BY ORDER OF THE COMMANDER

FAIRCHILD AIR FORCE BASE INSTRUCTION 44-101

25 AUGUST 2005

Medical

PUBLIC ACCESS DEFIBRILLATION PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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Certified by: 92 MDG/CC (Col Barbara Jefts)
Pages: 5
Distribution: F

This instruction implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*. This Fairchild Air Force Base Instruction (FAFBI) establishes the wing's Public Access Defibrillation (PAD) program. The program provides guidance for Automated External Defibrillators (AED) in strategic locations. The AEDs allow access by trained individuals to use in attempts to revive personnel during certain cardiac crises prior to arrival of emergency medical personnel or basic life support (BLS) trained personnel. This instruction identifies responsibilities, maintenance, quality assurance, and documentation requirements. This instruction does apply to the Guard and Reserves if they are on Active Duty status.

1. Responsibilities:

1.1. **92d Air Refueling Wing Commander (92 ARW/CC).** The 92 ARW/CC has the overall responsibility for the PAD program. The 92 ARW/CC directs the Commander, 92d Medical Group (92 MDG/CC), to ensure proper medical objectives are maintained for the PAD program.

1.2. **92d Medical Group Commander (92 MDG/CC).** The 92 MDG/CC is responsible to the 92 ARW/CC for implementation of the PAD program. The 92 MDG/CC will ensure all medical objectives are maintained and provide professional guidance on program administration. The 92 MDG/CC will appoint in writing, a Medical Director and Program Coordinator for the PAD program.

1.3. **Medical Director.** The Medical Director will be a physician proficient in emergency medical protocols, cardiopulmonary resuscitation (CPR) and the use of AEDs in accordance with Federal guidance (FTCA, 28 V.S.C. sections 1346(b), 2671-80). The Medical Director is responsible for providing oversight of training, coordination of emergency medical services, clinical protocols and formulation of AED deployment strategies. The Medical Director will develop quality assurance and guidelines for use of the AED and will review or have a designated representative review all event summary sheets within 48 hours of occurrence.

1.4. **Program Coordinator.** The Program Coordinator will normally be appointed from the staff of the 92 MDG, Education and Training Flight. As a minimum, the Program Coordinator will be a BLS/ CPR Instructor Trainer.

1.4.1. The Program Coordinator will:

1.4.1.1. Oversee all training processes for adult CPR/AED training.

1.4.1.2. Arrange annual inspections of site AEDs and maintain documentation of those inspections.

1.4.1.3. Maintain a master list of the location (Building and Room Number) of all AEDs on Fairchild AFB and all Site Coordinators' names and phone numbers.

1.5. **Site Coordinators.** The Site Coordinators will be approved by the Program Coordinator and must be trained in BLS/AED and appointed, in writing, by the unit commander. Additional Site Coordinator responsibilities are to:

1.5.1. Ensure all required inspections and maintenance actions are accomplished in accordance with the manufacturer's manual and maintained in the Site Coordinator's Files.

1.5.2. Designate target responders.

1.5.3. Ensure proper user AED training is conducted and documented in the Training Record.

1.5.4. Inform the Program Coordinator in writing prior to relocating any AED.

1.5.5. Obtain written approval from the 92 MDG/CC prior to installation, replacement or change in location of any AED.

1.6. **Target Responders.** A core group of personnel most likely to be called upon to use the AED will be identified as targeted responders within their facility based upon staffing, type of facility, continuity and risk. It is not necessary that all military members or civilian employees of a work center be specifically trained in the use of the AED. ***EXAMPLE:*** At a permanently staffed front-desk, as in a service organization, it may be appropriate to train only front desk personnel in the vicinity of the AED. In areas with multiple work centers in a large building with a centrally located AED, it may be appropriate to train one or more persons in each work center.

1.6.1. The AED equipment is labeled for use by a "new user" and includes automated voice prompts. Those individuals identified by site coordinators as targeted responders must be trained in an approved adult CPR/AED course. Targeted responders must contact the unit BLS/AED instructor to schedule BLS/AED training.

1.7. **Events Summary Sheet.** An Events Summary Sheet (See **Attachment 2**) will be completed by the individual using an AED on a victim. Blank copies of the summary sheet will be maintained in the Site Coordinators AED binder. The summary sheet must be forwarded to the 92 MDG/SGH or designee within 24 duty hours.

2. Maintenance. The 92d Medical Support Squadron, Biomedical Equipment Repair Element (92 MDSS/SGSLM) will serve as the point of contact for both Site Coordinators. 92 MDSS/SGSLM is responsible for inspections or maintenance beyond the Site Coordinator's ability to accomplish using the manufacturer owner's manual. Any issues which must be addressed with the manufacturer will be funneled through 92 MDSS/SGSLM. Any cost associated with repairs (i.e., replacement parts, batteries) will

be the responsibility of the owning unit. Generally, AEDs are stand-alone, maintenance-free equipment with a battery life of roughly 5 years. Units are generally replaced when they approach their 5 year life expectancy. Initial installation of AEDs must be coordinated through 92d Civil Engineer Squadron and the Site Coordinator after approval by 92 MDG/CC.

3. Quality Assurance. The Medical Director or designee will review all Event Summary Sheets to assess quality of care within 48 hours of occurrence. The Medical Director will report to Executive Committee of the Medical Staff any completed Event Summary Sheets at next scheduled meeting.

4. Use. Use of AEDs will be in accordance with the manufacturer's instructions on the AED. The AED itself detects electrical activity of the victim's heart and will instruct when an AED shock should be administered. The "911 Response" must be activated as soon as possible upon discovery of a victim.

4.1. General electrical safety procedures include:

4.1.1. Do not use the AED when the rescuer or victim is soaking wet or is in water.

4.1.2. Do not use the AED in areas of high concentration of volatile gas or combustible fumes.

4.1.3. Do not attempt to use the AED if the patient is still in contact with "live voltage" electrical wiring that caused the heart stoppage.

5. Requests for New AEDs. Any work center desiring a new or additional AED must submit an equipment request through unit channels for funding. All purchases must be made by the 92 MDSS Medical Logistics Flight (92 MDSS/SGSL) using the requesting unit's funds. 92 MDSS/SGSL will ensure all 92 ARW AEDs are standardized for the sake of continuity and safety.

SCOTT M. HANSON, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFMLO Guidance Document 02-01

Section 7, Public Law 106-129

Federal Register 28495-28511, *Guidelines for Public Access Defibrillation Program in Federal Facilities*

DoD 6055.6, *DoD Fire and Emergency Services Program*

Abbreviations and Acronyms

AED—Automated External Defibrillators

AFPD—Air Force Policy Directive

BLS—Basic Life Support

CPR—Cardiopulmonary Resuscitation

FAFBI—Fairchild Air Force Base Instruction

PAD—Public Access Defibrillation

92 ARW/CC—92d Air Refueling Wing Commander

92 MDG/CC—92d Medical Group Commander

92 MDSS/SGSLM—92d Medical Support Squadron Biomedical Equipment Repair Element

92 MDSS/SGSL—92d Medical Logistics Flight

Attachment 2

EVENT SUMMARY SHEET

Location of Event: _____ PAD No._____
Date of Event: _____ Time of Event: _____
Victim's Name: _____
Was the event witnessed or non-witnessed? Witnessed/Non-witnessed
Name of Rescuer(s):
_____
_____
Internal response plan activated? YES/NO
Was 9-1-1- called? YES/NO
SABC started/pulse taken at initial assessment? YES/NO
Was CPR given before the AED arrived? YES/NO [If yes, name(s) of CPR rescuer(s)]
_____
_____
Were shocks given? YES/NO
Total number of shocks _____.
Describe what happened, Situation History.
Did Victim:
Regain a pulse? YES/NO
Resume breathing: YES/NO
Regain consciousness? YES/NO
Was the procedure for transferring patient care to the emergency medical team executed? YES/NO
Outcome Favorable Unfavorable
Comments:
_____
_____
Any problems encountered?
Printed name of person complete with contact phone numbers.
PAD Oversight:
Physician: _____
PAD Program:
Coordinator: _____
THIS IS A QUALTIY ASSURANCE DOCUMENT AND MUST BE HAND CARRIED TO THE 92 MDG MEDICAL DIRECTOR OR 92 MDG/PAD PROGRAM COORDINATOR.