsible to the 325 FW/CC for implementation of the PAD program. The 325 MDG/CC will ensure all medical objectives are maintained and provide professional guidance on program administration.

3.2.2. Appoint a physician Medical Director, who will typically be the Medical Group Chief of Medical Staff (SGH) unless wing leadership elects to use a Government Services Account vendor to manage PAD Program medical oversight.

3.2.3. Appoint a Program Coordinator to oversee all AED training processes.

3.3. Medical Director will:

3.3.1. Be a physician proficient in emergency medical services protocols, basic life support (BLS), and the use of AEDs in accordance with the Federal Register 66 FR 28495, Guidelines for Public Access Defibrillation Programs in Federal Facilities.

3.3.2. Develop quality assurance guidelines for use of the AED and will review or have a designated representative review all event summary sheets within 5 days of AED use.

3.3.3. Have direct medical oversight for the entire PAD Program and its participants.

3.4. Program Coordinator will:

3.4.1. As a minimum, be a BLS Instructor Trainer. The Program Coordinator will oversee all training processes for adult BLS in conjunction with AED training.

3.4.2. Execute quarterly exercises with mock arrest to evaluate AED response.

3.4.3. Serve as liaison to the Site Coordinator to ensure program compliance by annual Staff Assistance Visits to each AED site.

3.5. Unit Commanders will:

3.5.1. Appoint an AED Site Coordinator who will serve as the primary liaison between the unit's AED Program and the Program Coordinator.

3.5.2. Ensure each unit has a MOA completed to define the support requirements and responsibilities for maintenance and repair of the AEDs. (Atch 3)

3.6. AED Site Coordinator will:

3.6.1. As a minimum, be trained in BLS and appointed in writing by the squadron commander. The Site Coordinator will be responsible for the AED and ensure all

required inspections and maintenance actions are accomplished in accordance with the manufacturer's manual.

3.6.2. Immediately complete the Tyndall AFB IMT 11, Events Summary Sheet (Atch 4), once an AED has been used in an emergency situation and forward along with the AED to the Medical Director or designee within 48 hours.

3.6.3. Establish a process in local units for BLS responses and provide an annual briefing to staff about location and use of the AED.

3.7. Targeted Responders will:

3.7.1. As a minimum, be trained in BLS with AED use through the Program Coordinator at 325 MDG Education and Training. Initial training will be accomplished within 30 days of receiving the AED, and refresher training will occur every 2 years thereafter.

3.7.2. Train responders to follow the protocol in an emergency situation as taught in BLS class.

4. Purchase of New or Replacement AEDs.

4.1. Requests for new or replacement AEDs must be approved by the 325 MDG/CC after being routed through the Life Support Function using an AF Form 601, Equipment Action Request. Once approval is granted, the unit may purchase the AED using a Government Wide Purchase Card. If the cost is over the simplified purchase card threshold and a waiver cannot be obtained, the unit will provide Medical Logistics with funds to purchase the AEDs. Units must purchase only AEDs that have been standardized by the 325 MDG. Once the AED is received, and prior to its use, the unit is required to bring it to Medical Logistics for initial inspection. Additionally, Medical Logistics will maintain the AED on equipment records for quality assurance and maintenance purposes. The unit is required to maintain accountability for the AED on their base supply account IAW AFI 41-209, Medical Logistics Support.

5. Maintenance:

5.1. 325 MDG Medical Equipment Repair (325 MDSS/SGSLM) will serve as the point of contact for Site Coordinators and the manufacturer representatives concerning any problems with AEDs.

5.1.1. Medical Equipment Repair will be responsible for any inspections or maintenance beyond the Site Coordinator's ability to accomplish using the manufacturer owner's manual.

6. Quality Assurance:

6.1. The Medical Director or designee will review all event summary sheets and event data downloaded from the AED to assess quality of care in accordance with Federal statutes.

6.1.1. The 325 MDG Life Support Function will review all event summary sheets to ensure standard of care has been met.

7. AED LOCATION AND INSTALLATION:

7.1. The essential key to surviving a heart attack is early defibrillation. Therefore, AEDs must be strategically placed throughout the organization to minimize the time from cardiac arrest to the time of initial shock in a victim of Sudden Cardiac Arrest.

7.1.1. A facility site assessment should be accomplished to determine the number of AEDs that are necessary, as well as their placement within a building.

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

7.1.2.1. Facility size.

7.1.2.2. Number of employees in the facility.

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

7.1.2.4. Average age of employees and those who frequent the facility.

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

7.2. AED accessory kits should be packed with the AED so that the responder will not lose time deciding what to take to the emergency. These kits should provide items such as gloves, scissors, razor, tape, extra electrodes, and a barrier mask.

7.3. AEDs should be stored in such a way that tampering will be evident when the unit is removed for use. This can be set up as a central alarm, whereby the local EMS is automatically notified, or as a local sounding alarm that can draw assistance to the scene.

8. Adopted Forms:

AF Form 847, *Recommendation for Change of Publication*

AF Form 601, *Equipment Action Report*

DARRYL L. ROBERSON, Colonel, USAF
Commander, 325 Fighter Wing

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

The Military Training Network Resuscitative Medicine Training Program

(<http://www.usuhs.mil/mtn/>) AFI-41-209 Medical Logistics Support

42 USC 201, Cardiac Arrest Survival Act of 2000

Federal Register 66 FR 28495, Guidelines for Public Access Defibrillation Programs in Federal Facilities

Acronyms and Abbreviations

AFI—Air Force Instruction

Terms

Basic Life Support (BLS)—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 trained to perform BLS.

Automated External Defibrillator (AED)—A portable electronic device that automatically diagnoses the potentially life threatening cardiac arrhythmias in a victim and is able to treat them through defibrillation (the application of electrical therapy which stops the arrhythmia) allowing the heart to re-establish an effective rhythm.

Defibrillation—The application of an electric shock, using a defibrillator, placed directly on a person's chest.

Sudden Cardiac Arrest—The term used to describe an abrupt cessation of normal cardiac function with rapid progression to death if not immediately treated.

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.

Attachment 2**AED COMPLIANCE CHECKS****Daily:**

- 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.
- Ensure all supplies, accessories and spares are present and are in operating condition.
- Check expiration dates and any obvious signs of damage to the unit.

Weekly:

- Inspect the exterior and pad connectors for signs of damage.

After Each Use:

- Notify the PAD Program Coordinator at 325 MDG Education and Training.
- Complete Event Summary Form and return along with the AED to the Program Coordinator within 48 hours.
- Inspect the exterior and pad connectors for dirt or contamination.
- Replace the pads.
- Check status indicator and perform a Self Test (by holding the start button in for 5 seconds) to confirm the power source is ready to place back in service.

Regular Maintenance:

See User's Guide and Memorandum of Agreement of Maintenance and Repair of Medical Automated External Defibrillators (AED) for complete maintenance schedule.

Attachment 3**MOA FOR MAINTENANCE AND REPAIR OF MEDICAL
AUTOMATED EXTERNAL DEFIBRILLATORS (AED)**

MEMORANDUM FOR 325 MDG/CC

FROM: (your unit CC)

SUBJECT: Memorandum of Agreement for Maintenance and Repair of Medical Automated External Defibrillators (AED)

1. **PURPOSE:** The purpose of this Memorandum of Agreement (MOA) between the (your unit) and the 325th Medical Group is to define the support requirements and responsibilities for the maintenance and repair of AEDs under the control of the (your unit).

2. **RESPONSIBILITIES:**

a. **Equipment Operators:**

1. Ensure only equipment approved for use by the 325 MDG is purchased and equipment is inspected by the medical equipment maintenance activity prior to use.
2. Ensure equipment is used only for its designed purpose.
3. Operate equipment in accordance with operator's manuals.
4. Care for and keep up equipment so that it is always operating properly and in serviceable condition. Oversight for the AED's will be maintained by either the First Sergeant or Group Superintendent. Discrepancies will be brought to the attention of the MSS/CC.
5. Immediately report equipment malfunctions or damage to the medical equipment maintenance activity IAW AFI 41-201, Managing Clinical Engineering Programs.
6. Will not attempt repairs beyond the operating techniques described in the operator's manual.
7. Ensure equipment that requires calibration is calibrated before use on a patient.
8. Replace accessible light bulbs, batteries, tubing, pads and supplies.
9. Routinely clean equipment in compliance with local infection control policies.
10. Watch for conditions that may injure the patient or damage the equipment.
11. Investigate and report to the Biomedical Equipment Technician (BMET) any anomalies such as erratic meter responses, electrical flashing or arcing, or unusual sounds that may indicate malfunction.
12. Immediately impound any equipment and consumables involved in an incident and notify the medical equipment maintenance activity.
13. It is the unit's responsibility to have the AED added to their base supply equipment account IAW AFI 41-209, 7.2.3.6, Medical Logistics Support.
14. Check batteries.
15. Turn off equipment, as appropriate, when not in use.
16. Properly store and protect the equipment.

17. Ensure funding is available to cover maintenance repair costs above routine servicing.

b. BMETs:

1. Maintain medical equipment annually to the standards defined or specified by AFI 41-201, Managing Clinical Engineering Programs.
2. Ensure historical maintenance data is recorded accurately.
3. Ensure equipment guarantees and service warranties are processed and registered with the manufacturer and acquire warranty service when appropriate.
4. Offer initial and follow-on operator maintenance training to equipment operators and document IAW AFI 41-201, Managing Clinical Engineering Programs.
5. Ensure equipment operators perform appropriate user maintenance.
6. AEDs owned by non-MTF units will be maintained on medical accountable equipment records as zero dollar value for maintenance/QA purposes IAW paragraph 7.2.3.6.

c. Accountability:

1. Joint responsibility is shared between unit and BMET. The unit will track item on inventory and make available to BMET for performance of maintenance and inspection. The BMET will maintain historical records of maintenance and repair.

5. USER POINTS OF CONTACT:

a. Point of contact for technical matters:

SEAN A. BISCORNET, TSgt, USAF
NCOIC, Biomedical Engineering
Ext 7528

b. Point of contact for coordination:

RICHARD R. BRADY, TSgt, USAF
NCOIC, Medical Logistics
Ext 7081

6. ADMINISTRATION:

- a. The effective date of this MOA is the date of the latest signature.
- b. Changes to this MOA will be accomplished by addendum or letters of mutual agreement.
- c. A joint BMET and user review of this MOA will be conducted annually to identify any required changes.
- d. Termination of this MOA will be by mutual agreement.

(Your Commander's Signature Block)

Date: _____

GEORGE NICOLAS, Jr., Col, USAF, BSC
Commander, 325th Medical Group

Attachment 4

EVENT SUMMARY FORM

Location of event:

Date of event: _____ Time of event: _____

PAD Medical Director:

PAD Program Coordinator:

Victim's Name:

Was the event witnessed or non-witnessed? (circle one) Witnessed / Non-witnessed

Name of trained rescuer(s):

Circle Response

Internal response plan activated? Yes / No Was 911 called? Yes / No

Was circulation checked at initial assessment? Yes / No Was CPR started prior to AED arrival? Yes / No

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

Were shocks given? Yes / No If yes, total number of shocks: _____

Did victim:

Regain circulation? Yes / No Resume breathing? Yes / No Regain consciousness? Yes / No

Was the procedure for transferring patient care to the Medical Response Team executed? Yes / No

Comments:

Any problems encountered?

Printed name of person completing form with daytime and nighttime contact phone numbers

FORWARD EVENT SUMMARY SHEET TO 325 MDG/PAD PROGRAM COORDINATOR