

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) POLICY

1.0 INTRODUCTION

This policy and related procedures set forth the standards and responsibilities for the installation, modification, replacement, repair, inspection, maintenance, and non-medical response of AEDs on the FNAL site. This policy does not pertain to the procedures required during a medical response to a sudden cardiac arrest.

This chapter applies to all Fermilab employees, subcontractor personnel and visiting experimenters.

2.0 PURPOSE

The goal of the AED program is to provide equipment and training as an important means to enhance life safety response measures. AEDs make it possible for lay responders to administer defibrillation prior to the arrival of Emergency Medical Services (EMS).

Fermi National Accelerator Laboratory (FNAL) is committed to the health and safety of its staff and visitors. This policy establishes an AED program for the FNAL site that will:

- Implement enhanced life safety response measures
- Meet regulatory compliance
- Provide continuity and consistency across campus in AED installation maintenance and use and
- Establish AED user training requirements

3.0 SCOPE

This policy and related procedures set forth the standards and responsibilities for the installation, modification, replacement, repair, inspection, maintenance, and non-medical response of AEDs on the FNAL site. This policy does not pertain to the procedures required during a medical response to a sudden cardiac arrest.

4.0 DEFINITIONS

- 4.1 Accessory Cable – The cables that connect from the unit to the patient.
- 4.2 AED Program Coordinator – The Site Occupational Medical Director will provide overall coordination of the FNAL AED program.
- 4.3 Automated External Defibrillator (AED) – A computerized medical device that analyzes heart rhythm to detect cardiac arrest and delivers an electric shock to the heart (defibrillation) if necessary.
- 4.4 Readiness Display – The LCD screen on the front of the AED unit.
- 4.5 Responder – Anyone may, at their discretion, provide voluntary assistance to victims of medical emergencies to the extent appropriate to the training and experience.
- 4.6 Sudden Cardiac Arrest – A significant life-threatening event when a person's heart stops or fails to produce a pulse.

5.0 LIABILITY AND GOOD SAMARITAN LAWS

Illinois law allows for the use of an AED during an emergency for the purpose of attempting to save the life of another person who is, or who appears to be, in cardiac arrest. Accordingly, Illinois law also expressly provides immunity from civil liability for those who obtain and maintain AEDs, and those who use such devices to attempt to save a life. Illinois Code 745 ILCS 49/., the Illinois Good Samaritan Act, provides that :
“Use of an automatic external defibrillator; exemption from civil liability for emergency care. Any person who has successfully completed the training requirements of a course in basic emergency care of a person in cardiac arrest that:

- (i) included training in the operation and use of an automatic external defibrillator; and
- (ii) was conducted in accordance with the standards of the American Heart Association,

and who, in good faith, not for compensation, renders emergency medical care involving the use of an automatic external defibrillator in accordance with his or her training is not liable for any civil damages as a result of any act or omission, except for willful and wanton misconduct, by that person in rendering that care.”

(Source: P.A. 90-746, eff. 8-14-98)

6.0 RESPONSIBILITIES

6.1 AED Owner (Division/Section/Center Head or Designee):

Divisions/Sections/Centers that acquire an AED unit are responsible for operating and maintaining the device to meet regulatory compliance, the standards of the manufacturer, programmatic standards of the American Heart Association, and the FNAL policy.

- Designate an individual who will be responsible for the management of the AED program for the division/section/center or individual unit.
- Maintain the records described in section 7.
- Ensure that inspections and maintenance are conducted in a timely manner and in accordance with monthly schedule prescribed by this policy.
- Purchase and replace batteries, pads and other supplies as needed.
- Make a reasonable effort to train sufficient staff in the American Heart Association CPR/AED use.
- Coordinate AED equipment location with the local building manager or area manager to promote easy access.
- Ensure that the location of each AED unit is well marked.
- Conduct monthly inspections to verify that AEDs are in compliance with this policy and maintain inspection records (see appendix A).
- Notify the AED program coordinator within 24 hours of an incident.

6.2 The ES&H Section:

- Provide or arrange for training and refresher training in the American Heart Association CPR/AED use.
- Maintain on-site training records, including a description of the AED training program.
- Conduct an annual audit/inspection to verify that AED owners are in compliance with this policy and inspection records are being maintained.
- Serve as the liaison between the Laboratory and the Manufacturer in the event that a problem is detected with a unit during the monthly inspections.
- Maintain and provide an inventory of AED locations on site.
- Monitor updates to legislation and regulations and update this policy accordingly.

6.3 Medical/Physician

The Site Occupational Medical Director will serve as the medical director for the AED program and will:

- Provide medical direction and expertise on proper AED use.
- Review and approve guidelines for emergency procedures related to AED use.
- Assess post-event incident investigation reports.

6.4 Purchasing Department

Prior to the purchase of any AED equipment, the FNAL Purchasing Department must receive approval from the Environmental Safety and Health Section Head. FNAL has designated specific defibrillator equipment that can be installed on site. As a result, acquisition of all AED equipment must be made through Purchasing.

6.0 REQUIRED SITE RECORDS

The following records must be maintained for each installed AED unit.

- Guidelines for use
- Manufacturer's instructions
- Self-inspection records
- Training records
- AED incident reports

7.0 PLACEMENT OF AED UNITS

Division/Section/Center Heads should decide where the AED units will be placed in their respective locations. Guidelines to consider when choosing the location of an AED unit in the field include: the occupancy of a facility; the response time for the Fermilab Fire Department; the potential for high hazard electrical work to occur; and the nearest location of an AED unit. Consider the "five minute rule" when placing AED units. The five minute rule means that an AED should be within five minutes to be of any use to the facility occupants.

APPENDIX A

Each AED unit shall be inspected once per month. Each time the unit is inspected the inspector shall ensure each item listed in the inspection procedure below is in proper working condition. Each inspection shall be documented. If there is a problem with the AED unit it is the inspector's responsibility to implement the proper corrective action. All corrective actions that require servicing of the AED unit should be directed to the ES&H section.

Inspection Procedure

Instruction	Inspect For	Recommended Corrective Action
Examine the AED case, battery, and pads.	-Foreign substances -Damage or cracks -Expired batteries or defibrillation electrodes	-Clean the device as described above -Remove from service and contact the ES&H Section -Replace
Accessory pack (may include gloves, mask, wipes, etc.)	-Tamper proof seal	-If accessories are missing or the tamper proof seal is broken, replace pack.
Observe readiness display	-OK Symbol -Low or replace battery indication displayed -Service symbol displayed	-None needed - Remove from service and contact ES&H Section -Remove from service and contact ES&H Section