

**BY ORDER OF THE COMMANDER  
42D AIR BASE WING (AETC)**



**AIR FORCE INSTRUCTION 44-177**

**MAXWELL AIR FORCE BASE  
Supplement**

**9 NOVEMBER 2020  
Certify Current, 22 September 2024  
Medical**

**PUBLIC ACCESS DEFIBRILLATOR  
PROGRAM**

---

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**ACCESSIBILITY:** Publications and forms are available on the e-Publishing web site at <http://www.e-Publishing.af.mil> for downloading or ordering.

**RELEASABILITY:** There are no releasability restrictions on this publication.

---

OPR: 42 MDG/SGH

Certified by: 42 MDG/CC  
(Col Zoya L. Lee-Zerkel)

Supersedes: MAXWELLA FBI 41-102, 7  
November 2013

Pages: 9

---

This supplement implements and extends the guidance in AFI 44-177, *Public Access Defibrillator Program*. It establishes the Public Access Defibrillation (PAD) Program at Maxwell-Gunter Air Force Base, Alabama. Refer recommended changes and/or corrections to this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*, through your chain of command. Requests for waivers must be processed through command channels to the publication OPR for consideration. Supplements to this publication are not allowed. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFI 33-322, *Records Management and Information Governance Program*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule. This publication applies to Maxwell-Gunter AFB organizations. It does not apply to the AFRES or ANG. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

**SUMMARY OF CHANGES**

The primary changes to this re-write remove redundant guidance already addressed in AFI 44-177 and includes guidance for Mock Drills. Furthermore, it converts the document from an instruction to supplement IAW DAFI 33-360, Publications and Forms Management.

1.2.2. This supplement provides guidance for the deployment and use of automated external defibrillators (AED) on Maxwell-Gunter AFB. The PAD Program provides for AEDs to be

placed in strategic locations on the installation to allow access by trained individuals for use in reviving persons during certain cardiac crises prior to arrival of medical personnel. This instruction identifies responsibilities, including procurement, maintenance and quality assurance and documentation requirements for implementation of the PAD Program.

2.4.2. Oversight for the PAD Program is delegated to the Director of Base Medical Services (DBMS) to ensure proper medical objectives are maintained for this program.

2.5.5. **(Added)** The 42d Medical Group Commander (42 MDG/CC), also known as the DBMS, will:

2.5.5.1. **(Added)** Be responsible for implementing the PAD Program and ensure all medical objectives are maintained.

2.5.5.2. **(Added)** Provide professional guidance on program administration.

2.5.5.3. **(Added)** Appoint in writing a Medical Director and Program Coordinator for the PAD Program.

2.6.2. AED training for military and general schedule coordinators/targeted responders will be provided by the 42 MDG's Education and Training Flight.

2.7.6. **(Added)** Medical Director will be a physician, proficient in emergency medical services protocols, cardiopulmonary resuscitation (CPR) and the use of AEDs IAW Alabama Code §6-5-332, *Persons Rendering Emergency Care Etc., at Scene of Accident, Etc.*

2.9.9.1. **(Added)** Conduct, at least annually, mock drill, to evaluate participants' skills and knowledge. Mock drill will be documented on AF Form 3500, *PAD Event Summary/Mock Response Event Summary*, sent to PC for review and maintained in the program binder.

2.9.10.4. **(Added)** Notify the Disaster Mental Health Team Chief in the Mental Health Clinic in cases where a rescue is unsuccessful; they will discuss the services available to those personnel who were involved in and/or affected by the event.

3.1.5.4. **(Added)** Procurement of AEDs, reusable supplies and local maintenance operations (pads and battery changes as recommended by the manufacturer) and costs are the responsibility of the intended owner. All purchases must be coordinated in advance with the Medical Equipment Management Office (MEMO)/ (42 MDSS/SGSL) and approved by the Medical Director. MEMO will ensure uniformity of equipment to facilitate acquisition, training, use and maintenance/repair. All AED units obtained outside the approval of the Medical Director of the PAD are the responsibility of the owner of the unit.

3.1.5.5. **(Added)** All new requests for AEDs will be accomplished utilizing the Needs Risk Assessment (**Attachment 6**) and coordinated through the PPC, Medical Director, CLSF, BMET and Medical Logistics.

3.4.2.2. A facility site assessment should be accomplished to determine the number of AEDs necessary as well as their placement within a building. The PAD Medical Director will have final approval for placement of the AEDs taking into account the factors listed below:

3.4.2.2.1. **(Added)** Facility size and/or accessibility;

3.4.2.2.2. **(Added)** Number of employees in the facility;

3.4.2.2.3. **(Added)** Identified high-risk environments;

3.4.2.2.4. **(Added)** Number of people that may have public access to the facility on a daily basis;

3.4.2.2.5. **(Added)** Emergency response protocol already in place for a facility; keep in mind it is the time of initial shock that really matters.

3.4.5. **(Added)** In order to achieve complete area coverage within a building, an AED should be positioned no more than 1 minute's travel time (one way) from any given point within the building.

3.4.6. **(Added)** Optimal response time from the identification of a person down to the delivery of a shock (i.e., drop-to-shock) should be less than 5 minutes.

5.1.1. Accomplish an Event Summary Sheet, and forward it to the Medical Director or designee within 24 hours of the event. Follow post-event procedures according to [Attachment 4](#).

5.6.1.1. **(Added)** Site coordinators use the AED Monthly Inspection Checklist ([Attachment 7](#)) to perform monthly inspections of their units. Each month, the site coordinator will fill out the form, answering the questions in the boxes and annotating the correct answer using blue/black ink. Only one copy is required per year per AED and will be maintained with the AED.

ERIES L. G. MENTZER, Colonel, USAF  
Commander, 42d Air Base Wing

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

Alabama Code §6-5-332, *Persons Rendering Emergency Care Etc., at Scene of Accident, Etc.*  
AFPD 41-1, *Health Care Programs and Resources*, 3 October 2018  
AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020  
AFI 44-102, *Medical Care management*, 17 March 2015

***Adopted Forms***

AF Form 847, *Recommendation for Change of Publication*  
AF Form 3500, *PAD Event Summary/Mock Response Event Summary*

***Abbreviations and Acronyms***

**AED**—Automated External Defibrillator  
**BLS**—Basic Life Support  
**CLSF**—Cardiac Life Support Function  
**CPR**—Cardiopulmonary Resuscitation  
**DBMS**—Director of Base Medical Services  
**MEMO**—Medical Equipment Management Office  
**MER**—Medical Equipment Repair  
**PAD**—Public Access Defibrillation

**Attachment 4 (Added)****AUTOMATED EXTERNAL DEFIBRILLATORS (AED) POST-USE PROCEDURES**

**A4.1. (Added)** Following use of an AED, perform the follow actions immediately:

A4.1.1. **(Added)** Site coordinator will:

A4.1.1.1. **(Added)** Notify Medical Director via a completed AF Form 3500, *PAD Event Summary/Mock Response Event Summary Sheet*.

A4.1.1.2. **(Added)** Clean the AED.

A4.1.1.3. **(Added)** Deliver the AED, all accessories and disposables to the Biomedical Equipment Technician (BMET) Office.

A4.1.2. **(Added)** The BMET Office will:

A4.1.2.1. **(Added)** Transfer the event data from the AED to a laptop computer system using the manufacturer-provided hardware and software. Make two copies of the event data onto compact disc. The event data will be maintained on the laptop in the BMET Office.

A4.1.2.2. **(Added)** Deliver one copy of the event data to the Medical Director and the second copy to the unit site coordinator.

A4.1.2.3. **(Added)** Replace the electrodes, supply pack and batteries using those supplied by the site coordinator.


A4.1.2.4. **(Added)** Perform complete maintenance and testing.

A4.1.2.5. **(Added)** Contact the site coordinator when AED is ready to be placed back in use.

## Attachment 5 (Added)

## SITE COORDINATOR MEMORANDUM FORMAT

Figure A5.1. (Added) Program Director Memorandum Format.

	<b>DEPARTMENT OF THE AIR FORCE</b> 42D AIR BASE WING (AETC) MAXWELL AIR FORCE BASE ALABAMA	DATE
MEMORANDUM FOR MAXWELL AIR FORCE BASE PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAM DIRECTOR		
FROM: Unit Commander/Agency Director		
SUBJECT: Appointment as PAD Site Coordinator (Primary/Alternate)		
1. IAW AFI 44-102, <i>Medical Care Management</i> , and the AFI 44-177, <i>Public Access Defibrillation Program</i> , the following individuals are appointed as the primary and alternate unit coordinators for the automated external defibrillators (AED) located in building _____:		
<u>NAME/RANK</u>	<u>DUTY PHONE</u>	<u>E-MAIL ADDRESS</u>
Primary: _____		
Alternate: _____		
2. These members have reviewed AFI 44-177 and AFI 44-177_MAXWELLAFB SUP and are familiar with all duties associated with this assignment. In addition, they have met the minimum requirements as outlined in therein.		
3. This memorandum supersedes all previous correspondence, same subject.		
Unit Commander's Signature Block		

**Attachment 6 (Added)**

**AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) NEEDS RISK ASSESSMENT**

**Figure A6.1. (Added) AED Needs Risk Assessment Format.**

DATE: \_\_\_\_\_ Person completing this assessment: \_\_\_\_\_

1. Name of the unit and office symbol requesting AED. \_\_\_\_\_

2. List the building number and location in the building where AED is desired. Be descriptive (i.e., first floor outside of conference room). \_\_\_\_\_  
\_\_\_\_\_

a. If requesting on wall, do you already have metal lock box? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

3. Do you currently have AEDs in your facility? Y/N If yes, how many? \_\_\_\_\_ How many are you requesting? \_\_\_\_\_

4. Please list the number of employees/occupants in the facility where AED is desired. \_\_\_\_\_

5. Identification of high-risk environments:

a. List the type of high risk equipment used that requires the need for an AED to be located in the building (i.e., high voltage/heavy workplace equipment use):  
\_\_\_\_\_

b. List activities of daily work that require the need for an AED to be located in the building:  
\_\_\_\_\_

c. Describe the facility design layout and other barriers that may hinder access of emergency medical personnel requiring the need for an AED to be located in the building (i.e., security level):  
\_\_\_\_\_  
\_\_\_\_\_

d. List any unique requirements in the unit population which support the need for an AED to be located in a specific facility such as high PT tempo or an employee with a past history of cardiac problems, etc. (DO NOT LIST NAMES):

---

---

6. List the number of people that may have public access to the facility on a daily basis.

---

7. Describe the ability of the staff to maintain AED Heartsaver® response during hours of operation as prescribed in AFI 44-177/AFI 44-177\_MAXWELLAFBFSUP. (Will someone BLS/AED trained be available during all hours of operation?)

---

---

8. Provide the name(s) and contact information of the unit's, Commander-appointed, AED Program Site Coordinator(s)/Alternate(s):

---

---

9. Unit Commander's Name: \_\_\_\_\_ Date: \_\_\_\_\_

---

**DO NOT WRITE BELOW THIS LINE**

I have reviewed the needs risk assessment and prescribed approval/disapproval placement of an AED at the above location IAW AFI 44-177/AFI44-177\_MAXWELLAFBFSUP, *Automated External Defibrillator Program*.


Signature: \_\_\_\_\_ Date: \_\_\_\_\_

42 MDG AED Program Medical Director

Attachment 7 (Added)

AED MONTHLY INSPECTION CHECKLIST

Figure A7.1. (Added) AED Monthly Inspection Checklist Format.



DEPARTMENT OF THE AIR FORCE  
42D AIR BASE WING (AETC)  
MAXWELL AIR FORCE BASE ALABAMA

**AED MONTHLY INSPECTION CHECKLIST**

<b>ECN:</b>	<b>Model:</b> PowerheartG5	<b>Serial:</b>	<b>RC/CC:</b>	<b>Location:</b>
-------------	-------------------------------	----------------	---------------	------------------

Refer to the User's Guide, for more detailed information on user maintenance. The following checklist is an overview designed to guide you through each monthly inspection. The inspection is required to be accomplished and documented once each month.

**Monthly User Maintenance Procedure:**

- Ensure the unit is clean, undamaged, and free of excessive wear.
- Ensure the housing is free of cracks or loose parts.
- Verify the electrodes are within their expiration date. Replace if necessary.
- Verify all cables are free of cracks, cuts and exposed wires.
- Verify the electrodes are connected to the input connector, sealed in their package, and the supply pack is present and sealed.
- Verify the carrying case is in good condition with no rips, tears, broken clips, or broken zippers. -
- Verify the wall mount, if present, is stable and securely fastened to the wall.

If any above item fails, contact the BMETs immediately at 953-6814.

Due Date	Date Inspected	Printed Name	Signature	Telephone	Pass/Fail
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

**Remarks**

This form should be left with the Site Coordinator when completed. It should be maintained for at least 2 years and inspected during bi-annual inspections by the Wing PAD Program Coordinator. If any questions or concerns arise concerning this Automatic External Defibrillator, contact the BMET office at the Medical Group @953-6814

Aethra Nobis—The Skies for Us