

VALDOSTA STATE UNIVERSITY

# Automated External Defibrillator Policy and Procedures

Environmental and Occupational Safety  
Initial Policy Date: December 13, 2007

**Revision Date: May 3, 2013**

# **Valdosta State University**

## **Automated External Defibrillator Policy and Procedures**

### **POLICY**

Purchase, training of personnel, maintenance, use of and reporting requirements for automated external defibrillators (AEDs) will be in compliance with the responsibilities and procedures outlined in this policy and consistent with appropriate regulations and American Red Cross and/or American Heart Association guidelines. Purchase of AEDs must be approved by the Automated External Defibrillator Committee (AED Committee) prior to purchase and they must be obtained through the University Business Services office. Environmental and Occupational Safety is responsible for administering and ensuring compliance with the AED Policy. This policy applies to all AED units on campus, whether secured by state funds, private funds, or donation. It will be reviewed on an annual basis by the AED Committee. Supervisors/Senior administration will be notified of ongoing policy violations.

### **DEFINITIONS**

**Automated External Defibrillator (AED):** A device that automatically analyzes the heart rhythm and, if it detects a problem that may respond to an electrical shock, that permits a shock to be delivered to restore a normal heart rhythm.

**Area Coordinator:** The individual designated by a department or program to be responsible for ensuring that department's or program's compliance with the AED Policy, including personnel training requirements, maintenance, and reporting of inspections, incidents and use of the unit.

**AED Committee:** The committee charged with oversight of the University AED Policy and AED Program.

### **LEGAL AUTHORITY FOR AED PROGRAM**

Support for the use of AEDs on our campus is provided by the Federal Cardiac Arrest Survival Act and the Georgia Good Samaritan Laws.

1. **Federal Cardiac Arrest Survival Act:** Section 404 states, "...any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency, without objection of the victim of the perceived medical emergency, is immune from civil liability for any harm resulting from the use or attempted use of such device..."
2. **Georgia Good Samaritan Law:** The Code of Georgia §51-1-29, Liability of persons rendering emergency care, states, "Any person...who in good faith renders emergency care at the scene of an accident or emergency to the victim or victims thereof without making any charge therefore shall not be liable for any civil damages as a result of any act or omission by such person in rendering emergency care or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person.
3. **Georgia Good Samaritan Law:** The Code of Georgia § 51-1-29.3, Immunity for operators of external defibrillators, states, "The persons described in this Code section shall be immune from civil liability for any act or omission to act related to the provision of emergency care or treatment by the use of or provision of an automated external defibrillator, as described in Code Sections 31-11-53.1 and 31-11-53.2, except that such immunity shall not apply to an act of willful or wanton misconduct and shall not apply to a person acting within the scope of a licensed profession if such person acts with gross negligence."

## **PROCEDURE FOR THE PURCHASE AND PLACEMENT OF AEDS**

The following procedures must be used to gain approval for AED purchases.

1. The department/unit will request approval from the AED Committee to purchase and maintain an AED. The request must include the following information:
  - a. Justification for the need
  - b. Plan for training of personnel and maintaining current training
  - c. Plan for trained personnel coverage of location(s)
  - d. Designation of Area Coordinator responsible for compliance with policy, including training, maintenance, testing and recordkeeping
  - e. Designated number and placement to support location
  - f. Approval of increase for dedicated AED funding source for unit(s) purchase, supplies, and spare batteries

The request should be sent to the office of Environmental & Occupational Safety for review and approval by the AED Committee.

2. After receiving approval and properly obtaining one or more AEDs, the Area Coordinator will coordinate with the AED Committee to determine the storage location for departmental use or the placement location in a building for public access locations.
3. An inventory of AED locations is available on the Environmental & Occupational Safety website.

## **TRAINING**

Training in AED use is a required component of the University's AED program.

1. Current certification under the American Red Cross CPR training, American Heart Association Heartsaver AED course, or the National Safety Council First Aid course is required for personnel who will use the AED.
2. Renewal is currently required every two years to maintain certification.
3. Training should be obtained through Employee and Organizational Development. If alternate training arrangements are made, prior approval must be obtained from Employee and Organizational Development.
4. Training meeting the requirements of professional organizations will be accepted with adequate documentation forwarded to Employee and Organizational Development.
5. Documentation of training must be submitted to Employee and Organizational Development unless training is obtained through that office.
6. Trained users should be aware that data logged by the AED during use must be made available to emergency medical personnel upon request.

## **MAINTENANCE AND TESTING**

1. Maintenance and testing must be performed in accordance with the manufacturer's specifications for the unit. Included in Appendix B are maintenance and testing requirements for the units owned by the University, as well as samples of forms to use for documentation of the maintenance and testing.
2. Batteries have a life span of approximately two to five years depending on battery capacity and usage pattern. Follow the manufacturer's guidelines on maintaining a spare battery.
3. Disposable pads have a shelf life of approximately 18 months. Because pads cannot be reused, at least one spare set of pads must be available at all times where the unit is stored or carried for potential use.
4. University Police and locations that serve children under age 8 or less than 55 pounds, during summer camps and lessons for example, must have one set of pediatric pads on site.
5. Pads must be replaced by the expiration date printed on the packages, whether or not they have been used.

6. Whenever possible, units should be kept in a climate controlled location, for example inside the cab of police vehicles instead of in the trunk.

### **RESPONSIBILITIES OF THE AUTOMATED EXTERNAL DEFIBRILLATOR COMMITTEE**

The AED Committee membership can be found on the Environmental & Occupational Safety webpage. The AED Committee will meet at least once per year and will be responsible for performing and maintaining a record of the following activities:

1. Designate a standard brand and model of AED which can be purchased, approve the location and placement, and designate guidelines for maintenance, testing, training, and recordkeeping. In determining the campus standard, the Committee will consider compatibility with local EMS equipment.
2. Review requests for purchase which will include but not be limited to consideration of need, public health issues, risk of location, population in building, and response time of EMS.
3. Develop a standard post-incident debriefing protocol for individuals who use the AED.
4. Review each use of an AED as soon as possible after the event by the AED Committee Chairpersons. This review may cause the chairpersons to call a meeting of the AED Committee to review policy change prior to the next annual meeting.
5. Review departmental records of inspection, testing and maintenance annually.
6. Audit compliance with policy periodically.
7. Establish and maintain a dedicated funding source for maintenance, replacement and purchase of AEDs, as well as costs associated with personnel training. This fund must be increased as part of the approval of a new AED placement to meet increased maintenance and replacement costs.
8. Review AED placement on an annual basis and when new construction is planned to determine if the number of AEDs and placement is still appropriate.

### **RESPONSIBILITIES OF AREA COORDINATOR**

The Area Coordinator will be responsible for performing and maintaining a record of the following activities:

1. Inform the AED Committee of the name, phone number and e-mail address of the Area Coordinator for the location where an AED is placed.
2. Notify Environmental and Occupational Safety of the location and placement of the unit(s).
3. Identify potential users and implement staff training schedules.
4. Forward to Employee and Organizational Development certification of personnel trained using alternate training.
5. Maintain records of training dates and certification expiration dates with a method for ensuring trained staff receive reminders in time to schedule necessary retraining.
6. Post signage near each unit that informs potential users that only persons with certified AED training are allowed to use the device.
7. Maintain and replace all AED equipment and supplies according to manufacturer's guidelines.
8. Document compliance with the maintenance and inspection schedule as required by the AED manufacturer and forward documentation to Environmental and Occupational Safety by the 5<sup>th</sup> of each month.
9. Ensure completion of the Post-Incident Report Form (Attachment A) for all use of or attempted use of the AED. The form must be completed and delivered by hand or by fax or scanned and delivered by e-mail within twenty-four hours to Environmental and Occupational Safety.

## **RESPONSIBILITIES OF ENVIRONMENTAL AND OCCUPATIONAL SAFETY**

The Director of Environmental and Occupational Safety will be responsible for reviewing changes to the AED Policy and making certain necessary actions are completed. The Environmental and Occupational Safety office will ensure compliance with the AED Policy on our campus. This includes:

1. Conducting periodic audits of departmental training, maintenance records, and inspections.
2. Publicizing the requirements of the AED Policy.
3. Maintaining records as required by the AED Policy.
4. Reporting to the AED Committee any discrepancies in departmental AED maintenance, recordkeeping or training.
5. Informing local emergency responders of the locations of AEDs on campus.

APPENDIX A

Post-Incident Report Form

**Valdosta State University**  
**Automated External Defibrillator (AED)**  
**Post-Incident Report Form**

Use this form to report any event, incident or situation that resulted in use or attempted use of an AED. The responder at the scene and the AED Area Coordinator shall ensure its completion and forwarding within 24 hours of the event to the Office of Environmental and Occupational Safety with a copy retained by the Area Coordinator.

Facility or Building: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Name and Contact Information for victim, if known: \_\_\_\_\_

Did the victim collapse (become unresponsive)? Yes  No

Was someone present to see the person collapse? Yes  No

If yes, provide name: \_\_\_\_\_

If yes, was the person a trained AED employee? Yes  No

Did the victim have a pulse? Yes  No

How was the pulse checked? \_\_\_\_\_

Was the victim breathing? Yes  No

How was breathing checked? \_\_\_\_\_

Were University Police notified? Yes  No

Were University Police at the scene? Yes  No

Were emergency services contacted? Yes  No

If yes, who was contacted? \_\_\_\_\_

Was CPR started? Yes  No

Who started CPR? Bystander  Trained AED Employee

Briefly describe the event, incident, or situation that resulted in the AED being brought to this victim:

Was the AED applied to the victim? Yes  No

If yes, describe what actions the AED advised:

**Valdosta State University  
Automated External Defibrillator (AED)  
Post-Incident Report Form**

Status of patient at the time EMS personnel arrived:

Did the victim have a pulse?                      Yes     No

How was the pulse checked? \_\_\_\_\_

Was the victim breathing?                      Yes     No

How was breathing checked? \_\_\_\_\_

Name of person operating AED: \_\_\_\_\_

Has the AED unit been cleaned and put back to a state of readiness according to  
manufacturer's recommendations?                      Yes     No

Signature of responder completing this form and Date: \_\_\_\_\_

Signature of Area Coordinator and Date: \_\_\_\_\_

Name and Contact Information for other responders:

Return this form to: Environmental and Occupational Safety  
Initial report may be e-mailed to Robert DeLong at  
[env&occ@valdosta.edu](mailto:env&occ@valdosta.edu) with a signed copy submitted on the next  
business day.

\* Keep a copy in the Area Coordinator File.



APPENDIX B

Maintenance and Testing Requirements  
for University AEDs

## **Introduction**

This section details the maintenance and testing requirements. Information for each brand/model is available in the user manual or from the manufacturer's website.

Each department that has an AED must maintain a daily and monthly checklist for each unit. The checklist records the maintenance and testing for that unit and should also have an area to note any deficiencies and the corrective action taken.

Daily checks should be completed each workday. For some departments, that will only be Monday through Friday, while others such as University Police will perform a check every day of the month. Once the AED Daily Check form is completed, it must be submitted to Environmental & Occupational Safety on the first work day of the next month.

Monthly checks should be completed within the first 5 workdays of the month. Once completed, the Monthly Check form must be submitted to Environmental & Occupational Safety the same or next day.

If the Area Coordinator is going to be away, he or she must make arrangements for someone else who is trained in AED use to check the unit and complete the daily or monthly check.

Please contact Environmental & Occupational Safety if you have any questions regarding these requirements.

# AED DAILY CHECK

Please check the unit each workday to ensure the status of the unit indicates it is ready for use (usually a symbol or flashing light). Indicate non-workdays in the comments section. Contact E&OS or refer to your users' manual if you need specific information on your unit.

Fax or e-mail this completed form on the first workday of the following month to Environmental & Occupational Safety at 229-293-6172 or [env&occ@valdosta.edu](mailto:env&occ@valdosta.edu).

|   |                           |
|---|---------------------------|
| <b>MONTH/YEAR:</b><br>Area Coordinator: | Site Name:<br>Site Phone: |
|---|---------------------------|

|   |  |
|---|--|
| <b>AED BRAND &amp; MODEL:</b><br>Specific Location of Unit:<br>Electrode Expiration Date: | <b>SERIAL # OF AED:</b><br>Portable ___ Wall Mounted ___<br>Battery Expiration Date: |
|---|--|

| Date of Check | Green Yes | Light No | Signature of Area Coordinator Performing Daily Check | Comments (Optional) |
|---------------|-----------|----------|--|---------------------|
| 1             |           |          |  |                     |
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| 30            |           |          |  |                     |
| 31            |           |          |  |                     |

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

## AED MONTHLY CHECK

Please check the unit each workday to ensure the status of the unit indicates it is ready for use (usually a symbol or flashing light). Indicate non-workdays in the comments section. Contact E&OS or refer to your users' manual if you need specific information on your unit.

Fax or e-mail this completed form on the first workday of the following month to Environmental & Occupational Safety at 229-293-6172 or [env&occ@valdosta.edu](mailto:env&occ@valdosta.edu).

|                                   |                           |
|-----------------------------------|---------------------------|
| <b>DATE:</b><br>Area Coordinator: | Site Name:<br>Site Phone: |
|-----------------------------------|---------------------------|

|                               |                               |
|-------------------------------|-------------------------------|
| <b>AED BRAND &amp; MODEL:</b> | <b>SERIAL # OF AED:</b>       |
| Specific Location of Unit:    | Portable ___ Wall Mounted ___ |
| Electrode Expiration Date:    | Battery Expiration Date:      |

| Check the Following:  | Describe Findings: | Comments and/or Corrective Actions Taken |
|---|--------------------|--|
| Status Indicator  |                    |  |
| Condition of Unit and Accessories (clean, no cracks or damage to case, accessories present and in good condition) |                    |  |
| Pads are in good condition and not expired  |                    |  |
| Two sets of adult pads are available  |                    |  |
| For locations that serve children age 8 and under or 55 pounds and under, one set of pediatric pads is available  |                    |  |
| Batteries have charge and are not expired   |                    |  |
|   |                    |  |
| Inspected by:   | Signature:         |  |