# AUTOMATED EXTERNAL DEFIBRILLAORS (AEDs)

# EFFECTIVE DATE: 03/15/10, REVISED: 09/14

- 1. Purpose, Applicability, and Scope
  - A. Purpose: The purpose of this procedure is to provide guidance for departments that have an AED.
  - B. Applicability: This shall apply to all places of employment on the UT Martin campus where students, staff and faculty are present.
  - C. Scope: This procedure applies to the acquisition, distribution, use and maintenance of AEDs.
- 2. Abbreviations, Acronyms, and Definitions
  - A. AED automated electronic defibrillator
  - B. CPR cardiopulmonary resuscitation
  - C. EHS campus Environmental Health and Safety
  - D. Major Building Buildings with large class loads or large assembly areas
- 3. Roles and Responsibilities
  - A. Department Heads/Building Managers are responsible for:
    - (1) Ensure the building has an AED if it has a large class load or large assembly area.
    - (2) Notify staff members of the location of the AED.
    - (3) Ensure that staff or faculty members who are likely to be AED responders are adequately trained, including periodic refresher programs.
    - (4) Maintain records as necessary.
  - B. Environmental Health and Safety shall:
    - (1) Serve as a technical resource for questions and comments for the AED program and periodically review compliance with this program.
    - (2) Post the most recent edition of this plan on the EHS website.
    - (3) Review and revise this written plan periodically and upon notices of the need for changes.
    - (4) Maintain a database of where AEDs are housed.
    - (5) Notify department heads of any changes related to AEDS that may be needed.
    - (6) Inspect AEDs that are university property, but not owned or assigned to a particular department.
    - (7) Inspect department-owned AEDS upon request.
    - (8) Maintain records as necessary.
    - (9) Submit copies of this plan to outside first responders (Martin Fire Department, Weakley County Ambulance Service and the Weakley County 911 Communications Center).
  - C. Medical Director:

Dr. Susan Lowry has agreed to serve as our AED Program Director and review our program periodically.

### UT Martin Environmental Health & Safety – Safety Procedure

#### 4. Procedure

A. Purchasing an AED

Departments should purchase AEDs from the state contract. At the time this procedure was developed the predominant model on the Martin campus was made by Phillips. Departments are encouraged to purchase a similar model for standardization with respect to training, inspection, service and use.

B. Distribution and Location

Each major building on campus should have an AED. Department heads may elect to purchase an AED for their department even though the occupant load is small. In addition, consideration should be given to the potential for a cardiac arrest based on several factors such as occupant age, health and the type of work/activity being performed.

The unit should be located in a central place that is accessible during the times when the building is occupied. Consideration should be given to placing the AED where it:

- Won't be subject to physical damage, theft, temperature or humidity extremes
- Is readily visible and available for use

The list of the AEDs on campus and their location is maintained by EH&S.

C. Training and Information

It is suggested that department heads/building managers notify employees in their building, at least annually, of where the AED is located.

All employees are encouraged to become familiar with emergency procedures, which include medical emergencies. (See "UTM Alerts" on the UTM Home Page)

Department heads/building managers are encouraged to have at least three employees (including at least one person on each floor of each building) trained in CPR and the use of AEDs in buildings that contains such devices. Refresher training and record keeping are also recommended.

UT Police officers shall be trained in CPR and the use of AEDs.

CPR and AED courses are taught by instructors that are certified by the American Red Cross and are provided periodically for employees on campus.

D. Use

When an unconscious victim is discovered, the following protocol will be followed:

Responder:

Check the scene to make sure it is safe (e.g. no electrical hazards or chemical hazards). Shake and shout at victim. If no response;

Have someone call 911. If no one is available, call 911 and return immediately to the victim. Have someone retrieve an AED.

Begin CPR.

Utilize the AED if necessary in accordance with the instructions/training provided.

# UT Martin Environmental Health & Safety – Safety Procedure

#### Police Dispatcher:

Immediately dispatch an officer and call for an ambulance. The ambulance should be summoned right away. (DO NOT wait for the responding officer to arrive and authorize).

Upon arrival of the responding officer, obtain as much pertinent information as possible and communicate to Emergency Medical Services (EMS).

### Once EMS is on the scene they are in charge of further rescue efforts for the victim.

#### Notification:

Following any event involving the use of an AED, the responder must complete the AED Use Report (See Appendix A) and send it to EHS by one of the following means:

- a. Mail Crisp Hall, Room 164
- b. fax (731) 881-7726
- c. e-mail <u>tcouncil@utm.edu</u>, or <u>dsliger2@utm.edu</u>

Campus police must then notify the UTM Office of Environmental Health and Safety to ensure that supplies are restocked.

E. Maintenance and Repair

Departments that have purchased an AED shall maintain the device in accordance with the manufacturer's specification. AEDs should be checked at least monthly to ensure it is available for use. All repairs shall be made by a factory authorized representative.

Spent batteries should be managed in accordance with the manufacturer's guidance. If there are no recommendations with respect to battery disposal, contact Environmental Health and Safety at (731) 881-7602 or (731) 881-7583.

The manufacturer's standards must be followed for use of an AED.

A record shall be kept of all repair and maintenance for the device.

F. Coordination with Emergency Responders

A copy of this written document will be given to the Martin Fire Department, the Weakley County Ambulance Service, and the Weakley County 911 Communications Center for their use, comments and coordination. Revisions shall be submitted by EHS to these off-site responders.

#### 5. Recordkeeping

The following records must be maintained by the department that owns the AED:

- a. Periodic maintenance, repair and inspection records.
- b. Record of employee training.
- c. Other records as defined by the equipment manufacturer.
- d. Record of use (Appendix A).

The records shall be maintained for at least three years. In the event of an accident or failure of the AED, where litigation could occur, the record shall be kept for a longer period of time.

6. Attachments

Appendix A – Automated External Defibrillator Use Report

7. Associated Standards

Tennessee Codes Annotated (TCA)63-6-218Tennessee Codes Annotated (TCA)68-140 section 701 through 709

# Appendix A

# Automated External Defibrillator Use Report

| Date and time of Use:                                   |               |            |         | Location:    |            |       |    |  |
|---|---------------|------------|---------|--------------|------------|-------|----|--|
| Patient Information:                                    |               |            |         |              |            |       |    |  |
| Name  |               |            |         | Age          |            | Sex _ |    |  |
| Patient Condition upor                                  | n your a      | arrival: ( | circle) |              |            |       |    |  |
| Conscious   | Breathing     |            |         | Pulse        | CPR        |       |    |  |
| Unconscious   | Not Breathing |            |         | No Pulse     | No CPR     |       |    |  |
| What action did you ta                                  | ke?           |            |         |              |            |       |    |  |
| Was shock needed?                                       | Yes           | No         |         | Was shock o  | lelivered? | Yes   | No |  |
| Did pulse return?                                       | Yes           | No         |         | Did breathir | ng return? | Yes   | No |  |
| Was CPR performed?                                      | Yes           | No         | By wh   | om?          |            |       |    |  |
| Did patient become conscious? Yes                       |               |            |         | No           |            |       |    |  |
| Condition on arrival of                                 | EMS?          |            |         |              |            |       |    |  |
| Outcome (if known)                                      |               |            |         |              |            |       |    |  |
| Names of all AED re                                     |               |            |         |              |            |       |    |  |
| Your Name   |               |            |         |              | Date       |       |    |  |
|   |               |            |         |              |            |       |    |  |
| <u>Please submit report C</u><br>Room 164 Crisp Hall, N |               |            |         |              |            |       |    |  |
| or via e-mail to <u>tcound</u>                          |               |            |         |              |            |       |    |  |