

Chelan/ Douglas County
Public Access
Defibrillation

Physician Oversight
Packet

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Policies and Procedures regarding the use of Lay Rescuer AED

These Policies and Procedures are being provided to _____ for the use of an AED.

Purpose: Cardiac arrest, or ‘Sudden Death’, is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart’s electrical rhythm resulting in loss of the pumping function of the heart. Death will rapidly follow if this function is not restored. Two of the causative heart rhythms are Ventricular Tachycardia (VT) and Ventricular Fibrillation (VF). These two rhythms can be effectively treated by the administration of an electrical current to the heart by defibrillation. However, the efficacy of defibrillation dramatically diminishes with every passing minute.

Until recently, Emergency Medical Services (EMS) have been the sole providers of this treatment in the field. However, since time to defibrillation is critical to survival, some locations will be better served by having AED-CPR trained co-workers / staff able to respond more quickly to such incidents than EMS, and are thus the ideal rescuers to carry and use a defibrillator. In these cases, equipping and training employees (Defibrillation Response Team) in the use of AEDs increases the potential to save lives. This policy is intended to provide the Defibrillation Response Team (DRT) with uniform guidelines to follow regarding training, maintenance, and responding to potential ‘sudden death’ incidents with an AED.

Policy: It is the policy of _____ to respond to all incidents of potential ‘sudden death’ where realistic and practical to do so, and to attempt to intervene through the use of Cardio-Pulmonary Resuscitation (CPR) and Automatic External Defibrillators (AED’s) according to the guidelines of the American Heart Association.

Procedure: DRT rescuers will use the following procedures and protocols in

complying with this policy.

1. Training

1. Initial Training PRIOR TO AED PLACEMENT

1. All DRT members will undergo an initial course approved by the Washington State Department of Public Health in the use of AED's.
2. DRT AED training course shall be consistent with the AHA Heartsaver course and include the following content:
 1. The proper use, maintenance and periodic inspection of the AED.
 2. Assessment of an unconscious person to determine if a cardiac arrest has occurred, and the appropriateness of applying the AED.
 3. Defibrillator safety precautions to enable the user to administer a shock without jeopardizing the safety of the victim, the user, or other persons at the scene.
 4. Rapid accurate assessment of the victim's post-shock status to determine if further activation of the AED is necessary.
 5. The role of the rescuer in the coordination of care for the cardiac arrest victim on arrival of EMS personnel.
 6. Scenario-based practice consistent with common scenarios that rescuers may face.
 7. Routine AED maintenance trouble shooting options and special situations that the rescuer might encounter.
 8. An AED is best utilized by those who have successfully completed the AHA Heartsaver AED course, or equivalent, and has demonstrated proficiency with the AED through

completion of a written exam and AED-CPR skills evaluation. However, in an actual event, if no trained persons are available, responding laypersons should follow directions provided by a 911 dispatcher.

2. Ongoing Training and Skills Maintenance

1. Annually, all DRT members will undergo AED-CPR skills proficiency demonstration, conducted by a qualified AHA instructor. This will include, but not be limited to, the following:
 1. Safe and effective use of the (*name of your device*).
 2. Perform in a single or multi-shock practical exam.
 3. Demonstrate common trouble-shooting techniques used with the (*name of your device*).
 4. Provide documentation of routine maintenance.
2. Following any use of the AED, the Medical Program Director will review the event and AED event data to provide feedback as appropriate.

2. Medical Direction

- Medical direction for this program will be provided by Dr. Jobe (Medical Program Director).
- Dr. Jobe will assume the responsibility for the AED placed at (*location of business*) with the understanding that all of these procedures will be adhered to in their entirety, and that the following standing orders will be followed in the event of a possible cardiac arrest situation where the DRT is called upon to perform resuscitation procedures.

3. Routine Maintenance (per manufacturer)

Set-up and Check-out Procedure (*review and edit based on your manufacturer's recommendations*)

- Insert 10 new batteries into AED Plus unit.
- Connect electrode cable to AED Plus unit and pack sealed electrodes inside unit cover. Close cover.
- Turn unit on and wait for “Unit OK” audio message. Verify that unit issues appropriate “Adult Pads” or “Pediatric Pads” audio message.
- Turn unit off.
- Wait 2 minutes. Verify that green check symbol () appears in status indicator window (located on left side of handle) and that unit does not emit a beeping tone.
- Place AED Plus unit in service.

Battery Replacement (*review and edit this section based on your units recommendations*)

For (*name of your device*), replace batteries (*per recommendation*) or if unit prompts.

- a. Remove all batteries from battery compartment and discard before installing any new batteries.
- b. Insert 10 new batteries into battery well. Do not use old batteries.
- c. Press button in battery well only after installation of new batteries.

Cleaning (*review and edit this section based on your units recommendations*)

- a. Clean and disinfect unit with soft, damp cloth using 90% isopropyl alcohol or soap and water, or chlorine bleach (30ml/liter water)
- b. Do not immerse any part of the unit in water.

- c. Do not use ketones (MEK, acetone, etc.)
- d. Avoid using abrasives (e.g. paper towels) on the display, if so equipped.
- e. Do not sterilize the unit.

General

- a. Check AED unit weekly (maintenance/grounds supervisor) using the manufacturer's Maintenance Checklist. Complete, sign, date and retain the checklist.

b. Responding to a potential event

a. Scene Safety

- Rescuer safety is of the utmost importance, and rescuers are not expected to place themselves at risk in order to provide aid to others. Instead, the scene or environment around a victim must be made safe prior to attempts to provide assistance.
- Verify that the victim is not in contact with any live electrical connections.
- Remove the victim from any exposure to water, to a dry surface.
- Refrain from using any portable radios near the victim while the AED is analyzing.

b. Response Protocol

- Assess consciousness
- Call 911 and notify dispatch that an AED is in use.
- Notify the Defibrillator Response Team of the location of the unconscious person
- Determine who is getting the AED
- Observe universal precautions using gloves and ventilation mask.
- If breathing normally, continue to monitor closely while checking for pulse.
- If the victim is **not responsive** and **not breathing normally**, begin CPR.

- You may check for a pulse before beginning CPR, but if pulse is not CLEARLY present within 10 seconds, give cycles of 30 compressions and 2 breaths until the AED arrives. Turn on and attach the AED as soon as it is available.
- Compression only CPR (no ventilations) is equally acceptable based on rescuer preference and comfort.
- Analyze rhythm (make sure no one is touching the victim, cables, clothing or AED)
- If a shockable rhythm is detected, the AED will charge
- Look around to ensure no one is touching the victim and call loudly, “everyone clear”
- Depress the shock button when directed to do so by the AED
- Immediately after shock, resume CPR for 5 cycles (or 2 minutes if compression only CPR) before checking for rhythm. If a shock is again advised, continue to follow the previous three steps.
- If a non-shockable rhythm is detected, the AED will direct you to check a pulse, and if no pulse to begin CPR
- Continue with CPR for 5 cycles (or 2 minutes if compression only CPR). Check rhythm every 5 cycles (or 2 minutes if compression only CPR) and continue algorithm until ALS providers arrive, or an endpoint as outlined below is achieved.
- If the victim should regain a pulse but not breathing, perform rescue breathing
- If the victim should regain a pulse and breathing, place in the recovery position and monitor pulse and breathing very closely!
- Upon arrival of Emergency Medical Services, turn over the care of the victim, and if needed, assist as directed.
- Call Dr. Jobe as soon as convenient to report the event: 509-679-1089

c. Post-Event procedures

1. Coordinate with Dr. Jobe to provide, at a mutually convenient time, the

event data as well as a representative to review the course of events.

2. Down load event data for review.
3. Following the use of the AED, the DRT representative will as quickly as possible replace single use items in the AED.
4. If needed, critical event stress debriefing can be arranged by contacting the Medical Program Director.

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