Automated External Defibrillator (AED) Program

Environmental Health and Safety Office

July 2014
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Introduction

The University of North Carolina at Charlotte currently owns and maintains approximately Fifty four (54) AEDs. Several of these AEDs have general public access and are highly visible within several campus buildings. The other AEDs are considered departmentally owned and used exclusively by a campus department (e.g. Police & Public Safety, Student Health Center, Athletics). A complete list can be found on Environmental, Health and Safety (EH&S) website.

Automatic External Defibrillators (AEDs) are used to urgently diagnose and treat ventricular fibrillation. An AED is attached to a victim’s chest to assess the heart’s rhythm. If appropriate, the device will recommend that a shock be delivered to resume a safe rhythm for the victim’s heart. When delivered, a metered electrical charge restores the heart’s functionality and often saves the victim’s life.

Purpose

The purpose of this program is to allow for safe maintenance and use of an Automated External Defibrillators (AEDs) in an emergency situation.

Scope:

This program applies to all UNC Charlotte owned AED’s and employees who are required to use as part of their regular job duties.

Responsibilities

**AED Medical Program (Student Health Services)**
- Assist with all medical aspects of the program.
- Assist with AED program review.

**First Responders (Police & Public Safety)**
- Communication and coordination of the AED program with emergency medical services (EMS) and coordinating with EMS protocols.
- Participate in periodic review of AED program.

**AED Program Administrator (Environmental Health and Safety Office)**
- Develop and maintain a written AED program for the University.
- Assist departments with AED program compliance.
- Maintain an inventory of AEDs.
- Conduct periodic reviews of the AED program.

**Inspection and Maintenance Administrator (Facilities Management)**
- Inspect, maintain and test Public Access AEDs in accordance with manufacturer’s guidelines.
- Maintain all public access AED maintenance and testing records.

**Departmental AED Program Coordinator** is responsible for the day-to-day management of departmentally owned AEDs. These AEDs are not accessible to the public and are exclusively used by departmental employees. Responsibilities include:
- Inspect, maintain and test departmental AEDs in accordance with manufacturer’s guidelines.
- Ensure department personnel have received AED documented training.
• Ensure that adequate AED-related supplies and recommended ancillary medical equipment are maintained in an adequate supply and discarded when expired.
• Ensure that the University AED Program Medical Advisor and EH&S Office are notified of any use of the department’s AED.
• Participate in periodic review of AED program.

Procurement of AEDs

The University of North Carolina at Charlotte will ensure public access AEDs are placed in highly visible locations within campus buildings. UNC Charlotte has also equipped each Police patrol vehicle with an AED. If a department would like to procure an AED, a written request should be submitted to the Environmental, Health and Safety Office. The purchase expense and maintenance of these devices will be covered by the department requesting the AED.

AED Training

Authorized training must be in accordance with the American Heart Association, American Red Cross, National Safety Council, or other recognized training program. All AED-trained employees at UNC Charlotte are volunteers except for University Police Officers and Student Health Services personnel.

Records Retention

Facilities Management will maintain inspection, maintenance and testing records (Appendix A) for public access AEDs. Departments must maintain inspection, maintenance, testing and training records for AEDs that are only accessible to their employees.

Required Equipment

Each AED will have:
1. One set of adult defibrillation electrodes
2. One set of child pads
3. One barrier kit containing:
   • Two pairs of disposable gloves (i.e. latex, nitrile)
   • One disposable razor
   • One pair of scissors
   • One CPR pocket mask
   • Gauze pads
   • Antiseptic towelette
Appendix – A Inspection and Maintenance

AED Monthly Inspection Form

Location of AED:__________________________________________ Type of AED:__________________________________________ Serial No:__________________________________________

<table>
<thead>
<tr>
<th>YEAR:</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
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<tbody>
<tr>
<td>AED present, clean and in good condition</td>
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<td>One set of ADULT defibrillator pads, sealed, undamaged, and in date.</td>
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<td>One set of CHILD defibrillator pad, sealed, undamaged, and in date.</td>
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<tr>
<td>Scissors, disposable razor, pocket mask, gauzes, towelettes and 2 pairs of gloves available in good condition.</td>
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<td>Spare M3863A battery in date (if applicable)</td>
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<tr>
<td>Status Indicator – hourglass self-test passed</td>
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<td>Wall Cabinet Alarm is in proper working condition (if applicable)</td>
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INSPECTOR INITIALS:__________________________________________

Problems Noted:

Corrective Action:

1) Please ensure at least ONE (1) set of AED pads and ONE (1) set of child pads are in the AED cabinet. Ensure that the pads have not expired.
2) Ensure that the battery is fully charged (if not, either replace it or re-charge it per the manufactures specifications).
3) All out of date or defective batteries should be replaced. The out of date and defective batteries should be given to Facilities Management Recycling.
4) All deficiencies should be reported to the responsible departmental AED coordinator for corrective action.
5) If an AED needs to be taken out of service, please post signage reading “AED OUT OF SERVICE”.

This checklist is designed to help you ensure that your AED will always be ready when you need it most. If you have questions about AED’s or how to implement a maintenance program, please contact the Environmental Health and Safety Office at 7-1111.

Reviewer Signature:__________________________________________  Date:__________________________________________