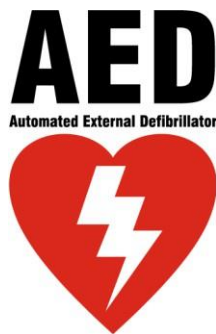




Automated External Defibrillator Policy



October 28, 2017

Revised September 19, 2024

BACKGROUND

Support for the use of AEDs at LSUHSC is provided by the Federal Cardiac Arrest Survival Act and Louisiana Revised Statute 9:2793:

- **Federal Cardiac Arrest Survival Act Section 404** states "...any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency , without objection of the victim of the perceived medical emergency, is immune from civil liability for any harm resulting from the use or attempted use of such device..."
- **Louisiana Revised Statute 9:2793** states "No person who in good faith gratuitously renders emergency care, first aid or rescue at the scene of an emergency, or moves a person receiving such care, first aid or rescue to a hospital or other place of medical care shall be liable for any civil damages as a result of any act or omission in rendering the care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in the said emergency...For the purposes of this section, rendering emergency care, first aid, or rescue shall include the use or an automated external defibrillator as defined by R.S. 40:1236.12."

PURPOSE

This policy establishes the Automated External Defibrillator (AED) program at LSUHSC. Accordingly:

- The AED Committee, the Environmental Health and Safety Department, and the Area Coordinators are the key players in maintaining a compliant program.
- Training, testing and notification requirements for AEDs will comply with Louisiana Revised Statute 40:1236:13.
- Maintenance of AEDs will be performed in accordance with manufacturer's instructions.
- The purchase of AEDs must be approved by the AED Committee.

DEFINITIONS

- **Automated External Defibrillator (AED):** A portable defibrillator designed to be automated such that it can be used by persons without substantial medical training who are responding to a cardiac emergency.
- **Area Coordinator:** The person responsible for all AED maintenance, personnel training, reporting of incidents, and recordkeeping in accordance with this policy.
- **AED Committee:** The committee charged with the oversight of the AED program. The committee is comprised of the Executive Director, Environmental Health and Safety; the Vice Chancellor for Academic Affairs; the School of Dentistry's Associate Dean of Clinical Affairs; and a licensed physician or advanced practice registered nurse who is authorized to prescribe.

PROCEDURE FOR THE PURCHASE AND PLACEMENT OF AEDs

Any department that desires to purchase an AED must submit justification to the Environmental Health and Safety Department (EHS) that includes the following information:

- Justification for the need and designated locations.
- Designation of the Area Coordinator responsible for training, maintenance, reporting of incidents and recordkeeping.

After review, EHS will coordinate a meeting with the AED Committee and the department representative to either approve or deny the request. Upon installation of an AED, EHS will notify the Department of Health, Bureau of Emergency Medical Services, using Appendix A.

TRAINING

Expected users shall regularly receive appropriate training in cardiopulmonary resuscitation (CPR) and in the use of an AED from any nationally recognized course in CPR and AED use. Training options are the [American Red Cross CPR/AED course](#), [the American Heart Association Heart Saver CPR AED course](#), or the [National Safety Council First Aid, CPR, and AED course](#). Renewal is required every two years to maintain certification.

All personnel expected to use AEDs shall be familiar with Appendix A, Response Procedures.

MAINTENANCE AND TESTING OF AED

Perform maintenance and testing according to the manufacturer's specifications. Maintain a written record to demonstrate that all required maintenance has been completed. All records must be maintained for the current fiscal year and the three previous fiscal years. Appendix B, AED Maintenance Checklist, can be used to assist with documentation.

At a minimum, inspect units monthly using Appendix C, AED Monthly Checklist. EH&S will perform random checks to validate compliance.

Consider the following when performing inspections:

- Batteries typically have a life span of approximately two to five years, depending on battery capacity and usage pattern. Follow the manufacturer's guidelines on maintaining a spare battery.
- Disposable pads have a shelf life of approximately 18 months. Because they cannot be reused, at least one spare set must always be available where the unit is stored or carried for potential use.
- Locations serving children under age eight or under 55 pounds must have one set of pediatric pads on site.
- Replace pads (used and unused) by the expiration date printed on the packages.
- Keep AED units in a climate-controlled location as possible

RESPONSIBILITIES OF THE AED COMMITTEE

The Committee will meet at least once per year and shall:

- Approve the acquisition and placement of AEDs, considering need, public health issues, risk of location, population in building, and response time of EMS.
- Review departmental records of inspection, testing, and maintenance.
- Audit compliance with the policy.
- Conduct and document post-event reviews

RESPONSIBILITIES OF AREA COORDINATORS

- Identify potential users and ensure training certifications are attained and maintained.
- Maintain and replace all AED equipment and supplies according to manufacturer's guidelines.
- Document compliance with the maintenance and inspection schedule as required by the manufacturer.
- Immediately report an AED use to EH&S (safety@lsuhsc.edu). EH&S will report the use to the Department of Health, Bureau of Emergency Medical Services within 24 hours via Appendix D, AED Event Summary form.
- Notify EH&S when a unit is removed from service or the location changed.

RESPONSIBILITIES OF EH&S

- Conduct periodic audits of departmental training, maintenance records, and inspections.
- Report any maintenance, training, or recordkeeping discrepancies to the AED Committee.
- Upon procurement of an AED(s), notify a local provider of emergency medical services, such as a 911 service, local ambulance service, or fire department of the acquisition, location, and type of AED.
- Schedule and lead post-event review with the AED Committee.

RESPONSE PROCEDURE FOR AEDs

In the event of a medical emergency requiring AED use, University Police should be notified at the nearest AED site location or by contacting them at 568-8999 or through the LSU Shield App.

Initial Response

Follow the American Heart Association's [protocol for use](#) of an AED.

Transfer of Care

Responders working on the victim should communicate important information to the EMS providers upon their arrival:

- Victim's name, if known.
- Any known medical problems, medications, or allergies.
- Time victim was found.
- Initial and current condition of victim.
- Number of shocks delivered, and length of time AED used.
- Assist EMS providers as requested.

Post-Use Procedure

The Area Coordinator will take the unit out of service after use and follow the manufacturer's recommendations for maintenance prior to returning the AED to service.

Furthermore, the Area Coordinator will ensure notification to EH&S and completion of the Post-Incident Report Form (Appendix D) for all use or attempted use of the AED. The form must be faxed to the Bureau of Emergency Medical Services within 24 hours.

Finally, EH&S will schedule a post-event review with the AED Committee. All key participants in the emergency must participate in the review. Included in the review will be the identification of actions that went well and the collection of opportunities for improvement.

AED MAINTENANCE CHECKLIST

This checklist can be used to document inspections and maintenance. Refer to the unit's user's manual for specific requirements.

MONTH/YEAR:

Area Coordinator:

Site

Name:

AED BRAND & MODEL:

Specific Location of Unit:

Electrode Expiration Date:

SERIAL # OF AED:

Battery Expiration Date :

| Date of Check | Performed all checks in accordance with Owner's manual | Signature of Area Coordinator Performing Daily | Comments (Optional) |
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Submitted by: _____ Date: _____

AED MONTHLY CHECKLIST

As a minimum all units must be inspected monthly for the items below. Be sure to check your user's manual for any additional requirements.

| | |
|-----------------------------------|----------------------------------|
| DATE: Area Coordinator: | Site Name: Site: Phone: |
|-----------------------------------|----------------------------------|

| | |
|---|---|
| AED BRAND & MODEL: Specific Location of Unit: Electrode Expiration Date: | SERIAL # OF AED: Portable: Wall Mounted: Expiration Date: |
|---|---|

| Check the Following: | Describe Findings: | Comments and/or Corrective Actions Taken |
|---|--------------------|--|
| Status Indicator | | |
| Condition of Unit and Accessories (clean, no cracks or damage to case, accessories present and in good condition) | | |
| Pads are in good condition and not expired | | |
| Two sets of adult pads are available | | |
| For locations that serve children age 8 and under or 55 pounds and under, one set of pediatric pads is available | | |
| Batteries have charge and are not expired | | |
| Inspected by: | Signature: | |



State of Louisiana
 Bureau of Emergency Medical Services

AED EVENT SUMMARY FORM

This form is to be completed every time the AED is applied to a patient. This form assists you in providing complete and accurate data to the Bureau of EMS, in compliance with the project evaluation section of your agreement.

Upon completion, please submit a copy to the Bureau of EMS, AED Program:
 11224 Boardwalk Drive Suite A1 Baton Rouge, LA 70816 OR Fax: 225-275-1651

Responding Agency Information:

Agency name: _____
 Responder(s) name: _____
 PAD physician/coordinator: _____
 Person completing form: _____
 Phone number: _____

Victim Data:

Name: _____ Gender: _____
 Date of birth: _____ Home zip: _____

Event Data:

Location of event: _____
 Date: _____ Time: _____
 Was 9-1-1 called? _____ By whom? _____
 Was CPR given before the AED arrived? _____ By whom? _____
 Total number of shocks? _____
 Were shocks given? _____
 Did the patient: Regain pulse? _____
 Resume breathing? _____
 Regain consciousness? _____

Please list any problems encountered, comments or suggestions.

