****

**Public Access Defibrillator Program**

**Checklist**

**Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

* Contact EMS Program Agency (STEMS) to inquire about services (site survey, training, etc.) they or others may offer to assist with establishing the public access AED program.
* Obtain medical prescription for the purchase of an automatic external defibrillator (AED).
* Select a program administrator and if multiple sites, select a site coordinator for each site.
* Schedule and provide CPR/AED training to staff.
* Review local ordinance requirements for the distribution and mounting of an AED. If a local ordinance does not exist, see considerations for AED distribution and mounting.
* Conduct a site survey to determine quality and mounting locations of AEDs.
* Review considerations for selection of an AED.
* Purchase AED(s), cabinet and wall-mount sign(s).
* Develop and implement operational guideline (see sample).
* Mount AED cabinet and wall-mount sign in accordance with state or local law and place AED in cabinet.
* Register AED with local emergency medical dispatch center.
* Establish a monthly inspection program.
* Maintain AED in accordance with manufacturer’s recommendations. Consider use of a software solution that will automatically send inspection and maintenance reminders and track the history for each AED.
* Conduct CPR/AED in-service trainings at least once every two years.
* Maintain training, equipment maintenance, and use records in accordance with applicable federal, state and local laws, ordinances and policies.

****

**\* SAMPLE \***

**Public Access AED**

**Operating Guideline**

**[Business Name]**

**[Date established]**

**Section 1 PUBLIC ACCESS DEFIBRILLATOR (PAD)**

* 1. **PURPOSE & POLICY STATEMENT**

**1-01(1) Purpose** –Provide general guidance for the administration of cardiopulmonary resuscitation (CPR) and use of an Automatic External Defibrillator (AED) as appropriate to increase survivability of a person who experiences a sudden cardiac arrest while in or about [BUSINESS NAME].

**1-01(2) Policy** – It is the policy of [BUSINESS NAME] to ensure employees complete an integrated CPR/AED training program; maintain at least one (1) public access AED at each facility and to respond to incidents of a potential sudden cardiac arrest that occur in or about the facility or event and attempt to intervene through the use of CPR and an AED as appropriate.

* 1. **DEFINITIONS**

**1-02(1) PAD Program Administrator** – refers to the individual who oversees all aspects of the AED program.

**Pad Site Coordinator** – means the person who in cooperation with the PAD Program Administrator manages the PAD program for a specific site or location.

**Public Access Defibrillator (PAD) –** refers to an AED that is maintained in a common area and is readily accessible by all occupants and visitors.

**Volunteer Responders** – includes all persons who provide medical assistance or care to a person who is not required or expected to pay compensation or other remuneration to the person who provided the care or assistance.

* 1. **RESPONSIBILITIES**

**1-03(1) PAD Program Administrator** – The [BUSINESS NAME] [POSITION TITLE] shall serve as the PAD Program Administrator for [BUSINESS NAME]. It is the responsibility of this individual to:

1. Oversee all aspects related to coordination, implementation and continued operation of the PAD Program;
2. Register the ownership and precise location of the AED with Southwestern Regional Emergency Medical Services Council (SWREMSCO);
3. Develop and implement a replacement schedule for AED’s and related supplies;
4. Review the program at least annually to evaluate effectiveness and implement changes as appropriate;
5. Maintain PAD incident reports;
6. Serve as the liaison between [BUSINESS NAME], Local Emergency Medical Service Provider and designated physician as needed.

**1-03(2) PAD Site Manager –** The [TITLE] shall serve as the Site Manager and shall be responsible to:

1. Coordinate CPR and AED training and encourage employees and staff to attend;
2. Receive and deploy AEDs and related equipment;
3. Maintain AEDs in a state of readiness;
4. Inspect or cause AEDs to be inspected periodically;
5. Maintain inspection, maintenance and repair records for each AED;
6. Coordinate and participate in post-event reviews, training, data collection and other quality assurance activities.

**1-03(3) Training – [**BUSINESS NAME**]** hasEmployees on staff who have completed an integrated CPR and AED training course in accordance with the guidelines established by a nationally recognized program.

* 1. **EQUIPMENT**

**1-04(1) Authorized Equipment –** The [AED MANUFACTURER’S NAME] AED is approved for use at [BUSINESS NAME] and is in compliance with the Article 30, section 3000-B (1)(A). The AED is programmed to the current Emergency Cardiovascular Care (ECC) Guidelines, capable of defibrillating both adult and pediatric patients

**1-04(2)** **Authorized Use** – The AED and related equipment may be used by responders and others in the event of a Sudden Cardiac Arrest (SCA) emergency. It shall not be used outside the parameters of the PAD Program or for personal use.

**1-04(3)** **Fixed Location** – AED(s shall be located in a highly visible location which is accessible to the public as recommended by the Fire Department PAD Specialist and PAD Program Administrator.

 Public accessible AEDs shall generally be maintained in a wall mounted cabinet or portable stand that includes an audible alarm that sounds when the cabinet door is opened.

**1-04(4) Required Equipment –** Each AED location shall include the following items:

**\*SAMPLE** \*(The list of approved AED vendors is located on the Notice of Intent Form)

|  |  |
| --- | --- |
| **Item Description** | **Quantity** |
| \_\_\_\_\_\_\_ AED with batteries installed | 1 |
| \_\_\_\_\_\_\_ CPR-D Pads (installed in device) | 1 |
| \_\_\_\_\_\_\_ Pedi-Pads (in carry case) | 1 |
| Rescue Essentials (gloves, barriers, scissors, razor & washcloth) | 1 |

**1-04(5) Maintenance –** Each AED shall be inspected periodically. Inspections, maintenance and cleaning shall be done monthly and in accordance with the manufacturer’s recommendations.

* 1. **RESPONSE & POST-RESPONSE PROCEDURES**

**1-05(1) Event Response –** Any employee or volunteer who learns of a medical emergency shall immediately call or instruct a bystander to call 911 and request assistance from the local emergency medical service provider.

 Volunteer responders and others may respond to a sudden cardiac arrest and render care to include performing CPR, using a PAD or providing other assistance as appropriate based on the patient’s condition.

 The responder shall continue patient care until relieved by emergency medical services personnel.

**1-05(2)**  **Post-Response** – The responder shall complete the following steps:

1. Give the EMS agency a complete oral report of the event and any significant findings.
2. Notify the PAD Program Administrator immediately and complete all [BUSINESS NAME] reports as required.
3. A PAD Incident Report must be filled out and submitted to the Southwestern Regional Emergency Medical Services Council (SWREMSCO) c/o Southern Tier Health Care System, Inc. One Blue Bird Square. Olean, NY 14760 or can be done electronically by visiting the website [www.swremsco.org/padaed.html](http://www.swremsco.org/padaed.html). This must be done within 48 hours of the incident.
4. Retrieve the incident data stored in the AED on site in accordance with the manufacturer’s recommendations, do not remove the batteries from the device until the data has been retrieved.
5. Return the AED to a state of readiness as quickly as possible;
6. Hold a debriefing session with the volunteer responders and PAD Program Administrator.
7. Consider arranging a Critical Incident Stress Debriefing session for responders as needed.
8. If a defibrillator is used by a responder who is not a staff member of [BUSINESS NAME], a supervisor shall respond and assist the individual with completing the PAD incident report. The supervisor is responsible to ensure the steps outlined in 1-05(2) are completed.

**1-05(3) Confidentiality –** To provide privacy protection for the patient, responders, employees and other staff members are to refrain from discussing or disclosing personally identifiable health information including the patient’s name, date of birth, age, address, phone number, medical history or other personal information.

* 1. **RECORDS**

**1-06(1) Recordkeeping –** The following records shall be maintained by the Site Coordinator:

1. Manufacturer’s instructions
2. AED records to include the following:
3. Purchase date.
4. Device serial number.
5. Precise location of the device.
6. Inspection, maintenance and use history.
7. Electrode serial number expiration date.
8. Battery installation date.

All incident reports will be maintained by the PAD Program Administrator.

**1-06(2) Records Release –** The release of records or information related to a response will be handled in accordance with the Federal Health Insurance Portability and Accountability Act (HIPAA) and the Governmental Records Access Management Act and by those authorized to do so.