

KEEP THE BEAT



SUMMIT COUNTY PUBLIC ACCESS DEFIBRILLATION PROJECT

PROJECT GUIDELINES

VERSION 2.0
Effective 1/2008



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Welcome Letter from Project Director

To All Project Participants and Sites:

Thank you! Your participation in this project is an indication of your desire to help make our community the very best. Volunteering to become an approved 'AED User' or 'AED Site' requires a significant commitment of time and energy but the potential rewards are certainly great.

Please take the time to review this document and become familiar with the requirements of participation. These guidelines should be used as a reference tool, so please ensure that they are accessible to all in your organization.

Remember that the Summit County Public Access Defibrillation Project was developed to introduce and support this program and that there are resources available to assist you with questions or needs you might have.

Sincerely,

A handwritten signature in black ink, appearing to read "R. B. Coit". The signature is fluid and cursive, with the first name "R." and last name "Coit" clearly distinguishable.

Roger B. Coit, Project Director
Summit County Public Access Defibrillation Project

Summit County Public Access Defibrillation Project (SCPADP)

The following document describes the project guidelines, including medical protocols, to be used in governing the Summit County Public Access Defibrillation Project. It is the goal of this project to facilitate Automated External Defibrillator (AED) response to cardiac arrest for the residents and visitors of Summit County. It is the intent of this document to give the AED Users guidance in response to an incident of cardiac arrest. The document is not intended to cover all circumstances involved in such emergencies. It is the responsibility of the SCPADP to provide continuous guidance, monitoring, and evaluation of the project. All AED Users must operate within the parameters of this defibrillation project. The Summit County Public Access Defibrillation Project and its Medical Director have approved protocols for the defibrillation project. Annual review of this document will be conducted by the Project Director, and Project Medical Director for content.

Dr. James M. Cusick, MD FACEP
SCPADP Medical Director

Date

Roger B. Coit
SCPADP Director

Date

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1. Scope

- 1.1. This document describes the Summit County Public Access Defibrillation Project (SCPADP, the Project, and a.k.a Keep the Beat Summit) as it relates to the lay rescuer defibrillation Project.

2. Purpose

- 2.1. The purpose of this document is to establish guidelines for application, location, maintenance, and other components described herein involving the Summit County Public Access Defibrillation Project. It is the intent of the Summit County Public Access Defibrillation Project to provide training in CPR/AED, coordination, and oversight in an attempt to reduce mortality from sudden cardiac arrest in our community.

3. Definitions

- 3.1. AED User. An individual who is trained in AED use to respond to sudden cardiac arrest events as described in CRS 13.21.108 (See Appendix E) and who is an authorized participant in the SCPADP.
- 3.2. Automated External Defibrillator (AED or defibrillator). An automated, computerized medical device programmed to analyze heart rhythm, recognize rhythms that require defibrillation, and provide visual and voice instructions for the device operator, including, if indicated, to deliver an electric shock.
- 3.3. Cardiopulmonary resuscitation (CPR). Rescue breathing and external cardiac compression applied to a victim in respiratory and/or cardiac arrest.
- 3.4. Emergency Medical Services (EMS). Professional community responder agency that provides prehospital medical assistance and/or ambulance transport.
- 3.5. AED Use. When the Automated External Defibrillator is turned on and pads are placed on patient.
- 3.6. Participant Site or AED Site. An organization or entity (e.g. municipal police department, business, and community center) selected to participate in the project that agrees to comply with these guidelines.

4. Summit County Public Access Defibrillation Project Overview

- 4.1. The Summit County Public Access Defibrillation Project is an early defibrillation program that provides training and support for lay rescuer emergency response within Summit County that includes cardiopulmonary resuscitation (CPR) and AED use.

5. **Project Goals.** The goal of this Project is to reduce the mortality and morbidity associated with sudden cardiac arrest by providing early defibrillation and by participating in the “Chain of Survival” as illustrated below in Figure 1.

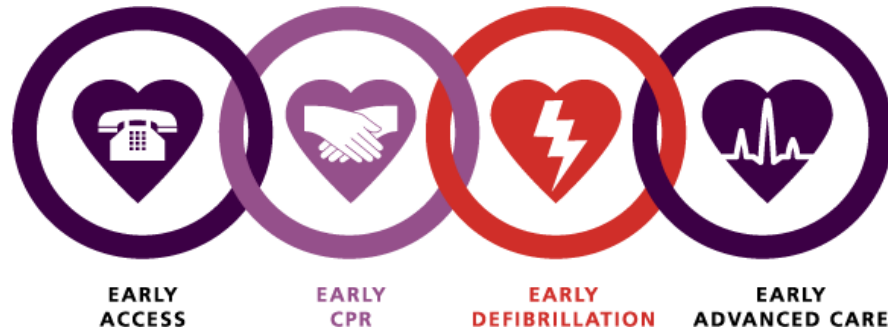


Figure 1. Chain of Survival

6. Project Roles and Responsibilities

6.1. Project Director. The following is a list of the expectations and responsibilities of the Project Director:

- 6.1.1. Development, implementation, coordination, and continued oversight of the Summit County Public Access Defibrillation Project.
- 6.1.2. He/She will be an employee of the Summit County Ambulance Service a division of Summit County Government.
- 6.1.3. Designate and supervise the Project Coordinator.
- 6.1.4. Review the project annually to evaluate effectiveness.
- 6.1.5. Act as a liaison between the project and the Summit County EMS community.
- 6.1.6. Assure project compliance with the Summit County Public Access Defibrillation Project Guidelines.

6.2. Project Medical Director. It is the responsibility of the Project Medical Director to:

- 6.2.1. Provide medical consultation and expertise.
- 6.2.2. Develop and approve protocols for the use of the defibrillator and other medical equipment.
- 6.2.3. Approve the early defibrillation-training program used for Project participants.
- 6.2.4. Review all incidents involving the use of the defibrillator and provide medical oversight to the SCPADP and Project Participants.
- 6.2.5. Assure compliance with state and local regulations regarding defibrillator use (Reference Appendix E, CRS 13.21.108).

6.3. Advisory Committee. The following is a description of responsibilities for the Advisory Committee:

6.3.1. Provide advice to the Project Director in the coordination, development, and ongoing activities of the project.

6.3.2. The Advisory Committee will be comprised of: a local physician, the Assistant Director of Summit County Ambulance Service, the Summit County Emergency Manager, the Summit County Sheriff, and an 'at large' community member.

6.3.3. Beyond the federal grant-funding period, after August 31, 2007, all major project implementation will have been completed and the Advisory Committee will be dissolved. Further references within this document to Advisory Committee functions pertain only to the federal grant funded period.

6.4. Project Coordinator. The following is a list of the expectations and responsibilities of the Project Coordinator:

6.4.1. Communicate with the Project Director regarding the management and oversight of the project.

6.4.2. Participate in case reviews, AED User training and retraining, data collection, and other quality assurance activities.

6.4.3. Coordinate, if needed, any post event debriefing sessions for project AED Users

6.4.4. Assure maintenance of the defibrillators and related response equipment with Project Site Coordinators.

6.4.5. Maintain a list of trained/authorized AED Users in the project.

6.4.6. Ensure AED User and Participant Site compliance with the project guidelines.

6.4.7. He/She will be an employee of the Summit County Ambulance Service a division of Summit County Government.

6.5. Participant Site / AED Site. An organization or entity selected by the Advisory Committee or Project Director that agrees to participate in the SCPADP and follow these guidelines and the directives of the Project Medical Director and Project Director. **Any Participant Site failing to comply with these Guidelines will be subject to termination of Project oversight / support and authorization given by the Project Medical Director.**

6.6. Project Site Coordinator. It is the responsibility of the Project Site Coordinator to:

6.6.1. Successfully complete all required training as defined by the Project.

6.6.2. Respond to emergency calls according to Project protocol.

- 6.6.3. Follow the guidelines of the Project and remain current in training certifications as required.
- 6.6.4. Assist the Project Coordinator in maintaining AED and equipment, equipment check logs, and personnel status at their location.
- 6.6.5. Maintain CPR/AED instructor status (if applicable).
- 6.6.6. Communicate with Project Coordinator in regard to Project coordination at their site.
- 6.6.7. Notify Project Coordinator of any AED use within 24 hours.
- 6.7. Project Participant (AED User). It is the responsibility of the Project Participant to:
 - 6.7.1. Successfully complete all required training as defined by the project.
 - 6.7.2. Respond to emergency calls according to Project protocol.
 - 6.7.3. Follow the guidelines of the Project and remain current in training required by the SCPADP.

7. Defibrillator Equipment

- 7.1. All project equipment will be tracked in a database that will allow for easy identification of site placement, equipment status, equipment maintenance, history of use, and unit identification.
- 7.2. The equipment provided in support of the project is to be used in the event of cardiac arrest in our community. **Each device will be maintained according to Project guidelines and, upon formal written agreement with the location, will become the property of that entity.**
- 7.3. Each participating AED Site agrees to perform regular equipment readiness checks as specified in this document and to record those checks on the appropriate form (see Appendix A for the AED Readiness Checklists).
- 7.4. Location. Defibrillators that are placed in fixed locations will:
 - a) Be placed in a location that is easily accessible to the designated Participant Site AED Users.
 - b) Be in a controlled location so as to minimize the likelihood of tampering / vandalism / theft.
- 7.5. Accessories. All accessory equipment must remain with the defibrillator and must be inspected on a regular basis for readiness for use and integrity of the device as stipulated by these guidelines.

7.6. Each defibrillator location shall include the following items:

Item Description	Quantity
AED with battery installed	1
Carry Case with Quick Reference card, Readiness Checklist, AED User's Report form	1 each
Defibrillation Pads	FR2- 2adult, 1peds FRx- 2 combo pads
Data card (if appropriate to model)	1
Accessories (scissors, towel, razor, pocket mask, gloves)	1 set

7.7. Site Visits. The Project Coordinator or authorized representative will perform site visits to each AED Project Site at least annually. These site visits will serve to evaluate the placement, readiness, equipment, and interview with the Project Site Coordinator to assure project compliance.

7.8. Ambient Conditions and AED Readiness. All Project participants must ensure that the AEDs and equipment are not subjected to ambient conditions outside of the manufacturer's recommendations (a clean, dry environment between 32° - 122°F, 0° - 50°C).

8. AED Readiness.

8.1. Equipment readiness is key to the success of this AED project. All Project Participants and Participant Sites must agree to maintain the AEDs in a ready state at all times.

8.2. Every AED will be checked weekly by the associated Project Participants at their Participant Site. These weekly checks will be recorded and kept on file at each AED site and will be accessible to the Project Coordinator (See Appendix A for the AED Readiness Checklists).

8.3. Reports of Damage.

8.3.1. Any performance discrepancies, device defects, or missing/ expired/damaged accessories must be reported to the Project Coordinator immediately and the device removed from service.

8.4. The defibrillator performs regular self-tests to assure that it is ready for use. If any AED displays a 'not ready' indicator or appears non-functional, the device will be removed from service immediately and the Project Coordinator will be notified.

8.5. The AED devices used in this project require little or no scheduled maintenance beyond the described weekly readiness checks. Manufacturer suggested service and/or repair

will be followed for any device identified as malfunctioning **at the expense of the AED Site.**

9. Early Defibrillation Response Plan Overview

9.1. Initiation of Emergency Response: AED User immediately notifies 911.

9.2. Equipment Retrieval: Retrieve the AED and appropriate equipment and respond to scene.

9.3. AED Use: At the scene, verify scene safety (including wearing personal protective equipment) before assessing the patient, then render appropriate care based upon the patient's condition and SCPADP AED response protocol.

9.4. Transfer of Patient Care: Once EMS arrives, the AED User transfers patient care to the EMS agency for appropriate advanced medical treatment and provides a report including:

- a) The initial time of the event.
- b) Any care given prior to the AED User's arrival
- c) Patient's condition upon the AED User's arrival
- d) All treatment rendered to the patient by the AED User
- e) Any available medical information about the patient

9.5. Post-Event Procedures.

9.5.1. Following any use of the AED (when the electrodes are applied and the AED is turned on) the AED User will:

- a) Remove the AED from service
- b) Immediately contact the Project Site Coordinator (or Project Coordinator directly if their Project Site Coordinator is unavailable) and notify them of the AED use. Failure of the AED User to comply with notification of the AED use may result in suspension or termination of AED project authorization by the Project Medical Director.
- c) Immediately Complete an AED User's Report (See Appendix H).
- d) Assist the Project Coordinator in completing the AED Use Event Report form (See Appendix C). The Project Coordinator or designee will contact the AED User as soon as possible after the event to gather needed information for this report.

9.6. The Project Site Coordinator must ensure that a Project representative is notified of the AED use within 24 hours.

9.7. Post Incident Critical Incident Stress Debriefing (CISD): The AED Project Coordinator will ensure that all AED Users involved with the incident know of the availability of CISD resources and will assist in coordinating a session if requested.

10. **AED Utilization Reporting and Review.** This section summarizes the actions of the Project Coordinator post AED use and describes the Quality Assurance/Quality Improvement process and post event data collection functions of the Project Coordinator.

10.1. After any AED use and before returning the AED to service, the Project Coordinator will perform the following post-event procedures:

- a) Check the defibrillator visually for damage or missing parts.
- b) Ensure that all supplies used during the event are replaced and thoroughly clean/disinfect the unit.
- c) Remove the data card for data collection and install a replacement data card or, after incident data has been downloaded and the card erased, reinstall the original data card in the defibrillator. Note: due to the use of several AED models in this project, the coordinator will accomplish data retrieval and data storage readiness according to that AED manufacturer's recommended process.
- d) Create a printed copy of the AED event from the event reviewing software for submission to the Project Medical Director and Quality Review committee.
- e) Run a battery insertion test and replace battery if indicated.
- f) Notify the Project Site Coordinator and ensure that the unit is returned to service at its designated location.
- g) Gather the completed AED User's Report from the AED User.
- h) Complete an AED Use Event Report form (See Appendix C).
- i) Acquire a copy of the SCCC Dispatch event log.
- j) Attach a copy of the SCAS Patient Care Report.
- k) Acquire a copy of the Summit County Coroner's Report (in the case of a fatality).

10.2. For each AED use, an incident file will be created by the Project Coordinator containing: the AED User's Report, AED Use Event Report, Incident Data from AED, Dispatch Center log, Ambulance Service Patient Care Report, Coroner's Report, and

any other pertinent information. This file will be used for Quality Assurance/ Quality Improvement Review and system performance evaluation.

10.3. Quality Review. Medical quality review for the supervision of the AED Users and AED Sites and the aspects of patient care will be a component of the Summit County Ambulance Service Continuous Quality Improvement Program (SCAS CQI Program). All AED uses will be reviewed by the Project Medical Director and the SCAS CQI Program for appropriateness of treatment and reviewed for potential Project improvement.

10.3.1. The goal and intent of the Quality Review process is to improve the quality of patient care. The proceedings, discussions, information, and records submitted to or produced by the Quality Review process shall remain strictly confidential. The Summit County Ambulance Service Continuous Quality Improvement Program shall conduct itself as a professional review committee and subject to the provisions and principles of the self-evaluative privilege and any State or Federal privilege to the extent allowed by law. The opinions, conclusions, and deliberations of the SCAS CQI Program Committee members shall be considered confidential. The integrity of the SCAS CQI Program Committee process and activity mandates that persons who participate in, report to or attend SCAS CQI Program Committee sessions not disclose information acquired during SCAS CQI Program Committee sessions to any person or entity outside of the SCAS CQI Program Committee.

10.4. AED Audit. The Project Coordinator (and/or the AED Project Director) and Project Medical Director (or his/her designee) shall review each AED usage at regular SCAS CQI Program sessions (see appendix D, 'Event Audit Form'). This review will include:

10.4.1. Review of system function

- a) AED located in proper place
- b) AED supplies all present and in working order
- c) AED Users responded to incident appropriately
- d) EMS activated immediately
- e) Reporting criteria followed as indicated

10.4.2. Review of personnel performance

- a) Proper criteria for application of AED
- b) Initial evaluation of responsiveness, breathing, signs of circulation
- c) CPR initiated with appropriate body substance isolation

- d) AED turned on, followed by proper pad placement
- e) Time to first shock
- f) Adequate BLS (Basic Life Support) maintained
- g) Protocols followed

10.4.3. Review of AED performance

- a) AED turned on and functioned according to protocol and specifications
- b) Appropriate battery power to insure delivering shocks as indicated
- c) Memory module worked properly

10.4.4. Within 30 days of use, the Project Coordinator, Project Medical Director or his/her designee, the AED Users involved, and other pertinent personnel will meet for an AED incident review. This review is to give the AED Users feedback on performance and facilitate discussion.

10.4.5. Any deficiencies identified will be addressed promptly on a case-by-case basis in terms of process, system design, personnel performance, and AED device function. Outcome of Quality Review will be directed at assuring appropriate patient care along with system and/or responder improvement.

11. **Coordination with Local Dispatch Center and EMS**

11.1. The Summit County Communications Center (SCCC) will be given notification in writing of all AED placements by the SCPADP in Summit County (See Appendix G).

11.2. As part of the AED protocol, early activation of EMS through 911 and the Summit County Communications Center will be utilized as soon as possible. The Summit County Ambulance Service, as the coordinating entity for the Project will ensure further integration of the Project with the local EMS system.

12. **AED Training**

12.1. All expected AED Users operating under the auspices of this Project must receive training in cardiopulmonary resuscitation (CPR) and AED use through a course approved by the Colorado Department of Public Health and Environment (see attached SEMTAC statement Appendix F). Any expected AED User must:

- a) Successfully complete an initial Project orientation session conducted by the Project or an approved designated trainer, and
- b) Provide proof of current approved CPR/AED (adult/child/infant) training, and
- c) Be able to demonstrate the psychomotor skills of performance of CPR and AED use for Adult/Child/Infant as stated to the satisfaction of the Project Coordinator or other Project approved trainer as needed.

12.2. Records of successful completion of Project approved initial and refresher training will be kept on file by the Project Coordinator and the AED Project Site Coordinator. **It is the responsibility of the AED Site Coordinator to provide current certification records to the Project.**

12.3. The Project acknowledges that CPR with AED protocols from different training organizations may vary slightly therefore the Project Medical Director will establish a general protocol for AED use by Project participants. The Project Medical Director approved protocol is attached in Appendix B.

12.4. AED Users who are associated with Participant Sites that operate seasonally may be required to verify skills proficiency to the satisfaction of a Project approved instructor prior to the active season start (e.g. golf course employees).

13. **Protocol Guidelines.** The following information is provided as a supplement to the AED protocol and will help the rescuer to provide AED rescue and CPR in a safe manner.

13.1. See Appendix B for the Early Defibrillation Response Protocol and Flow Chart.

13.2. Defibrillator Application Guidelines. Once the defibrillator is turned on and the pads applied to the patient, the AED User shall not remove the pads or turn off the device unless prompted by the device itself or directed by a higher medical authority. In all cases, the AED User shall continue to assess the patient's airway, breathing, and circulation and provide CPR as indicated.

13.3. AED Application Criteria. The defibrillator shall be applied ONLY to patients who are unresponsive, not breathing, and who show no signs of circulation.

13.4. Defibrillation Procedure. Defibrillation shocks are to be delivered only in accordance with the SCPADP AED response protocol. When applying defibrillatory shocks, it is paramount that the rescuer ensures that the patient is cleared (no one touching the patient) prior to administering the shock. If the device advises no shocks, the AED User follows the approved training and Project protocol for patient care and CPR.

13.4.1. Wet Environments and Metal Surfaces. Caution should be used when the patient is found in standing water or is in contact with metal surfaces. The AED AED User should, if practical, attempt to isolate the patient from highly conductive surfaces. The risk of shock conduction through these surfaces to the rescuers is low and should be minimized if practical.

13.4.2. Excessive Chest Hair. If required for proper defibrillation pad adhesion, any excess hair on the patient's chest may be shaved with a prep razor supplied in the accessory kit. A smooth shave is not required.

- 13.4.3. Moisture on the Patient's chest wall. If the patient's chest wall is wet with perspiration or water, to promote adequate defibrillation pad contact, the rescuer should dry the chest wall with a towel such as provided in the accessory kit included with the AED unit.
- 13.4.4. Medication Patches. Using a gloved hand, remove any medication patches from the patient's chest prior to pad placement and wipe the skin clean with a cloth.
- 13.4.5. Implantable Pacemakers and Defibrillators. If the patient has an implantable pacemaker or internal defibrillator, do not place the defibrillation pads directly over the implanted device. If the presence of an implanted device affects pad placement, place the defibrillation pad as close to the recommended pad placement as possible.
- 13.5. AED Abuse or Vandalism. No abuse or vandalism of the defibrillator is to be tolerated. If abuse or vandalism is suspected, it is to be reported to the AED Project Coordinator immediately so that the defibrillator can be evaluated for proper operation and the AED placement location re-evaluated.
- 13.6. Defibrillator Heart Rhythm Analysis. When the pads are properly attached to the patient and connected to the defibrillator, the device will automatically analyze the patient for a shockable rhythm – such as ventricular fibrillation (VF). The AED User must ensure that no one touches the patient during rhythm analysis. On completion of rhythm analysis, the defibrillator will prompt the AED User as to the appropriate course of action. Follow the device prompts in treating the patient.
- 13.7. Defibrillation Safety Precautions. If the defibrillator gives a "Shock Advised" prompt, the AED User must first ensure that no one is touching the patient by examining the patient area and loudly stating "I'm clear, you're clear, everyone clear!" Then press the shock button to deliver a shock to the patient as prompted. Shock delivery will be followed by immediate CPR and timed re-analysis of the patient's heart rhythm by the defibrillator.
- 13.8. Patient Monitoring. Once the defibrillator has been applied to the patient, do not turn off the defibrillator or remove the defibrillation pads unless prompted by the device (e.g., "Replace battery" or "Replace pads"). The defibrillator will continue background monitoring of the patient's heart rhythm and alert the rescuers if additional shocks are required. Continue to assess the patient's airway, breathing, and circulation and provide CPR as indicated.

14. Data Collection

14.1. Data Storage. Downloaded data, Event Reports, post-incident Audit forms, and any other information related to AED Use is considered protected health information and is to be stored in a secure location under the direct supervision of the Project Coordinator and Project Director.

**Summit County Public Access Defibrillation Project
AED Project Guidelines**

Appendices

- A) AED Readiness Checklist Example**
- B) AED Response Protocol and Flowchart**
- C) AED Use Event Report**
- D) Event Audit Form**
- E) CRS 13-21-108.1**
- F) Colorado SEMTAC statement on 'Approved AED Training'**
- G) AED Placement Notification for the Summit County Communications Center**
- H) AED User's Report**

Appendix A
Summit County Public Access Defibrillation Project
AED Readiness Checklist

Appendix B
Summit County Public Access Defibrillation Project
AED Response Protocol and Flow Chart

Summit County Public Access Defibrillation Project AED Response Protocol

Conduct an initial assessment:

- ❑ Assess for scene safety; use universal precautions.
- ❑ Assess patient for responsiveness.
- ❑ If unresponsive Call 911 or send someone to call.
- ❑ **Go get, or call for AED (note, pediatric patients should receive 2 minutes of CPR prior to you leaving to retrieve the AED).**

Assess breathing

- ❑ Open airway.
- ❑ Look, listen and feel for breathing.
- ❑ If breathing is absent, deliver two rescue breaths using barrier device (e.g. pocket mask or face shield).

Assess circulation

- ❑ If signs of circulation are absent, provide CPR. Continue CPR until defibrillator arrives.

Begin defibrillation treatment

- ❑ As soon as the defibrillator is available, turn it on and follow the prompts. If the patient is a child that is less than 8 years old, use Child defibrillator pads if available. Note that if needed the Adult Defibrillation pads may be used on a child patient as long as the pads do not contact each other. **DO NOT USE CHILD DEFIBRILLATION PADS ON AN ADULT PATIENT.**
- ❑ Shave chest with disposable razor if indicated. Dry chest if it is wet.
- ❑ Apply defibrillation pads. Look at the icons on the self-adhesive defibrillation pads, peel one pad at a time and place it as shown in its illustration. Ensure pads are making good contact with the patient's chest. Do not place the pads over the nipple, medication patches, or visible implanted devices.
- ❑ After first clearing the patient area, deliver a shock to the patient when advised by the defibrillator.
- ❑ Immediately continue CPR for 2 minutes (5 cycles of 30 compressions:2 breaths) until prompted by the defibrillator for reanalysis or EMS personnel direct otherwise.
- ❑ Continue to follow the Defibrillator prompts for CPR and/or shocks until EMS arrives.

When EMS arrives

AED Users working on the victim should document and communicate important information to the EMS provider, such as:

- ❑ Victim's name
- ❑ Known medical problems, allergies or medical history

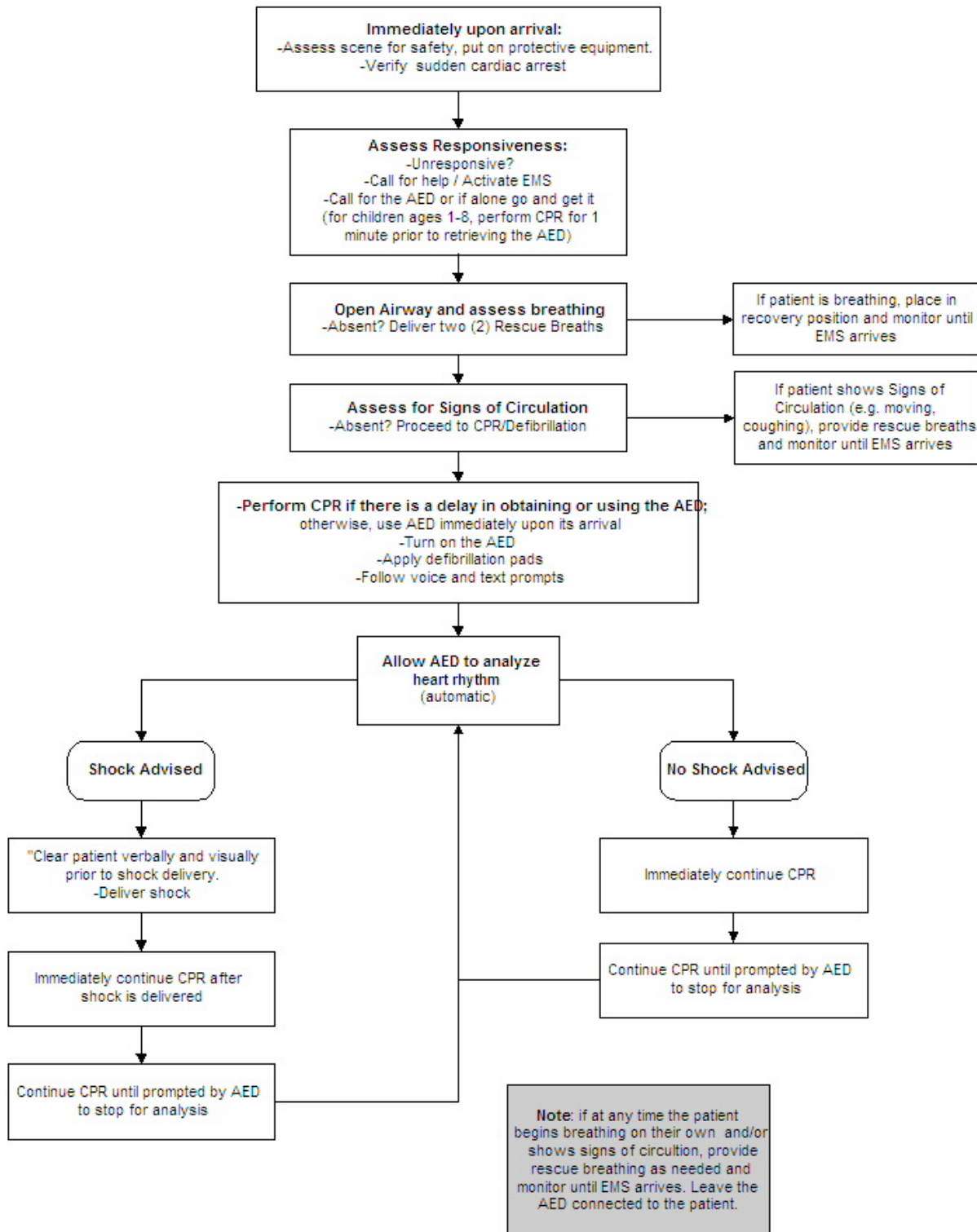
- ❑ Time the victim was found and/or time of collapse
- ❑ Initial and current condition of the victim
- ❑ Number of shocks delivered and any other treatment given
- ❑ Assist as requested by EMS providers

Post-Use Procedure

- ❑ Remove the AED unit from service and immediately notify your Project Site Coordinator that an event has occurred.
- ❑ Assist the AED Project Coordinator in completing the Event Report form.
- ❑ Note that post event Critical Incident Stress Debriefing (CISD) services are available through local mental health agencies and you may get information about these services through the AED Project Coordinator.

Protocol Authorizing Signature

**SUMMIT COUNTY PUBLIC ACCESS DEFIBRILLATION PROJECT
AED Response Protocol Flow Chart**



Appendix C

Summit County Public Access Defibrillation Project AED Use Event Report

Summit County Public Access Defibrillation Project AED Use Event Report

Incident Detail

Incident ID:	Incident Date:
Incident Time:	Device ID:
Device Type:	

Patient Data

Patient Name:	Incident Date:		
Patient Number:	DOB:	Age:	Sex:

Response Data- Complete the following sections as fully as possible. If the time or details recorded are an estimation, place a '?' after the entry.

Call Notification (include hour : minute : second for times recorded)

How was AED User alerted?	Time alerted: ___ : ___ : ___
How was AED User dispatched?	Dispatch time: ___ : ___ : ___
Who initiated 9-1-1 call?	Time called: ___ : ___ : ___
AED User arrival time: ___ : ___ : ___	AED arrival time: ___ : ___ : ___

Event Detail

Collapse/recognition: ___ : ___ : ___	Bystander CPR started: ___ : ___ : ___
9-1-1 called: ___ : ___ : ___	EMS dispatched: ___ : ___ : ___
ERT Team arrival: ___ : ___ : ___	AED arrival: ___ : ___ : ___
Patient unresponsive: <input type="checkbox"/> Yes <input type="checkbox"/> No	Documented time: ___ : ___ : ___
Rescue breathing started: <input type="checkbox"/> Yes <input type="checkbox"/> No	No Documented time: ___ : ___ : ___
CPR started: <input type="checkbox"/> Yes <input type="checkbox"/> No	Documented time: ___ : ___ : ___
AED applied: <input type="checkbox"/> Yes <input type="checkbox"/> No	Documented time: ___ : ___ : ___
First shock advised: <input type="checkbox"/> Yes <input type="checkbox"/> No	Documented time: ___ : ___ : ___
Additional shocks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of shocks delivered:
Return of circulation (pulse): <input type="checkbox"/> Yes <input type="checkbox"/> No	Documented time: ___ : ___ : ___
Return of respiration: <input type="checkbox"/> Yes <input type="checkbox"/> No	Documented time: ___ : ___ : ___
EMS scene arrival: ___ : ___ : ___	EMS arrival at patient: ___ : ___ : ___
Patient condition at EMS hand-off:	
Care Given by EMS: <input type="checkbox"/> ALS <input type="checkbox"/> BLS	Patient transported: ___ : ___ : ___

Transported to:

Patient condition at hospital:

Please add additional notes on the reverse of this page.

Report Completed by: (print name) _____ **Date:** _____

Appendix D
Summit County Public Access Defibrillation Project
Event Audit Form

Summit County Public Access Defibrillation Project AED EVENT AUDIT

-To be completed by the Project Medical Director and Project Coordinator after every AED use.

Date of Incident: ____/____/____

Patient Name: _____ Case #: _____

AED Site: _____ AED Model: _____

AED User/s: _____

System Function

Review Item	Yes	No	Description of Deficiency or Note
AED in proper location?			
AED and supplies present and in working order?			
Appropriate AED User notification of incident?			
Immediate EMS/911 activation?			
Event reporting steps followed correctly?			

Personnel Performance

Review Item	Yes	No	Description of Deficiency or Note
Proper criteria for AED application?			
Initial ABC's evaluation?			
CPR initiated with appropriate BSI?			
AED turned on and proper pad placement?			
Time to First Shock appropriate?			

Adequate BLS maintained?			
Protocol followed?			

AED Mechanical Operation

Review Item	Yes	No	Description of Deficiency or Note
AED functioned according to spec.'s?			
Battery function per mfctr. spec.'s ?			
Memory module functioned properly?			

Event Comments (Include patient outcome information):

Corrective Actions Recommended:

Date of Review: ____/____/____

Reviewed by

Name: _____ Sign: _____

Name: _____ Sign: _____

Name: _____ Sign: _____

Appendix E
Summit County Public Access Defibrillation Project
Colorado Good Samaritan Legislation Regarding AED Use
§13-21-108.1 C.R.S

AED - Immunity Statute for Use

13-21-108.1. Persons rendering emergency assistance through the use of automated external defibrillators - limited immunity.

(1) The general assembly hereby declares that it is the intent of the general assembly to encourage the use of automated external defibrillators for the purpose of saving the lives of people in cardiac arrest.

(2) As used in this section, unless the context otherwise requires:

(a) "AED" or "defibrillator" means an automated external defibrillator that:

(I) Has received approval of its premarket notification filed pursuant to 21 U.S.C. sec. 360 (k), from the federal food and drug administration;

(II) Is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia, and is capable of determining, without intervention by an operator, whether defibrillation should be performed; and

(III) Upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.

(b) "Licensed physician" means a physician licensed to practice medicine in this state.

(3) (a) In order to ensure public health and safety, a person or entity who acquires an AED shall ensure that:

(I) Expected AED users receive training in cardiopulmonary resuscitation (CPR) and AED use through a course approved by the department of public health and environment;

(II) The defibrillator is maintained and tested according to the manufacturer's operational guidelines and that written records are maintained of this maintenance and testing;

(III) There is involvement of a licensed physician in the project at the site of the AED to ensure compliance with requirements for training, notification, and maintenance;

(IV) There are written plans in place concerning the placement of AED's, training of personnel, pre-planned coordination with the emergency medical services system, medical oversight, AED

maintenance, identification of personnel authorized to use AED's, and reporting of AED utilization, which written plans have been reviewed and approved by a licensed physician;

(V) Any person who renders emergency care or treatment to a person in cardiac arrest by using an AED activates the emergency medical services system as soon as possible and reports any clinical use of the AED to the licensed physician affiliated with the project.

(b) Any person or entity that acquires an AED shall notify an agent of the applicable emergency communications or vehicle dispatch center of the existence, location, and type of AED.

(4) (a) Any person or entity whose primary duties do not include the provision of health care and who, in good faith and without compensation, renders emergency care or treatment by the use of an AED shall not be liable for any civil damages for acts or omissions made in good faith as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment, unless the acts or omissions were grossly negligent or willful and wanton.

(b) The immunity provided in paragraph (a) of this subsection (4) extends to the licensed physician who is involved with AED site placement, the person or entity who provides the CPR and AED site placement, and the person or entity responsible for the site where the AED is located.

(c) The immunity provided in this subsection (4) applies only if the requirements of subsection (3) of this section are met. (5) The requirements of subsection (3) of this section shall not apply to any individual using an AED during a medical emergency if that individual is acting as a good samaritan under section 13-21-108.

Appendix F
Summit County Public Access Defibrillation Project
Colorado SEMTAC Statement on 'Approved AED Training'

Colorado Department of Public Health and Environment Approved AED Training

The Colorado State Emergency Medical and Trauma Services Advisory Council unanimously approved the following on April 4, 2002.

REFERENCE: §13-21-108.1 Colorado Revised Statute (C.R.S.)

"(l) Expected AED users receive training in cardiopulmonary resuscitation (CPR) and AED use through a course approved by the department of public health and environment"

APPROVED AED TRAINING DESCRIPTION: Approved training in the use of an automated external defibrillator (AED) and cardiopulmonary resuscitation (CPR) for the expected AED user, as defined in §13-21-108.1 C.R.S, shall include the completion of training containing the following documented elements:

1. Cognitive and psychomotor learning objectives in CPR · Practice time in CPR
2. Formal evaluation of student performance of CPR · Cognitive and psychomotor learning objectives for device specific operations
3. Cognitive and psychomotor learning objectives for use and integration (protocol) of the specific device with CPR · Practice time on the specific device use with CPR integration
4. Formal evaluation of student performance of the use and integration (protocol) of an AED with CPR

Approved training shall be previously reviewed and endorsed by the physician involved in the Public Access Defibrillation Project.

DISCUSSION: Effective May 1, 2002:

- This policy shall replace all previous descriptions of automated external defibrillator training approved by the Colorado Department of Public Health and Environment.
- All requirements for application and recognition as an AED Training Group shall become invalid.
- Organizations previously recognized as an approved AED Training Group will no longer be regulated by the Colorado Department of Public Health and Environment and will not be required to renew previously issued recognition on this level.

Organizations and expected AED users wishing to qualify for Good Samaritan status, as defined in §13-21-108.1 C.R.S, may utilize training provided by any source to include any of the following:

- National, regional, or local certifying organizations that provide AED and/or CPR training that meets the above approved description.
- AED and/or CPR training provided by a manufacturer or sales representative that meets the above approved description.
- Training that meets the above approved description that is created and presented by the organization wishing to qualify for Good Samaritan status, as defined in §13-21-108.0 and §13-21-108.1 C.R.S. AED training includes instruction on the specific AED device being utilized by the organization.

It is recommended that the organization keep adequate records of all training that demonstrates compliance with the above-approved description rather than rely upon the provider to maintain such records.

Appendix G
Summit County Public Access Defibrillation Project

AED Placement Notification for the Summit County Communications Center

Summit County Public Access Defibrillation Project
Communications Center Notification of AED Placement

Date:

To:
Summit County Communications Center
PO Box 4188
Frisco, CO 80443

From: Summit County Public Access Defibrillation Project

Re: AED Placement

In accordance with the State of Colorado requirements for Initial Responder AED programs, this memo is to inform you of the presence of an AED and trained Initial Responders at the following location:

Location:

Name:
Address-

Location Contact person:
Contact phone:

Location Detail (where is AED placed at location):

AED Model type:

Special Notes:

Thank You,

Summit County Public Access Defibrillation Project
Summit County Ambulance Service
PO Box 4910
Frisco, CO 80443
(970) 668-5777
rogerc@co.summit.co.us

Appendix H
Summit County Public Access Defibrillation Project
AED User's Report

**Summit County Public Access Defibrillation Project
SCPADP Office 970-668-5777
AED User's Report**

Incident Detail-

Incident time: _____ Incident date: _____

Incident Location/Address: _____

Officer's / AED User's Name: _____

What Law Enforcement Department or AED Site are you from? _____

Your Contact Phone number: _____

Other AED responders present: _____

(Please estimate times if you do not know them.)

AED: Type _____ Unit ID number _____

Time you were dispatched or made aware of incident: _____

Time you arrived on scene: _____

Was CPR in progress when you arrived? _____ If so who was performing CPR? _____

What time did they start CPR? _____

Or did you start CPR? _____ If so at what time did you start CPR? _____

If you took over CPR from someone else, what time did you take over? _____

Did you have the AED or did you have to go and get it? _____

What time did the AED arrive to the patient? : _____

What time was the AED put on the patient? _____

Was a shock advised? _____

Describe the event in your own words:

What time did the Ambulance / Fire Department arrive? _____

If you are a site user and the police arrived before other EMS, what time did they arrive? _____

What went well?

What problems or concerns did you have?

