



**DEPARTMENT OF CORRECTIONS
Human Resources**



Title:	Automatic External Defibrillator (AED)	DOC Policy: 20.6.16
Effective:	4/21/08	Supersedes: None
Applicability: All Locations with an Automatic External Defibrillator (AED)		
Directives Cross-Reference: None		
Attachments: Daily AID Checklist Monthly / Annual AED Checklist		

I. PURPOSE

To establish policy for training, use, and care of automated external defibrillator.

II. DEFINITIONS

- A. Sudden Cardiac Arrest: is an electrical malfunction of the heart, disrupting the heart muscle's normal rhythm.
- B. Automatic External Defibrillator (AED): as used in this policy an AED is a self-testing, battery-operated automated external defibrillator (AED).
- C. CPR: the letters in CPR stand for cardiopulmonary resuscitation, a combination of rescue, breathing (mouth-to-mouth resuscitation), and chest compressions.
- D. Safety Manager: Local safety person who is responsible for the overall administration of the Automatic External Defibrillator program—the Automatic External Defibrillator coordinator will inspect and maintain Automatic External Defibrillator's per the manufacturer's requirements.
- E. Safety Administrator: DOC safety person who will audit the Automatic External Defibrillator program at each facility on an annual basis.

III. POLICY

A. Safety Manager is overall responsible for administration of the program.

B. Overview:

An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest (SCA). An AED is only to be applied to victims who are unconscious, without a pulse and not breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

C. AED Coordinator:

- a. Each location with an AED will appoint an AED Coordinator to ensure that all AED's are inspected and maintained according to the manufacturer's requirements.
- b. AED coordinator is to report to Safety Manager quarterly & report deficiencies immediately to Safety Manager.

D. Training:

- a. AED training will only be provided to staff that have successfully completed CPR training.
- b. Training and curriculum will be provided by the Department's Professional Development Unit, including Health Services, to all instructors of CPR/1st Aid.

E. Locations:

- a. Each facility with an AED shall determine the appropriate physical location to house the unit.
- b. Each location will establish a procedure for the deployment of an AED.
- c. Each location will post signage on location and activation process of AED's.

F. Safety & Risk Administrator will audit each location annually.

G. Inspection and Maintenance:

- a. Inspections will be done according to the AED manufacturer's written instructions (Daily, Monthly, and Annual inspections).
- b. Each location that has an AED shall have assigned personnel to ensure that inspections are performed, Daily, Monthly, and Annually.
- c. Inspection reports will be forwarded to the assigned AED Coordinator for review, noted deficiencies will be corrected.
- d. Maintenance will be done according to the AED manufacturer's written instructions.
- e. Each location that has an AED shall maintain inspection and maintenance records for the life of the unit plus one year.
- f. Daily check lists will be with Automatic External Defibrillator equipment at all locations within a facility.

H. Post Event Procedures:

- a. The AED Coordinator shall ensure that internal data stored within a used AED is downloaded and stored according to applicable retention statutes.
- b. After the use of an AED, the AED Coordinator shall ensure that any and all replacement parts (such as electrode pads) are ordered immediately.

IV. IMPLEMENTATION

This policy will be adopted immediately without further modification.

Oregon Department of Corrections

Daily AED Checklist

Facility

Unit

Readiness-for-Use Checklist: AED Date: _____ Covering Period: _____ to _____ (This checklist covers 1 month of daily checks)

Institution Location/Identifier: _____ Mfr/Model No: _____ Serial/ID No. _____

At each scheduled time, inspect the AED, using the checklist below. Note any inconsistencies, deficiencies, and corrective action taken. If the device is not ready for use or out of service, write OOS on the "day of month" line and note deficiencies in the corrective action log.

<p>Daily Check:</p> <p>1. Visually inspect the AED:</p> <ul style="list-style-type: none"> a. In proper location b. Clean, no spills c. No signs of damage. d. All readiness-for-use status indicators light, indicates "ready" (green). e. If problem identified contact AED Coordinator. <p>With clinical uses also check:</p> <p>1. Open AED lid</p> <ul style="list-style-type: none"> a. Listen for voice prompt. b. Replace used Electrode pads. c. Close AED lid <p>2. Indicator light</p> <ul style="list-style-type: none"> a. All readiness-for-use status indicators light, indicates "ready" (green) <p>3. AED cables and connectors</p> <ul style="list-style-type: none"> a. Observe the expiration date on the electrodes. b. Electrodes (ready for use) expiration date is visible. <p>4. Supplies available</p> <ul style="list-style-type: none"> a. 2 sets of unexpired electrode pads in sealed package. a. Personal protective equipment (gloves, barrier device) b. Razor c. Hand towel or 4x4 to dry patient. <p>5. AED returned to ready-for-use status.</p> <p>6. Check Battery expiration date.</p> <ul style="list-style-type: none"> a. Date ((a) if previously use). _____. b. Date ((b) if never used). _____. <p>7. Number of times used _____.</p> <p>8. Number of Shocks delivered _____.</p> <p><u>CD1475</u></p>	<p style="text-align: center;">Day of Month/Print Name and Initial</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p> <p>21. _____</p> <p>22. _____</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p> <p>26. _____</p> <p>27. _____</p> <p>28. _____</p> <p>29. _____</p> <p>30. _____</p> <p>31. _____</p> <p>Example: 5. October 5, John Jones JJ . Note if used that day and Number of Shocks delivered</p>
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Corrective Action Log

Oregon Department of Corrections

Monthly / Annual AED Checklist

Facility

Unit

Readiness-for-Use Checklist: AED

Date: _____ Covering Period: _____ to _____
 (This checklist covers 1 year of monthly checks and includes the annual review and comments)

Institution Location/Identifier: _____ Mfr/Model No: _____ Serial/ID No. _____

At each scheduled time, inspect the AED, using the checklist below. Note any inconsistencies, deficiencies, and corrective action taken. If the device is not ready for use or out of service, write OOS and note deficiencies in the corrective action log.

Monthly Checks:

1. **Were all Daily checks Completed:**
2. **Visually inspect the AED:**
 - a. In proper location
 - b. Clean, no spills
 - c. No signs of damage.
 - d. All readiness-for-use status indicators light, indicates "ready" (green).
 - e. If problem identified contact AED Coordinator.
3. **Open AED lid**
 - a. Listen for voice prompts.
 - b. Close lid and confirm that status indicator light remains green.
4. **AED cables and connectors**
 - a. Observe the expiration date on the electrodes.
 - b. Electrodes (ready for use) expiration date is visible.
5. **Indicator light**
 - a. All readiness-for-use status indicators light, indicates "ready" (green)
6. **Supplies available**
 - a. 2 sets of unexpired electrode pads in sealed package.
 - b. Personal protective equipment (gloves, barrier device)
 - c. Razor
 - d. Hand towel or 4x4 to dry patient.
7. **AED returned to ready-for-use status.**
8. **Check Battery expiration date.**
 - a. Date ((a) if previously use). _____.
 - b. Date ((b) if never used). _____.

Annual Checks:

In addition to the information completed on the monthly checks also check:

1. **Were all monthly checks completed**
2. **AED cables and connectors**
 - a. Remove electrodes, close lid, confirm status indicator turns red.
 - b. Open lid and confirm the electrode indicator is lit, reconnect the electrodes and close lid.
 - c. Observe the expiration date on the electrodes.
 - d. Electrodes (ready for use) expiration date is visible.
8. **Number of times used during the year**

Monthly Checks/Number of times used and number of shocks delivered/ and Corrective Action Log

January: _____

February: _____

March: _____

April: _____

May: _____

June: _____

July: _____

August: _____

September: _____

October: _____

November: _____

December: _____

ANNUAL: _____

Date/ Print Name/Initial and describe problems noted:

Example: October 5, 200? John Jones JJ . AED electrode pads expired.

9. Number of Shocks delivered during year

CD#1474