



WILLIAM & MARY

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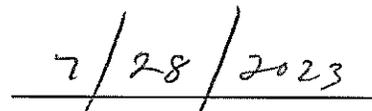
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William & Mary Automated External Defibrillator (AED) Program

The following document provides program requirements for the AED Program at William & Mary. It is the desire of this program to assist in improving the quality of life for the faculty, staff, students, and visitors to William & Mary. It is the intent of this document to give the campus community general guidance in response to an incident of sudden cardiac arrest (SCA), as well as post-incident requirements. The document is not intended to cover all circumstances involved in such emergencies. It is the responsibility of the AED Program Coordinator to provide continuous guidance, monitoring, and evaluation of the program contents. Annual review of this document will be conducted by the AED Program Coordinator for content and modifications to meet national and state standards.


University Medical Director/Dr. David Dafashy


Date


AED Program Coordinator/Teresa Belback

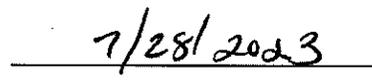

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1. Scope

This document describes the policies and procedures of William & Mary relating to its AED program. This program anticipates members of the campus community, including employees, students, and visitors, who may serve as responders in cardiopulmonary resuscitation (CPR) and automated external defibrillation (AED) therapy in the event of a medical emergency, as well as lay rescuer responders (LRR).

2. Purpose

The purpose of this document is to establish consistent guidelines for application, location, maintenance, and various other components described herein involving the AED program at William & Mary. It is the intent to communicate available AED coverage to the campus community. Ideally, a response time of three (3) minutes from time of incident to first shock is the intended goal to increase survivability in the event of sudden cardiac arrest (SCA).

3. Definitions

AED Trained Personnel

Any CPR/AED trained and certified employee of William & Mary called upon to respond to an emergency in their immediate location to perform said functions.

AED Equipment Coordinator

Employee responsible for the inspection and maintenance of AED units throughout the University.

AED Lay Rescuer Responder

An individual who is on scene, but not part of an organized EMS system and has not successfully completed certified training in CPR/AED.

AED Program Coordinator

Employee responsible for oversight of the AED program.

Automated External Defibrillator (AED)

A semi-automatic or fully automatic computerized medical device programmed to analyze heart rhythm, recognize rhythms that require defibrillation, and provide visual and voice prompts for the device operator. The semi-automatic AED instructs the operator to deliver an electric shock if indicated after ensuring all personnel are clear, whereas the fully automatic AED delivers a shock on its own with a verbal countdown.

Cardiopulmonary resuscitation (CPR).

Artificial ventilation and/or external cardiac compression applied to a victim in respiratory and/or cardiac arrest.

Emergency Medical Services (EMS).

Professional community responder agency for emergency events, which provide medical assistance and/or ambulance transport.

Lay Rescuer Responder (LRR)

Any non-professional responding to assist a victim.

Medical Direction

The licensed physician overseeing the AED program and reviewing AED events, typically the University Medical Director.

Risk

The chance of injury or illness as determined by the presence of hazards and/or the probability of an adverse event occurring.

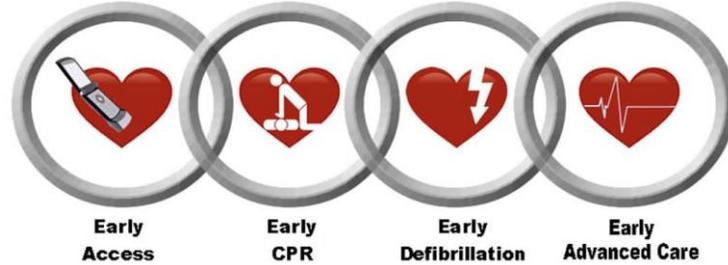
Sudden cardiac arrest (SCA)

A significant life-threatening event when a person's heart stops or fails to produce a pulse.

4. Automated External Defibrillator Program Overview

Local EMS agencies provide medical emergency response that includes basic and advanced life support, CPR, and emergency defibrillation as described in this program. The goal of the AED Program is to participate actively in the Chain of Survival (see figure 1) by providing early defibrillation to any victim of SCA on our campus, within three minutes of witnessing collapse or discovery of the victim.

Figure 1. Chain of Survival



5. AED Roles and Responsibilities

5.1 Medical Direction

It is the responsibility of the Medical Director to:

- (1) Provide medical consultation and expertise.
- (2) Develop and/or approve protocols for the use of the AED and other medical equipment.
- (3) Approve the AED training program.
- (4) Review all incidents involving the use of the AED.
- (5) Provide post-incident debriefing support.
- (6) Assure program quality is maintained and exercised when needed.

5.2 AED Program Coordinator

It is the responsibility of the AED Program Coordinator to:

- (1) Communicate with the Medical Director providing oversight, AED trained employees, University management, and EMS regarding the early defibrillation program.
- (2) Coordinates case reviews, responder training and retraining, data collection and other quality assurance activities.
- (3) Procure replacement items for the AED and related response equipment per the request of AED Equipment Coordinator.
- (4) Develop, maintain, and update the AED program.
- (5) Maintain a list of trained AED responders.
- (6) Ensure compliance with the policies and procedures of the AED program.
- (7) Assure compliance with state and local regulations regarding AED use.
- (8) Be a current CPR/AED instructor.

5.3 *AED Equipment Coordinator*

- (1) Responsible for AED monthly inspections and maintenance.
- (2) Notification of the AED Program Coordinator in the event the unit is used or unresolvable issues arise with the unit.

5.4 *AED Trained Individuals*

It is the responsibility of the AED trained individuals to:

- (1) Successfully complete all mandatory training and skills evaluations, as defined by AED program and/or the requirements of this standard.
- (2) Respond to emergencies according to W&M AED protocols.
- (3) Follow the guidelines of the AED program and remain current on all CPR/AED certifications.

6. **AED Equipment**

6.1 *Description*

The equipment provided in support of the early defibrillation program is to be used in the event of a SCA at William & Mary. This equipment shall not be used outside the parameters of the AED program or for personal use by the employees. Each device should be maintained according to this program and follow manufacturer guidelines.

6.2 *Components*

AEDs are located in numerous locations throughout the campus. A complete list of AED locations can be found in Appendix IV.

Each AED location shall include the following items at a minimum:

Item Description	Quantity
AED with battery installed	1
Carrying Case:	1
Defibrillation Pads	1 set
Accessories (scissors, wipes, razor, pocket mask, gloves)	1 set

6.3 *Accessories*

All accessory equipment must remain with the AED unit and must be inspected on a regular basis, as stipulated by AED Program, for readiness of use and integrity of the device. This is the responsibility of the AED Equipment Coordinator.

7. AED Maintenance (Responsibility of AED Equipment Coordinator)

7.1 *Reports of Damage or Alarms*

A work order shall be submitted through Facilities Maintenance for any AED found damaged or if a beeping noise is coming from the device. A work order shall be created for requests submitted via other means as well.

7.2 *Maintenance Schedule*

The AED Equipment Coordinator shall conduct monthly inspections on all AEDs assigned to the main campus.

8.0 AED RESPONSE PLAN OVERVIEW

8.1 *Initiation of Emergency Response*

Any employee who recognizes a medical emergency will initiate Emergency Response immediately and provide the following information to the 911 dispatcher or campus police, as well as any additional information requested:

Reporting employee's name

Type of emergency

Location of emergency

Brief description of the patient

8.2 *AED Response*

At the scene, individuals must verify scene safety before assessing the patient, render appropriate care based upon the patient's condition and concurrent with their level of training.

8.3 *Transfer of Patient Care*

Once EMS arrives, the responder(s) transfers patient care to the EMS agency for appropriate advanced medical treatment and provides a report including:

The initial time of the event.

Any care given prior to the team's arrival.

Patient's condition upon the team arrival.

All treatment rendered to the patient by the responding individuals.

Any available medical information about the patient.

8.5 *Debriefing Procedures*

The AED Program Coordinator shall be notified by W&M Police Department as soon as possible if an AED has been deployed and used in an emergency. As soon as possible, the AED Program Coordinator will schedule a debriefing to evaluate the AED response, complete the incident event worksheet (appendix), and initiate the evaluation of the need for emotional support of the responders involved. The Medical Director, AED Program Coordinator, and W&M Police Department involved will evaluate all aspects of the emergency response and the strengths and deficiencies of the response plan as revealed by the incident. Modifications to the plan will be made accordingly.

9. Protocol Authorization

9.1 Operational Guideline

An AED trained responder or an AED lay rescuer is able to utilize an AED in the event of an emergency under the guidance of Virginia Code 8.01-225 which identifies conditions of exemption from liability. See Appendix I for the *AED Protocol*, which is consistent with AED certification training.

10. POST-INCIDENT PROCEDURES

See Appendices for the *AED Incident Report* and the *Post-Incident Critique Form*.

10.1 AED Incident Report

The AED Program Coordinator should ensure the responder who provided care to the patient documents all accounts of the medical event and any patient care given on the AED Incident Report form. Provide the completed AED Incident Report to the Medical Director for data collection and quality review no later than the next business day.

10.2 AED Defects and Protocol Deviations

Any defects in the AED operation or deviations from protocol in the SCA event are to be reported to the AED Program Coordinator immediately.

10.3 Post-Event AED Check Procedures

Before returning the AED to service the AED Equipment Coordinator shall perform the following post-event procedures:

- Check the AED visually for damage or missing parts.

- Replace all supplies used during the event

- Run a battery insertion test and replace the battery if indicated.

- Return the AED to its designated area for future use.

10.4 Post-Incident Critique

A Post-Incident Critique form shall be completed at the conclusion of each drill and each real SCA event to evaluate the response model and debrief those involved. The completed form shall be discussed in the debriefing meeting following the drill or event. Further discussion shall be conducted with the Medical Director as necessary. The completed report will be distributed only to individuals deemed necessary by the Medical Director for administrative review.

11. Data Collection

11.1 AED Incident Report

Data collection begins with the AED Incident Report. The report is to be given to the AED Program Coordinator as soon as possible.

11.2 Records Storage

Completed post-incident critique forms are to be stored in a HIPAA compliant location under the direct supervision of the AED Program Coordinator.

12. Training

12.1 CPR/AED Certification

The certification training required will be one of the following:

1. American Safety & Health Institute/HSI CPR/AED
2. American Heart Association CPR/AED
3. American Red Cross CPR/AED

12.2 AED Awareness

Awareness training will be conducted as an overview of CPR and AED use. This training does not provide a documented certification to an individual, but does suffice as awareness training for the use of the AED.

13. AED Locations

13.1 AED Inventory

The AED inventory and a campus map with inventory locations is maintained on the University Environmental Health & Safety website at [W&M AED Program](#).

13.2 PulsePoint Community Registry Application

W&M participates in a community initiative which utilizes the PulsePoint AED application, a public AED registry, to serve our community. AED locations are accessible to any app users including emergency dispatchers, responders, community members, and the general public.

This application is readily available online. The inventory is maintained as a collaborative effort with the AED Equipment Coordinator and local EMS agencies.



APPENDIX I - AED Protocol

The following AED protocol is for use by responders at William & Mary and is consistent with training provided through approved AED certification programs.

1. Conduct an initial assessment:
 - a. Assess for scene safety; use universal precautions.
 - b. Assess victim for lack of consciousness, lack of pulse, and lack of respiration.
2. Ensure that 911 has been notified to initiate a response from the local Fire/EMS agency.
3. If able to conduct CPR, open the victim's airway and initiate CPR.
4. When the AED is available, turn on the AED and follow the prompts. Make sure that the AED pads are placed in their proper location with clear contact with the victim's chest. Do not place the AED pads over the nipple, medication patches, or implantable devices.
5. For semi-automatic AEDs, deliver a shock to the victim when advised by the AED after first clearing the victim area. Then, administer additional shocks as prompted by the AED until the AED advises no shock. Continue with CPR if able in accordance with the AED voice prompts. Fully automated AEDs will provide verbal instruction as the unit automatically assesses and delivers shocks as appropriate.
6. Document the SCA event and complete that documentation no more than 24 hours following the event. Give all documentation to the AED Program Coordinator within one business day post-event. The AED Program Coordinator will complete all areas on the AED Incident Report. The report will be reviewed by the Medical Director.
7. The AED Equipment Coordinator will check the AED and replace any used supplies as soon as possible following the event so that the AED may be returned to service (consult AED Program Coordinator if necessary). Perform a battery insertion test on the AED after each use or in the event of a battery change to ensure proper AED operation prior to return to service.

APPENDIX II - AED Incident Report

Incident Details

Victim Name: _____		
Victim DOB: ___/___/___	Victim Age: _____	Victim Sex: _____
Incident Date: ___/___/___	Incident Time: _____ (hour: minute)	
Incident Location: _____		

Event History

Victim activity prior to event: _____		
Victim complaints prior to event: _____		
Was the event witnessed?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes, at _____(time) / rescuer: _____	
Was CPR started?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes, at _____(time) / rescuer: _____	

Assessment and Treatment

Were ABC's assessed?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes	rescuer: _____
Was CPR initiated?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes	rescuer: _____
Was shock #1 delivered?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes	rescuer: _____
Was shock #2 delivered?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes	rescuer: _____
Was shock #3 delivered?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes	rescuer: _____
Was ROSC achieved?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes	rescuer: _____
Was respiration regained?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes	rescuer: _____
Was consciousness regained?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes	rescuer: _____
Was victim transferred to EMS?..... <input type="checkbox"/> No	<input type="checkbox"/> Yes	rescuer: _____

ROSC=return of spontaneous circulation

NOTE: Use back of this sheet for additional comments.

Report Completed by: _____ **Date:** ___/___/___
AED Program Coordinator

Report Reviewed by: _____ **Date:** ___/___/___
University Medical Director

APPENDIX III - Post-Incident Critique Form

Incident Data

Incident Date: ___/___/___	Incident Time: ___: ___: ___	Shift: _____
Incident Location: _____		
AED Trained Individual: _____	Other Responder: _____	
AED Trained Individual: _____	Other Responder: _____	

SCA Event Report

Collapse/recognition:	___: ___: ___	
911 called:	___: ___: ___	
Victim unresponsive:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of shocks delivered: _____
Rescue breathing started:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR started:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AED applied:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First shock advised:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional shocks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Return of pulse:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Return of respiration:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Victim condition at EMS hand-off: _____		
Transported to: _____		
Debriefing meeting scheduled on: ___/___/___		
Debriefing meeting invited participants and titles:		

NOTE: Use back of this sheet for additional comments.

Report Completed by: _____ Date: ___/___/___
AED Program Coordinator

Report Reviewed by: _____ Date: ___/___/___
University Medical Director