

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**



AIR FORCE INSTRUCTION 44-177

5 JUNE 2014

Certified Current 22 April 2020

Medical

**PUBLIC ACCESS DEFIBRILLATOR
PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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RELEASABILITY: There are no release restrictions on this publication.

OPR: AFMOA/SGHM

Certified by: AF/SG3
(Brig Gen Charles E. Potter)

Pages: 24

This instruction implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*. It provides guidance and procedures for managing a Publicly Accessible Defibrillator Program in accordance (IAW) with the “*Guidelines for Public Access Defibrillator Programs in Federal Facilities*”, 74 Federal Register 156, 14 August 2009 as directed by Public Law 106-505, *Cardiac Arrest Survival Act* and Public Law 106-505, *Public Health Improvement Act*. In addition, this instruction implements the Deputy Under Secretary of Defense (Installations and Environment)/Assistant Secretary of Defense (Heath Affairs) Memorandum, *Guidelines for Public Access Defibrillation Programs in DoD Facilities*, 15 August 2003. This instruction applies to all Air Force (AF), Air Reserve, and Air National Guard (ANG) owned facilities (to include space leased for period(s) over 179 days), as defined by the Air Force Real Property Agency, required to implement a Public Access Defibrillator (PAD) program. This publication outlines scope, responsibilities, Automated External Defibrillator (AED) acquisition, AED placement, AED maintenance, PAD quality assurance, and PAD 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 the Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS). 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 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 Air Force. This AFI may be supplemented at any level; supplements do not need to be routed to the OPR of this publication for coordination prior to certification and

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Chapter 1

BACKGROUND

1.1. Evolution of Publicly Accessible Defibrillators.

1.1.1. Multiple studies have shown that AEDs increase the chance of surviving from sudden cardiac arrest. Publicly accessible defibrillators, like publicly accessible fire extinguishers, are designed to be used by any bystander with minimal training.

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.

1.1.3. All AF, Air Reserve and ANG owned facilities (to include space leased for period(s) over 179 days) as defined by the Air Force Real Property Agency that choose to implement a PAD will comply with this instruction unless otherwise specifically excluded. (T-2)

1.2. The scope of AED training and utilization.

1.2.1. The CASA was enacted into public law with provisions to encourage AED use in federal buildings. This law also provides limited immunity from legal liability for harm resulting from use or attempted use of an AED by lay responders. An AED is considered a PAD when made available in a public or private location for use by anyone who is NOT a first-responder or medical staff. Though AEDs require very little interaction by the user and could be operated by any responder having minimal to no training, PAD programs are required to identify 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 PAD programs is to allow AEDs to be accessible similar to the fire extinguisher model. Goal is to provide readily available equipment and supplies, accompanied by simple instructions, to allow responders with minimal training the opportunity to successfully provide assistance to people suffering sudden cardiac arrest.

1.3. Inclusions.

1.3.1. Facilities identified as at-risk by the host installation PAD Program Coordinator (PPC) may be recommended to the base commander for participation in the PAD program. Final approval authority rests with the host installation commander.

1.3.2. Any AED in operational use in AF facilities or AF vehicles neither excluded nor governed by another AFI, regulation or program is subject to the provisions of this instruction.

1.3.3. Any AED purchased with AF funds that is not otherwise governed by a different AFI, regulation or program is subject to the provisions of this instruction.

1.3.4. Personally-procured AEDs will not be publicly accessible for use on AF property.

1.4. Exclusions.

1.4.1. Surgeon General (SG)-recognized Military Treatment Facilities (MTFs) and contingency Medical/Dental units.

1.4.2. Emergency response units for whom emergency response is a primary duty (includes but is not limited to police cars, ambulances and fire response vehicles). [**Note:** To qualify for exclusion, these responders must be accredited by the appropriate parent authority having regulations which meet or exceed the requirements in this instruction.]

1.4.3. Airframes certificated under the provisions of Title 49 United States Code Section 41102. Regulations governing Civil Air Carriers may be found under Title 14, Code of Federal Regulations, Part 119, Certification: Air Carriers and Commercial Operators.

1.4.4. Facilities established for contingency operations lasting less than 179 days.

1.4.5. Residential units unless the AED is placed in a publicly-accessible location (i.e. an AED in an individual's dorm room is not considered publicly accessible but a day room AED must comply with this AFI).

1.4.6. Open-air areas (AF owned facilities and/or real estate without a permanent cover).

1.4.7. Infrastructure support buildings not normally occupied during duty hours. Examples include but are not limited to: electrical connection (isolation) sheds, computer network switching stations, unattended pump stations, or unoccupied storage buildings.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. AF Surgeon General:

2.1.1. Establishes policy for the Air Force PAD program.

2.2. Air Force Medical Operations Agency Commander:

2.2.1. Responsible for implementation and execution of the PAD program.

2.2.2. Reviews special conditions affecting a host installation PAD program and advises the Major Command (MAJCOM)/SG. Provides consultative services to the MAJCOM/SG for program waivers upon request.

2.2.3. Directs Air Force Clinical Engineering (AFMOA/SGALE) to provide a list of suggested AEDs that are standard across a specific base or MAJCOM upon request. (**NOTE:** Chapter 3 contains details and criteria for AED Management, to include acquisition and selection criteria.)

2.3. MAJCOM/Numbered Air Force (NAF) Command Surgeon:

2.3.1. Provides supplemental guidance for host installation commanders, as necessary.

2.3.2. Assists host installation commanders in execution of the PAD program.

2.4. Host Installation Commander:

2.4.1. Ensures execution and compliance of the host installation PAD program. (T-1)

2.4.2. May delegate oversight for the installation PAD Program.

2.4.3. Appoints in writing a host installation PPC IAW paragraph 2.6.1. (T-3)

2.4.4. Establishes a process for temporary replacement of AEDs removed from service. (T-2)

2.4.5. Ensures every participating unit appoints a site coordinator to meet the guidelines and functional recommendations set forth in this instruction and MAJCOM guidance. (T-2)

2.5. Director, Base Medical Services (DBMS):

2.5.1. Provides local guidance to units (including tenants and federal employees in leased facilities) to execute the PAD program IAW this and applicable MAJCOM instructions. (T-2)

2.5.1.1. For multi-tenant facilities having occupants other than AF, guidelines may be found in Title 41 United States Code Section 101-20.103 to assure clarity of responsibility and accountability.

2.5.2. Appoints in writing a host installation PAD Medical Director (PMD) IAW paragraph 2.7 to provide clinical oversight of the host installation PAD program. (T-0, 74 Fed Reg 156 (Aug 14, 2009) and state laws) The DBMS may delegate a qualified alternate during periods where the PMD may be unavailable. (**Note:** The Chief of the Medical Staff (SGH) should provide recommendation(s) for this appointment(s).)

2.5.3. Ensures acquisition and accountability for AED devices IAW AFI 41-209, *Medical Logistics Support*. (T-2)

2.5.4. Ensures coordination with legal experts to assure that the host installation PAD program complies with applicable Federal, State, and local guidance (and host nation laws), where applicable. (T-0, 74 Fed Reg 156 (Aug 14, 2009) & local state laws)

2.6. Host Installation PAD Program Coordinator (PPC):

2.6.1. Will, at a minimum, maintain current Basic Life Support (BLS)/AED certification. (T-3) Certification as a BLS/AED instructor is preferred. PPC may be any Air Force Specialty Code (AFSC). PPC's rank should be commensurate with responsibilities.

2.6.2. Refers organizations to training using Military Training Network (MTN)-recommended courses, such as the AHA *Heartsaver AED* certification curriculum IAW local host installation processes. Personnel may train under the auspices of the AHA or in another approved BLS course based on published national guidelines.

2.6.3. 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.

2.6.4. Serves as the primary liaison between the PMD, site coordinators, biomedical maintenance units, host installation safety office, and medical logistics regarding purchases, recalls, and other notifications.

2.6.5. Maintains a current list of site coordinators. (T-1) All communications regarding AEDs will be appropriately distributed by the PPC to site coordinators.

2.6.6. Maintains a current list of AED locations (T-1) and archives past lists for at least 24 months or according to base records manager table and rule. (T-3)

2.6.7. Coordinates unit and host installation PAD program processes with stakeholders and the base emergency response plan. Ensures local Emergency Medical Services (EMS) is notified of AED locations. ((T-0, 74 Fed Reg 156 (Aug 14, 2009))

2.6.8. Ensures appropriate medical information, which is obtained from the AED electronic data recording and event summary report, is forwarded to the PMD for review and oversight after an event. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

2.6.9. Performs a Periodic On-Site Program Evaluation on each participating unit every 24 months, at a minimum, and provide the unit commander with a copy of the completed evaluation checklist outlining any notable areas of concern. (T-2) ([Attachment 3](#))

2.6.9.1. The PPC clearly defines deadlines and documentation required to resolve any discrepancies.

2.7. Host Installation PAD Medical Director (PMD):

2.7.1. Ensures PADs procured under this instruction comply with AF, Federal and state regulations as applicable. Approves unit PAD emergency response plans. (T-0, 74 Fed Reg 156 (Aug 14, 2009)).

2.7.2. Ensures the AED proposed for purchase adequately services predicted public needs, to include location, ease of use, predicted potential patient populations (to include children,

adults, and the elderly), and operations which might place populations at risk within host installation AF facilities. (T-0, 74 Fed Reg 156 (Aug 14, 2009)).

2.7.3. In coordination with the PPC, provides recommendations for training, assists in emergency medical responder planning, maintains expertise in relevant clinical practice guidelines, and offers recommendations for AED deployment strategies.

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

2.7.4.1. Leads a post-incident assessment with responders, where possible. (T-3)

2.7.4.2. Discusses event with the SGH within 4 duty days post event. (T-3)

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

2.8. Unit Commander or Tenant Organization Senior Leader:

2.8.1. Implements the PAD program at the unit level.

2.8.2. Appoints, in writing, a site coordinator and alternate and provides a copy of the appointment letter to the PPC. (T-3)

2.8.3. Identifies trained targeted responders IAW paragraph 2.10. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) Supports training of targeted responders and funds training as needed.

2.8.4. 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.) (T-2)

2.8.5. Educates all employees regarding the existence and activation of the PAD program (T-0, 74 Fed Reg 156 (Aug 14, 2009)). This can be done via an in-processing checklist, newcomers training or other similar means.

2.8.6. Approves his/her unit's PAD emergency response plan. (T-2)

2.9. Site Coordinator:

2.9.1. Develops the unit's PAD emergency response plan for unit commander approval. This plan will, at a minimum:

2.9.1.1. Be reviewed, approved and submitted to the PPC and PMD every two years, but not later than thirty days following change(s) to the response plan. (T-3)

2.9.1.2. Identify the location(s) of unit AEDs, annotate AEDs not in service, and expected return to service date(s). (T-2)

2.9.1.3. Describe the method of emergency medical services (EMS) notification. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

2.9.1.4. Delineate method(s) to notify targeted responders in the event of a suspected cardiac emergency. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

2.9.1.5. Be readily available for review by all unit site coordinators and targeted responders. (T-3)

2.9.1.6. Be included or incorporated into the base emergency response plan IAW Title 41, Code of Federal Regulations, Part 102-74.230, *Occupant Emergency Program*. (T-0)

- 2.9.2. Has current BLS provider training and an appointment in writing by the unit commander. (T-3)
- 2.9.3. 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. (T-2)
- 2.9.4. Immediately reports damaged or faulty AEDs to the supporting Biomedical Maintenance service. (T-1) Order replacement supplies as needed.
- 2.9.5. Reports location of AEDs at least every 12 months to the PPC. (T-3) (**Note:** If the physical (mailing) address of the location is changed, this change will be reported to the PPC within 10 duty days.) (T-3)
- 2.9.6. Manages targeted responders. A current log of trained responders will be maintained with copies of their certification cards. (T-2)
- 2.9.7. Assist with orienting newcomers per paragraph 2.8.5.
- 2.9.8. Encourages all airmen to become trained in BLS/AED and encourage unit team training.
- 2.9.9. Conducts periodic practice drills as recommended by the local PAD program guidance. (T-3). At a minimum, mock drills are recommended on an annual basis and the mock drill should be documented on an AF Form 3500 and reviewed by the PMD. (T-0, 74 Fed Reg 156 (Aug 14, 2009))
- 2.9.10. Obtains the AED electronic data recording (generated by the AED device) immediately after its use on a patient.
- 2.9.10.1. It is most important that the AED electronic data recording be delivered without delay to the medical facility receiving the patient.
- 2.9.10.2. A copy of the AED recording will be sent to the PPC or PMD within two duty days following the event. (T-3)
- 2.9.10.3. The site coordinator will deliver the AED to the nearest Biomedical Equipment Technician (BMET) service for assistance in obtaining the AED recording. (T-2)
- 2.9.11. Seeks prompt replacement of AEDs that are out of service.
- 2.9.12. Marks enclosure and related reference directional indicators as “OUT OF SERVICE” when the AED is removed for service or inoperable.

2.10. Targeted Responders:

- 2.10.1. Units will identify a core group of trained responders who are most likely to be called upon to respond during normal duty hours based upon staffing, type of facility, continuity and risk. Targeted responders will be identified near each AED location. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

2.10.2. When identifying targeted responders, commanders should consider:

2.10.2.1. Duty hours.

2.10.2.2. Duty description.

2.10.2.3. AED location.

2.10.2.4. Capability of selected targeted responders to perform in an emergency.

2.10.2.5. Willingness to respond. (**Note:** All targeted responders will be volunteers).

2.10.2.6. Training status. As targeted responders are volunteers, the unit may, but is not required, to fund training.

2.10.3. Targeted responders will understand their obligation to:

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

2.10.3.2. Understand the unit PAD 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 PAD usage.

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

2.10.3.4. Notify their site coordinator immediately after responding to a PAD event.

2.10.3.5. Sequester the AED following use and turn in to the site coordinator or BMET as soon as possible.

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

2.11. Medical Logistics:

2.11.1. Ensures all AED requests and purchases have the PMD’s signed approval prior to processing orders. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

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

2.11.1.2. 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. (T-3)

2.11.1.3. Medical equipment owned by non-medical AF units will be maintained on DMLSS equipment records for maintenance and quality assurance tracking purposes only. (T-2) Line-owned AEDs may be maintained on base supply records IAW AFI 41-209 if required by base supply activities.

2.11.2. Ensures AED purchases are made IAW the AED list approved by AFMOA. (T-2)

2.12. Biomedical Equipment Technician (BMET):

- 2.12.1. Performs acceptance inspection and/or any maintenance necessary to place AEDs in service. Performs routine inspection and/or maintenance per manufacturer guidelines. (T-2) (Note: This is maintenance beyond user capability.)
- 2.12.2. Distributes appropriate recall and safety notices to the PPC and monitors compliance with recalls. (T-1)
- 2.12.3. Assists printing the AED data recording (after an AED event) upon request.
- 2.12.4. Serves as the POC for site coordinators concerning AED maintenance issues.
- 2.12.5. Coordinates discrepancies with the PPC and site coordinators.
- 2.12.6. Notifies the PPC and site coordinator when an AED is placed in or out of service. (T-2)
- 2.12.7. Contacts site coordinator regarding cost to return an AED to service.
- 2.12.8. ARC units without BMET capability may utilize commercial vendors, other appropriately qualified personnel or the nearest military installation for support.

Chapter 3

AED MANAGEMENT

3.1. AED Acquisition.

3.1.1. With approval from the PMD and consultation with the BMET for base/MAJCOM standardization, the PPC should select one (or at most two) models to meet the needs of the installation from the AED list developed by AFMOA. (T-2)

3.1.1.1. AEDs purchased prior to publication of this Instruction may not meet the requirements of paragraph 3.1.1

3.1.1.2. AEDs permanently removed from service will be replaced with AEDs meeting this Instruction's requirements. (T-2)

3.1.2. AEDs and accessories purchased will be paid for by the requesting unit's funds. (T-2)

3.1.3. AED purchases require signature approval by the PMD. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) All such AEDs must comply with current AHA Guidelines for Emergency Cardiac Care. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

3.1.4. AED will have capability to store a record of use for review of the PAD event. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) [**Note:** The exported record will be handled IAW applicable Federal, State, and local regulations.]

3.1.5. Procurement of all AEDs and their locations will be documented and approved by the PMD. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) The PMD's signature on a purchase order or location change request meets this requirement.

3.1.5.1. The PMD will approve only fully automatic or semi-automatic AEDs. Semi-automatic AEDs prompt the operator to push the shock button if a shock is required. Fully automatic AEDs may reduce delays associated with hesitation to push this shock button. (**Note:** The AED must not be capable of a manual mode or being over-ridden by the operator when placed in service.) (T-1)

3.1.5.2. Tenant units will seek approval/prescription from the host installation PMD prior to purchase and must register AEDs with the PPC IAW AFI 41-209. (T-2)

3.1.5.3. Geographically Separated Units (GSUs) without a medical unit should seek support of the nearest installation that can provide program oversight and support IAW AFI 25-201, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreement Procedures*. (T-2)

3.2. AED Funding.

3.2.1. AEDs and supplies to execute and sustain the PAD program are funded by the using activity.

3.2.2. Purchase(s) must be coordinated with Medical Logistics to ensure consistency. (T-2)

3.2.3. Replacement schedules should be coordinated into unit planning. (T-3)

3.3. AED Maintenance.

3.3.1. Inspection and/or performance checking by users will not exceed manufacturer's recommendation. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) Site coordinators, or designees, will inspect AEDs at least monthly per paragraph 2.9.3.

3.3.2. When non-end-user maintenance is required, the AED will be sent to the supporting Medical Logistics/BMET section for repair. (T-2)

3.4. AED Placement.

3.4.1. The essential key to surviving ventricular fibrillation is early CPR and defibrillation when indicated. The optimal target is less than three minutes from recognition of cardiac arrest. Where implemented, participating units will strategically place AEDs throughout the facility to allow rapid response to the emergency. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

3.4.2. The location will be approved by the PMD. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

3.4.2.1. The host installation commander may choose to appoint a PAD working group to determine unit participation and strategic placement of AEDs.

3.4.2.2. AED placement will be determined consistent with the factors outlined in "Guidelines for Public Access Defibrillation Programs in Federal Facilities", 74 Fed Reg 156 (Aug 14, 2009). (T-0)

3.4.3. AEDs will be easily accessible in a well-marked and publicized location. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) (**Note:** A secure enclosure that minimizes potential tampering, theft, damage or inadvertent harm, such as storage in an alarmed AED housing, is highly recommended.)

3.4.4. AED locations will be clearly marked. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) **Note:** Optimally, signs should be placed above or around each AED, easily viewed from both direct and perpendicular angles to the location. Some locations may benefit from directions signs to the nearest AED.)

3.4.4.1. A means to reliably activate the EMS system should be nearby the AED location and clearly marked with instructions. (T-0, 74 Fed Reg 156 (Aug 14, 2009))

3.4.4.2. Collocation with fire alarms and/or fire extinguishers is suggested.

3.5. AED Supplies.

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

3.5.1.1. Simplified directions for CPR and the use of the AED. Many AED manufacturers and the AHA provide placards and signage for this purpose.

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

3.5.1.3. 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).

- 3.5.1.4. 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).
- 3.5.1.5. A pair of medium size bandage or blunt end scissors to remove clothing from the chest.
- 3.5.1.6. Spare battery (optional or as recommended by manufacturer).
- 3.5.1.7. Spare electrode pads (in appropriate child/adult sizes if required).
- 3.5.1.8. Two biohazard or medical waste plastic bags for waste and for transport of the AED.
- 3.5.1.9. Pad of paper, writing tools, and several copies of AF Form 3500.
- 3.5.1.10. One absorbent towel (preferably disposable) for larger volume liquid absorption.

Chapter 4

POST PAD 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. (T-3)

4.1.2. The Event Summary Report (AF Form 3500) and the AED electronic data recording will be forwarded to the PMD for review, as well as to any other authorities as required by state and local laws. (T-0, 74 Fed Reg 156 (Aug 14, 2009)) The reports will be received by the PMD within 2 calendar days post-event. (T-3) 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*. (T-0)

4.2. Obtain stress incident support as required.

4.2.1. Unit commanders will consult with the PMD and/or senior medical leadership for recommendations regarding post-event psychological support for responders, witnesses, and co-workers as needed. (T-3)

4.3. Review the event.

4.3.1. A quality assurance review will be performed after an AED event. (T-2) The PMD 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 MTF/SGH (or SGP if the SGH is unavailable) and/or MTF/CC within 4 duty days of the event. (T-3) Under Title 10 United States Code Section 1102, quality assurance documents are confidential and are not releasable without proper approval.

Chapter 5

PAD 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. (T-3)

5.1.2. The site coordinator will forward the AF Form 3500 to the PPC and PMD. This document will be kept on file by the PMD (or designee) for a minimum of 24 months (T-3) and stored IAW AFMAN 33-363. (T-0)

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. (T-0). MTFs should contact AFMOA/SGHQ for approval on release of 10 U.S.C. §1102-protected documents.

5.2. Appointment Letters.

5.2.1. Appointment letters will be reviewed annually, or sooner if changes dictate. (T-3)

5.2.2. The PPC will maintain a copy of all PAD program related appointment letters for 24 months. (T-3)

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 PPC (or designee) biennially IAW paragraph 2.6.8 and at the direction of the DBMS. (T-2) ([Attachment 3](#)) Discrepancies will be documented and resolved within a time frame set by the PPC. (T-3)

5.5. Summary of AED locations.

5.5.1. The PPC will maintain a current list of AED sites to identify units/buildings covered by the PAD program. (T-1)

5.5.2. The document will be shared with EMS, Fire Department, and Security Forces as required.

5.6. AED Operators Inspection Checklist.

5.6.1. Site coordinators or designees record periodic inspections of AEDs IAW manufacturer's recommendations and paragraph 2.9.3. The manufacturer's checklist may be used, if provided, or installations may utilize a local checklist. Discrepancies noted are to be remedied immediately.

THOMAS W. TRAVIS
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Cardiac Arrest Survival Act of 2000, Public Law 106-505, 114 Stat. 2336, 13 November 2000

Public Health Improvement Act, Public Law 106-505, 114 Stat 2314, 13 November 2000

Guidelines for Public Access Defibrillation Programs in Federal Facilities, Department of Health and Human Services and the General Services Administration, 74 Federal Register 156, 14 August 2009 <http://www.foh.dhhs.gov/public/whatwedo/AED/HHSAED.asp>

10 U.S.C. § 1102, *Confidentiality of medical quality assurance records: qualified immunity for participants*

49 U.S.C. § 41102, *“General, temporary, and charter air transportation certificates of air carriers*

14 CFR § 119, *Certification: Air Carriers and Commercial Operators*

41 CFR § 101-20.103, *Physical protection and building security*

41 CFR § 102-74.230, *Occupant Emergency Program*

DUSD(I&E)/ASD(HA) Memorandum, *Guidelines for Public Access Defibrillation Programs in DoD Facilities*, 15 August 2003

DOD 8580.02-R, *DoD Health Information Security Regulation*, 12 July 2007

AFMAN 33-363, *Management of Records*, 29 August 2013

AFI 25-201, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreement Procedures*, 18 October 13

AFI 33-360, *Publications and Form Management*, 25 September 2013

AFI 41-201, *Managing Clinical Engineering Programs*, 18 April 2011

AFI 41-209, *Medical Logistics Support*, 13 August 2013

National Conference of State Legislatures, *State Laws on Cardiac Arrest and Defibrillators*, 1 January 2013

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

American Heart Association, *AED Implementation Guide*,

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

Prescribed Forms

AF Form 3500, *PAD Event Summary/Mock Response Event Summary Report*

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*.

Abbreviations and Acronyms

ACLS—Advanced Cardiac Life Support

AF—Air Force

AFMOA—Air Force Medical Operations Agency

AFSC—Air Force Specialty Code

AHA—American Heart Association

BLS—Basic Life Support

BMET—Biomedical Equipment Technician

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

GSU—Geographically Separated Unit

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

NAF—Numbered Air Force

OPR—Office of Primary Responsibility

PAD—Public Access Defibrillator; AED and PAD are synonymous in this Instruction

PIA—Performance Improvement Activity

PMD—PAD Medical Director

PPC—PAD Program Coordinator

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

Accessible—Property that someone can access.

AED—Automated External Defibrillator assigned to the PAD program; AED and PAD are synonymous in this Instruction.

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

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

Biomedical Equipment Technician—The Medical Logistics Flight technician that maintains and repairs medical equipment IAW AFI 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.

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

Lay responder—Any non-medical bystander providing BLS.

Medical Logistics—The logistics unit 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.

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

Public—referring to any agency, interest, property, or activity which is under the authority of the government or which belongs to the people.

Targeted responder—A lay responder identified by the unit and trained to participate in their PAD emergency response system. Targeted responders are BLS-certified using AHA or other approved national standards.

Attachment 2

SAMPLE POST-USE PROCEDURE CHECKLIST

The Site Coordinator will do the following after AED use:

- Notify Unit Commander, PPC and PMD 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 BMET or appropriate office for data downloading.
- Medical Logistics 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 PMD and PPC 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.

Comments:

Attachment 3**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 PAD program.

Where Will the Review Take Place: At the PAD site and/or work center.

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

Who Will Participate:

Reviewer: PAD 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 PAD Medical Director within 15 calendar days.

The PAD 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
5. Copy of unit or facility Emergency Response plan

SAMPLE PERIODIC ON SITE PROGRAM EVALUATION (Page 1 of 2)

Organization _____ **Review Date** _____

Location _____

| | |
|--|---|
| 1. Does the site maintain the following documents? | |
| a. PAD 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 PPC 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. Does the initial in-processing checklist or newcomers training include AED location and unit response plan? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Can unit employees correctly identify the AED location? (90% of the unit correctly identifies either the location or direction signs to the AED.) | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. 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 |
| d. 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. Is the equipment identified and publicly available for easy access (unobstructed)? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Are all required supplies/equipment serviceable and not expired (where applicable)? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Is the equipment clean and free from damage, cracks or foreign substances? Is the AED battery and cabinet alarm operational? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. 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 |
|------|-----------|------|

Prgm Coord:

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