

**BY ORDER OF THE COMMANDER
35TH FIGHTER WING**

**35TH FIGHTER WING INSTRUCTION
44-101**



25 FEBRUARY 2025

Medical

**PHYSICAL FITNESS ASSESSMENT
AUTOMATED EXTERNAL
DEFIBRILLATOR (PFA-AED)
PROGRAM**

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This instruction implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*. It provides guidance and procedures for managing a Physical Fitness Assessment Automated External Defibrillator (PFA-AED) Program. This instruction applies to all permanent, temporary, or tenant units associated with the 35 Fighter Wing at Misawa Air Base required to provide an automated external defibrillator during physical fitness assessments in accordance with (IAW) DAFMAN 36-2905, Department of the Air Force Physical Fitness Program. This publication outlines scope, responsibilities, Automated External Defibrillator (AED) acquisition, AED placement, AED maintenance, PFA-AED program quality assurance, and PFA-AED program documentation requirements. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction (AFI) 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System,” or any updated statement provided by the AF Records Management office located in the Air Force Chief Information Office Compliance Division (SAF/CNZA). The OPR should inquire with SAF/CNZA for any updated records management statement. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using the DAF Form 847, *Recommendation for Change of Publication*; route DAF Forms 847 from the field through the appropriate functional chain of command. The use of name or make of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Department of the Air Force.

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Chapter 1

BACKGROUND

1.1. Evolution of Defibrillators.

1.1.1. Multiple studies have shown that AEDs increase the chance of surviving from sudden cardiac arrest.

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

1.2. The scope of AED training and utilization.

1.2.1. Though AEDs require very little interaction by the user and could be operated by any responder having minimal to no training, the PFA-AED program requires identification of targeted trained responders. Per the American Heart Association (AHA), training is important as early effective CPR is an integral part of providing lifesaving aid to people suffering sudden cardiac arrest.

1.2.2. The intent of PFA-AED program is to allow AEDs to be accessible to members of Fitness Assessment Cells (FACs), Unit Fitness Assessment Cells (UFACs), Unit Fitness Program Managers (UFPs), and Physical Training Leaders (PTLs) during Physical Fitness Assessments (PFAs) IAW DAFMAN 36-2905 Physical Fitness Program.

1.3. Inclusions.

1.3.1. All AEDs utilized for mock, diagnostic, or official physical fitness assessments.

1.4. Exclusions.

1.4.1. Any AED in operational use in AF facilities or AF vehicles governed by another AFI, regulation or program is not subject to the provisions of this instruction.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Installation Commander:

- 2.1.1. Ensures execution and compliance of the host installation PFA-AED program.
- 2.1.2. May delegate oversight for the installation PFA-AED program.
- 2.1.3. Appoints in writing an installation PFA-AED Program Coordinator (PAPC) IAW **paragraph 2.3.**
- 2.1.4. Establishes a process for temporary replacement of AEDs removed from service.
- 2.1.5. Ensures every participating unit appoints a site coordinator to meet the guidelines and functional recommendations set forth in this instruction.

2.2. Director, Base Medical Services (DBMS):

- 2.2.1. Provides local guidance to execute the PFA-AED program IAW this instruction.
- 2.2.2. Appoints in writing an installation PFA-AED Medical Director (PAMD) IAW **paragraph 2.4** to provide clinical oversight of the installation PFA-AED program. (Note: Unless unusual circumstances apply, the PAMD is expected to also be the PAD Program Medical Director appointee, see AFI 44-177 section 2.7)
- 2.2.3. Ensures acquisition and accountability for AED devices IAW AFMAN 41-209, Medical Logistics Support.

2.3. Installation PFA-AED Program Coordinator (PAPC):

- 2.3.1. Will, at a minimum, maintain current Basic Life Support (BLS) certification. Certification as a BLS instructor is preferred. PAPC may be any Air Force Specialty Code (AFSC). PAPC's rank should be commensurate with responsibilities.
- 2.3.2. Refers organizations to training using Military Training Network (MTN) recommended courses, such as the American Red Cross Basic Life Support certification, according to local installation processes.
- 2.3.3. Assists site coordinators with all post-use activities including but not limited to event data documentation (**Attachment 2**), loaner acquisition, and traumatic stress response debriefing.
- 2.3.4. Serves as the primary liaison between the PAMD, site coordinators, Biomedical Equipment Flight, installation safety office, and Medical Logistics Flight regarding purchases, recalls, and other notifications.
- 2.3.5. Maintains a current list of site coordinators. All communications regarding AEDs will be appropriately distributed by the PAPC to site coordinators.
- 2.3.6. Maintains a current list of AED locations and archives past lists for at least 24 months or according to base records manager table and rule.

2.3.7. Ensures appropriate medical information, which is obtained from the AED electronic data recording and event summary report, is forwarded to the PAMD for review and oversight after an event.

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

2.3.8.1. The PAPC clearly defines deadlines and documentation required to resolve any discrepancies.

2.4. Installation PFA-AED Medical Director (PAMD):

2.4.1. Ensures AEDs procured under this instruction comply with AF, Federal and state regulations as applicable.

2.4.2. In coordination with the PAPC, provides recommendations for and monitors training, assists in emergency medical responder planning, and maintains expertise in relevant clinical practice guidelines.

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

2.4.3.1. Leads a post-incident assessment with responders, where possible.

2.4.3.2. Discusses event with the Chief of Medical Staff (SGH) within 4 duty days post event.

2.4.3.3. Provide a summary of post-incident assessment findings and recommendations to MDG/CC and a respective unit commander.

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

2.5. Unit Commander or Tenant Organization Senior Leader:

2.5.1. Implements the PFA-AED program at the unit level.

2.5.2. Appoints, in writing, a site coordinator (UFAC) and alternate and provides a copy of the appointment letter to the PAPC.

2.5.3. Identifies trained targeted responders IAW [paragraph 2.7](#). Supports training of targeted responders and funds training as needed.

2.5.4. Authorizes funds to purchase and sustain AED(s) and required supplies using owning unit or installation funds through a medical logistics account. (Note: This process contributes to AED accountability and management through Medical Logistics Flight.)

2.6. Site Coordinator (UFAC):

2.6.1. Has current BLS provider training and an appointment in writing by the unit commander.

2.6.2. Will secure any PFA-AEDs in a designated and controlled location between uses and maintain check-out/check-in log to indicate who is responsible for the AED when in use for a PFA.

2.6.3. Ensures periodic inspections of the AEDs are conducted by the site coordinator or designee monthly or more frequently as recommended by the manufacturer. These visual checks will be documented IAW local procedures and will include battery status, pads, and supply availability.

2.6.4. Immediately reports damaged or faulty AEDs to the supporting Biomedical Equipment Flight. Orders replacement supplies as needed.

2.6.5. Manages targeted responders. A current log of trained responders will be maintained with copies of their certification cards.

2.6.6. Conduct a practice/mock drill annually at a minimum. Document the practice/mock drill on an AF Form 3500.

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

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

2.6.7.2. A copy of the AED recording will be sent to the PAPC or PAMD within two duty days following the event.

2.6.7.3. The site coordinator will deliver the AED to the Biomedical Equipment Flight for assistance in obtaining the AED recording.

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

2.7. Targeted Responders:

2.7.1. Units will identify every UFAC, UFPM, and PTL as a targeted responder.

2.7.2. Targeted responders will understand their obligation to:

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

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

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

2.7.2.4. Notify their site coordinator immediately after responding to a PFA-AED event.

2.7.2.5. Sequester the AED following use and turn-in to the site coordinator or Biomedical Equipment Flight as soon as possible.

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

2.8. Medical Logistics Flight:

2.8.1. Ensures all AED requests and purchases have the PAMD’s signed approval prior to processing orders.

2.8.1.1. The PAMD’s signature will stand as the physician’s prescription as directed by FDA regulation(s).

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

2.8.1.3. Medical equipment owned by non-medical 35 FW units will be maintained on Defense Medical Logistics Standard Support (DMLSS) equipment records IAW AFMAN 41- 209 for maintenance and quality assurance tracking purposes only.

2.8.1.4. Ensures AED purchases are made IAW the AED list approved by the Defense Health Agency.

2.9. Biomedical Equipment Flight:

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

2.9.2. Distributes appropriate recall and safety notices to the PAPC and monitors compliance with recalls.

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

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

2.9.5. Coordinates discrepancies with the PAPC and site coordinators.

2.9.6. Notifies the PAPC and site coordinator when an AED is placed in or out of service.

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

Chapter 3

AED MANAGEMENT

3.1. AED Acquisition.

3.1.1. With approval from the PAMD and consultation with the Biomedical Equipment Flight for installation standardization, the PAPC should select one (or at most two) models to meet the needs of the installation.

3.1.2. AEDs and accessories purchased will be paid for by the requesting unit's funds.

3.1.3. AED purchases require signature approval by the PAMD. All such AEDs must comply with current AHA Guidelines for Emergency Cardiac Care.

3.1.4. AED will have capability to store a record of use for review of the AED event.

3.1.5. Procurement of all AEDs and their locations will be documented and approved by the PAMD. The PAMD's signature on a purchase order or location change request meets this requirement.

3.1.5.1. The PAMD will approve only fully automatic AEDs (Note: The AED must not be capable of a manual mode or being over-ridden by the operator when placed in service.)

3.1.5.2. Requesting units will seek approval/prescription from the host installation PAMD prior to purchase and must register AEDs with the PAPC IAW AFMAN 41-209.

3.2. AED Funding.

3.2.1. AEDs and supplies to execute and sustain the PFA-AED program are funded by the using activity.

3.2.2. Purchase(s) must be coordinated with Medical Logistics Flight to ensure consistency.

3.2.3. Replacement schedules should be coordinated into unit planning.

3.3. AED Maintenance.

3.3.1. Inspection and/or performance checking by users will not exceed manufacturer's recommendation. Site coordinators, or designees, will inspect AEDs at least monthly per [paragraph 2.6.3](#).

3.3.2. When non-end-user maintenance is required, the AED will be sent to the supporting Medical Logistics Flight/ Biomedical Equipment Flight section for repair.

3.4. AED Supplies.

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

3.4.1.1. Simplified directions for CPR and the use of the AED.

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

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

- 3.4.1.4. To assure proper electrode-to-skin contact, a disposable razor to dry shave a victim's chest areas if needed, as well as a supply of 4x4 gauze pads to clear/dry the contact area(s).
- 3.4.1.5. A pair of medium size bandage or blunt end scissors to remove clothing from the chest.
- 3.4.1.6. Spare battery (optional or as recommended by manufacturer).
- 3.4.1.7. Spare electrode pads (in appropriate child/adult sizes if required).
- 3.4.1.8. Two biohazard or medical waste plastic bags for waste and for transport of the AED.
- 3.4.1.9. Pad of paper, writing tools, and several copies of AF Form 3500.
- 3.4.1.10. One absorbent towel (preferably disposable) for larger volume liquid.

Chapter 4

POST AED EVENT PROCEDURES

4.1. Obtain documentation of the event.

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

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

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

4.2. Obtain stress incident support as required.

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

4.3. Review the event.

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

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

Chapter 5

PFA-AED DOCUMENTATION

5.1. Event Summary Report.

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

5.1.2. The site coordinator will forward the AF Form 3500 to the PAPC and PAMD. This document will be kept on file by the PAMD (or designee) for a minimum of 24 months and stored IAW AFI 33-322.

5.1.3. As part of the quality assurance review, the AF Form 3500 will NOT be filed in the medical record. The event summary must not be released to any agencies (including the victim, family, or hospital where the victim is treated) without proper approval. MTFs should follow established Defense Health Agency (DHA) procedures for the release of Medical Quality Assurance Records.

5.2. Appointment Letters.

5.2.1. Appointment letters will be reviewed annually, or sooner if changes dictate.

5.2.2. The PAPC will maintain a copy of all PFA-AED program related appointment letters for 24 months.

5.3. A Post-Use Procedure Checklist.

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

5.4. Periodic On-Site Program Evaluations.

5.4.1. On-site reviews will be performed by the PAPC (or designee) biennially IAW [paragraph 2.3.8](#) and at the direction of the DBMS. ([Attachment 3](#)). Discrepancies will be documented and resolved within a time frame set by the PAPC.

5.5. Summary of AED locations.

5.5.1. The PAPC will maintain a current list of units participating in the PFA-AED program.

5.6. AED Operators Inspection Checklist.

5.6.1. Site coordinators or designees record periodic inspections of AEDs IAW manufacturer's recommendations and [paragraph 2.6.3](#). The manufacturer's checklist may be used, if provided, or installations may utilize a local checklist. Discrepancies noted are to be remedied immediately.

PAUL T. DAVIDSON, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

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

American Heart Association, *AED Implementation Guide*,

http://www.heart.org/HEARTORG/CPRECC/WorkplaceTraining/AEDResources/AED-Resources_UCM_001296_SubHomePage.jsp.

Adopted Forms

AF Form 3500, *PAD Event Summary/Mock response Event Summary*.

Abbreviations and Acronyms

ACLS—Advanced Cardiac Life

AED—Automated External Defibrillator

AF—Air Force

AFSC—Air Force Specialty Code

AHA—American Heart Association

BLS—Basic Life Support

CASA—Cardiac Arrest Survival Act of 2000

CC—Commander

CPR—Cardiopulmonary Resuscitation

DBMS—Director, Base Medical Service
DMLSS—Defense Medical Logistics Standard Support
EMS—Emergency Medical Services
FDA—Federal Drug Administration
HIPAA—Health Insurance Portability and Accountability Act
H.R.—House Resolution
IAW—In Accordance With
MAJCOM—Major Command
MTF—Military Treatment Facility
MTN—Military Training Network
OPR—Office of Primary Responsibility
PIA—Performance Improvement Activity
PAMD—PFA-AED Medical Director
PAPC—PFA-AED Program Coordinator
PFA-AED—Physical Fitness Assessment Automated External Defibrillator
SG—Surgeon General
SGH—Chief of Medical Staff, Military Treatment Facility
SGP—Chief Flight Surgeon, Military Treatment Facility
U.S.C.—United States Code (of Law)

Terms

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

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

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

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

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

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

Medical Logistics Flight—The logistics flight supporting the medical stock record for the AED.

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

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

Targeted responder—A unit-identified individual responsible for administering Physical Fitness Assessments IAW DAFMAN 36-2905. Targeted responders are BLS-certified using AHA or other approved national standards.

Attachment 2

SAMPLE POST-USE PROCEDURE CHECKLIST

Figure A2.1. Sample Post-Use Procedure Check List.

The Site Coordinator will do the following after AED use:

- Notify Unit Commander, PAPC and PAMD immediately of emergency event.
- It is critical to get the AED information to healthcare providers as soon as possible. If necessary, deliver the device to Biomedical Equipment Flight or appropriate office for data downloading.
- Medical Logistics Flight will assist in replacing the AED back into service. A loaner AED may be available until the original AED is returned for use.
- Verify all supplies are restored and checked for damage or expired items.
- Ensure the replacement AED is clean. Review specific User's Guide for appropriate method.
- Coordinate Traumatic Stress Response debriefing for employee(s) if deemed necessary.
- Inspect the exterior and pad connectors for damage, dirt, or contamination.
- Check status indicator before putting the unit back in service.

Initial all restorative/corrective action items listed below:

- _____ AED removed from location used and delivered for data download.
- _____ Event Summary Report (AF Form 3500) completed.
- _____ AF Form 3500 delivered to PAMD and PAPC within 2 duty days.
- _____ Traumatic Stress Response (TSR) debriefing scheduled and conducted.
- _____ Mental Health Flight POC: _____
- _____ AED unit restored back to ready state and placed in service.
- _____ Accessory items replaced and restocked as necessary, and *all* items inspected.
- _____ Unit Commander briefed on event and restorative actions

Attachment 3

SAMPLE PERIODIC ON-SITE PROGRAM EVALUATION (INSTRUCTIONS)

Figure A3.1. Sample Periodic On-Site Program Evaluation (Instructions).

The following evaluation will be divided into two sections:

Section I Organization-Focused Functions

Section II Equipment Focused Functions

This assessment focuses on the key aspects of PFA-AED program.

Where Will the Review Take Place: At the PFA-AED site and/or work center.

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

Who Will Participate:

Reviewer: PFA-AED Program Coordinator (or Designee)

Site Coordinator

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

The Reviewer Will:

Complete the checklist and share the preliminary finding with the Site Coordinator.
Submit the checklist to the PFA-AED Medical Director within 15 calendar days.

The PFA-AED Medical Director will:

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

What documents need to be available?

1. Current Site Coordinator Appointment letter
2. List of individuals identified as Targeted Responders and documented training.
3. AED operators' inspection checklist for the previous year.
4. Records pertaining to any actual use of the AED in the previous year.

Attachment 4

SAMPLE PERIODIC ON-SITE PROGRAM EVALUATION (PAGE 1 OF 2)

Figure A4.1. Sample Periodic On-Site Program Evaluation.

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

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

Comments:

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

Reviewer:

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

Site Coord:

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

Unit CC:

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

Med Director:

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

Program Coord:

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