

ORC: 2305.23; 2305.23.05
OAC:
COA:
CFSR:
Board:
Other: _____

Review Date: 4/16
Review Responsibility: Safety Committee

FCCS PROCEDURE

NO.: 4H

**SUBJECT: Automated External Defibrillator
(AED)**

Approved by: Executive Council

Effective Date: June 7, 2010

Date(s) of Revision: Apr 1, 2013

Responsible for Implementation: All trained employees that may perform CPR, utilize AED, or provide emergency first aid.

AED devices are located in a secured area near the front desk at each of the FCCS locations.

Purpose:

The Automated External Defibrillator (AED) is a small machine which allows any person to monitor an unconscious persons heart rhythm and provide electrical stimulation if required in the first critical moments after Sudden Cardiac Arrest (SCA). Use of the AED will not replace the care provided by Emergency Medical Services (EMS), but is meant to provide a life saving bridge during the first few critical minutes it takes for advanced life support providers to arrive. Upon arrival of the EMS, the patient care should be transferred to them, and responders should only assist in care as requested by EMS.

Definition:

Automated External Defibrillator (AED) is a life saving device used to assist in the attempt of saving the life of someone in Sudden Cardiac Arrest (SCA).

Policy:

Franklin County Children Services will have trained staff in CPR and AED use, as well as First Aid. This training will be conducted by a certified CPR instructor through the American Red Cross and will be arranged to take place by the Professional Development Department annually.

Procedures:

1) Training

- a) Employees shall be trained using the American Red Cross guidelines administered by a certified instructor. Training on CPR and AED use will take place during work hours through the Professional Development Department for hands on instructions.
- b) The following employees may sign up for training with approval from their supervisor who have expressed a desire to be trained on this important and critical life saving device: Safety Marshals, Front Desk Staff, Safety Committee Membership, Medical Department Staff, and other employees. No employee shall ever be forced to participate in this training.
- c) Annual training will be offered to all employees who are currently certified or want to be certified. This training will be provided to employees prior to the expiration date of the training already completed for current certified employees.
- d) Upon initial certification on CPR and AED use, employees shall maintain their certification at the intervals required by the American Red Cross. The Professional Development Department will maintain accurate records of staff that have been trained and dates of training. A list of certified employees will further be placed on FCCS share as well as in each of the 4 AED units for easy reference.

2) Storage, Access and Security

- a) All the Franklin County Children Services locations will have an AED device located in a secured area near the front desk area, in close proximity to first aid kits and other safety equipment. AED devices will be stowed in specialized cabinets with appropriate signage noting their location.

- b) The AED location shall be accessible to and made known to all employees/staff properly trained in its use and operation.
- c) Local EMS will be made aware of the presence of AED devices in all Franklin County Children Services locations.
- d) The AED shall be protected and secured as a restricted medical device as required by the U.S. Food and Drug Administration (FDA). When placing the AED into service, ensure the device is placed where it is not susceptible to tampering, theft, or misuse by those who are not authorized by this protocol.
- e) The AED shall be stored where the temperature is kept between 32 and 122 degrees Fahrenheit.
- f) The AED cannot shock the victim unless an abnormal heart rhythm (ventricular fibrillation) is detected. The AED cannot shock the user.

3) Associated Equipment

The following items shall be stored, and available with each AED device.

- a) CPR pocket mask (recommended)
- b) Towel, or other appropriate item for wiping the victim dry or for vomit (recommended)
- c) Razor for hair removal (recommended)
- d) Scissors (recommended)
- e) Disposable gloves (3 pairs) (recommended)
- f) One set of electrode pads
- g) AED Policy and Procedure
- h) Administrators Manual
- i) Response Documentation Form
- j) Quality Assurance Check Log
- k) List of certified AED Responders/Users

4) Medical Protocol

- a) The AED shall be used in accordance with the guidelines and training set forth by the American Red Cross. If there is a known certified user immediately available, allow them to operate the AED. A current list of certified employees will be placed in each AED unit for reference. If there is not a certified user immediately available,

immediately call 911. Even if there is a certified user, the first step is always to call 911, even while the device is about to be used.

Everyone should be familiar with the AED policy and, generally, about the use of the AED. A good faith attempt at saving a life is covered under the Good Samaritan Laws: ORC 2305.23 and 2305.23.05.

b) Per American Red Cross Guidelines:

- i) Franklin County Children Services will have the Phillips Heartstart FRx AED in all agency locations which comes equipped with a pediatric lock key to easily prepare the device for infant/child use. The pediatric lock key operation is available for use to defibrillate an infant or child under 55 pounds or 8 years of age. The pediatric lock key reduces the defibrillation energy. In the event AED must be administered on an infant/child, do not delay assistance if the exact age and/or weight are unknown.**
- ii) An AED will only be used on an unconscious, breathless and pulse less victim.**

c) Medical Protocol Sequence – Following sequence shall be used as a standard level of care when AED use is indicated.

- i) Assess the area for safety and assure the area is free of hazards and metal surfaces (i.e. water, electrical dangers, chemicals, harmful people, traffic, fire, flammable gases).**
- ii) Establish unresponsiveness. Look for rise and fall of chest, listen for breaths, and feel for breathing using the side of your face. Attempt to shake the victim and ask them, “Are you okay?”**
- iii) Request Emergency Medical Services by calling 911 immediately or having someone else call 911 for you! Front desk staff must be notified that 911 has been called and the location of the victim in order to direct EMS upon arrival.**
 - When calling 911, include the following information:**
 - Type of emergency**

- Address of facility
- Location of emergency (include floor, room number, etc as applicable)
- Phone number calling from
- Presence of AED on site
- Further information requested from 911 operator

iv) After 911 has been called, locate the AED device and remove from the storage cabinet. Open the AED device to view the instructions for use on the inside cover. There are three basic steps.

- Press the green On/Off button.
- Follow the Voice Instructions.
- Press the flashing orange Shock button if instructed.
- AED Operation: Phillips Heartstart FRx

NOTE: Personnel using the AED are protected from liability by ORC 2305.23.05

- Open AED storage case and push the green On/Off button. The AED will turn on and talk you through the steps as well as provide pictorial instructions for use on the inside cover.
- The device tells you to remove all clothes from the person's chest. If necessary, rip or cut off the clothing to bare the person's chest.
- Remove the SMART Pads II case from the carry case. Clean and dry the patient's skin, and if necessary, clip or shave excessive chest hair to ensure good pads contact with the bare skin.
- Open the pads case and peel off one pad. Place the pad on the patient's bare skin **exactly as shown** on the diagram on the front panel, which will be flashing to help guide you. Press the

adhesive portion of the pad down firmly. Repeat with the other pad.

1. Pad placement is very important, adherence to the diagram is crucial for both adults and children over 55 pounds and 8 years of age and infants and children under 55 pounds and 8 years of age.
 2. If the patient is under 55 pounds or 8 years of age, you have an infant/child key.
 3. Insert the Infant/Child Key into the slot at the top center of the front panel of the device. The pink portion of the Key pivots and fits into the slot with the front of the key lying flat on the surface of the device so the Infant/Child pads placement diagram is visible.
 4. Turn on the device and follow instructions to remove all clothing from the torso, to bare both the chest and back.
 5. Place the pads on the child's front and back. It does not matter which pad is placed on the chest or the back.
- Press the flashing orange shock button if instructed. If shock is advised by the AED unit, announce "ALL CLEAR" and then look to make sure no one is in contact with the victim or the AED, remove all cell phones from the close vicinity; these may interfere with the shocking process, and then press the shock button. **Do not touch the victim during shock!** When the flashing orange shock button is pressed, the

device tells you that the shock has been delivered. The device then tells you it is safe to touch the patient and instructs you to begin CPR. There will be a flashing blue i-button for CPR Coaching.

- If NO SHOCK is advised, leave the AED attached to the victim and continue with CPR in accordance with the American Red Cross Guidelines. (See below)
- The victim shall be turned over to EMS immediately upon arrival for continued advanced care with the following information, if available:
 1. Patient's Name
 2. Any known medical problems, medications, allergies
 3. Time the victim was found
 4. Initial and current condition of victim
 5. Number of shocks delivered, and length of time AED used
- If a shock is NOT needed, the blue i-button comes on solid to show that it is safe to touch the patient and you are instructed to perform CPR, if needed. Press the flashing blue i-button for CPR coaching.
 - Open the victim's airway using the head-tilt-chin-lift in a non-trauma victim, and the jaw thrust for a victim of trauma.
 - Check for breathing using the look, listen, and feel method.
 1. LOOK – for rise and fall of the chest
 2. LISTEN – for breathing and air flow in and out of the mouth
 3. FEEL for breathing using the side of your face

- If no breathing is detected, rescue breathing should be administered: **TWO** slow breaths last two seconds each. Breaths should be sufficient enough to cause the chest to rise and fall. Caution should be used not to over inflate the victim's lungs; this could lead to further complications.
- Once two breaths have successfully been administered, check for a pulse:
 1. If a pulse is present, continue rescue breathing, one ventilation every five seconds.
 2. If no pulse is present, begin CPR. Begin compressions at a rate of 100 per minute with a rate of 30 compressions to two ventilations.
- If the victim is found to be unresponsive, not breathing, and has a pulse, recheck the AED and follow the instructions above.

5) Post incident Procedure

- a) Following an incident where an AED and its associated equipment are used, the responding employee is required to submit a Response Documentation Form (under forms button) and Critical Incident Report (located on SharePoint under forms). The Critical Incident Report should include the following information: where the victim was transported to; their condition; and the observations of the scene by the responding employee, witness, as well as all other pertinent information.
- b) The following steps should be completed as soon after the incident as possible by the Employee and AED Program Coordinator:
 - i) Check the outside of the device for signs of damage, dirt, or contamination (See Chapter 5 of Manual on how to maintain device).

- ii) Plug the cable connector for the new set of SMART Pads II into the device (do not open the pads case). Check supplies and accessories for damage and expiration dates. Replace any used, damaged or expired items (See Chapter 2 of Manual on how to change pads and replacing battery).
- iii) Remove the battery for five seconds, then reinstall it to run the insertion self-test to check for operation of the defibrillator. When the test is complete, check that the green light is blinking.
- iv) Return device to its storage location.
- v) Be sure to forward a copy of the Critical Incident Report to the Oversight Physician, Dr. Nicomedes Sansait and the AED Program Coordinator for review.

6) Physician Oversight and AED Program Coordinator

- a) Physician Oversight for Franklin County Children Services and AED will be provided by Dr. Nicomedes Sansait, MD. Physician Oversight will include the following items:

- i) Development and review of policies and procedures defining the standards of patient care and utilization of the AED.
- ii) Review of response documentation and rescue data for all uses of the AED.
- iii) Oversee the initial and continuing AED training.
- iv) Provide advice regarding the medical care of those in need of such care.
- v) Contact information for Physician Oversight, Dr. Nicomedes Sansait:

Phone: (614) 275-2727

Fax: (614) 275-2645

Email: nmsansai@fccc.co.franklin.oh.us

- b) Franklin County Children Services AED Program Coordinator has the responsibility for:

- i) Ensuring that the 4 Agency AED devices are all maintained and equipped with supplies through monthly and annual

maintenance checks. Purchasing and facilities will be notified when maintenance and/or supplies are needed.

- ii) Coordinate with the Professional Development Department on organizing training programs and re-training programs.
- iii) Plan practice drills, forward and incident data to the overseeing physician, and hold post-incident review sessions and debriefing sessions.
- iv) Contact information for AED Program Coordinator, Maureen Bosart, or nurse covering FCCS Medical Center:
Phone: (614) 275-2738
Fax: (614) 275-2645
Email: mabosart@fccc.co.franklin.oh.us

7) Quality Assurance

A Response Documentation Form and Critical Incident Report will be completed for each use of the AED. The AED Program Coordinator and the Oversight Physician will review the Response Documentation Form as well as the submitted Critical Incident Report. The rescue data will be reviewed for appropriate treatment.

8) Routine Maintenance

- a) AED Monthly Checks will be completed by the AED Program Coordinator and logged for Quality Assurance.
 - i) The Phillips Heartstart FRx performs a self-test every day. As long as the green Ready light is blinking, it is not necessary to test the device by initiating a battery insertion self-test. In addition, a battery insertion self-test is run whenever a battery is installed in the device. The device's extensive automatic self-test features eliminate the need for any manual calibration.
 - ii) Do not open the device, remove its covers, or attempt to repair. There are no user-serviceable components in the device. If repair is required, return the device to an authorized service center.
 - iii) Do not leave the device without a set of pads connected; the device will start chirping and the i-button will start flashing.

- iv) Do not store the device with the Infant/Child Key installed.
- b) AED Annual Checks will be completed by the AED Program Coordinator/designee and logged for Quality Assurance – July of each year. Other than the checks recommended after each use of the device, maintenance is limited to periodically checking the following:
 - i) Check the green Ready light. If the green Ready light is not blinking, see Trouble Shooting tips in Manual on page 18.
 - ii) Replace any used, damaged or expired supplies and accessories.
 - iii) Check the outside of the device. If there are cracks or other signs of damage, contact Phillips for technical support.

RESPONSE DOCUMENTATION FORM

AED Use Reporting

The following form must be completed on all uses of the Phillips Heart Start FRx.

Date: _____

Patient Information:

Name: _____

Address: _____

Age: _____ Gender: Male __ Female __

Location of Incident: _____

Witnessed Arrest: Y/N

Breathing Upon Arrival: Y/N

Pulse Upon Arrival: Y/N

Bystander CPR: Y/N

Cardiac Arrest after Arrival: Y/N

Number of Defibrillators: _____

Efforts terminated in the Field? Y/N

Any Complications?

Additional Comments:

Rescuer's Name and Phone Number: _____

Rescuer's Signature: _____