Everyday in the United States Sudden Cardiac Arrest (SCA) kills 1,000 people or one person every two minutes.

SCA is the leading cause of death in the United States and it claims an estimated 325,000 lives each year. It is difficult to predict and many victims have no prior symptoms. It is estimated that 95 percent of victims of cardiac arrest die before they reach a hospital or other source of emergency help.

The deployment and subsequent defibrillation of an Automated External Defibrillator, or AED, is a proven method of reducing death and disability from SCA. In order to increase the chance of survival an AED must be available soon after cardiac arrest. All Emergency Medical Responders within Washington County send a defibrillator on every medical call, but chances of survival decrease by 10% with each minute that passes. Having AEDs in the hands of laypersons who are often the witness of SCA can increase survival rates.

Oregon Law:

Oregon Revised Statue (ORS) 30.802 and 431.680 was recently updated by House Bill (HB) 3482. The documents jointly provide “Good Samaritan” protection for trained AED providers, employers, property owners or agencies that make AEDs available for use under certain circumstances.

Under a pair of bills, Oregon Senate Bill (SB) 556 (2009), and Oregon Senate Bill 1006 (2010), both established and updated ORS 431.690, as well as updating ORS 30.802, requiring certain “public assembly areas” to have AEDs and also extend Good Samaritan protection to single buildings 50,000 sq. ft. and larger and where at least 50 people congregate during business hours, including commercial, office, retail, deliberation, and transportation uses (e.g., shopping malls, large retail stores, office buildings, transportation terminals), but excluding property used for education or worship.

Oregon Senate Bill 1033 requires most Oregon public and private school campuses must have at least one AED by January 1, 2015. Some may need to comply with the law sooner. See http://www.osba.org/Resources/Article/Legal/AED_Oregon_schools.aspx for more information.

Oregon Administrative Rules 333-030-0105 requires all residential camps with 100 or more on-site campers and staff to have at least one AED with pediatric capability, by June 1, 2009. Oregon Senate Joint Resolution 32 (2001) strongly encouraged placing AEDs in public buildings.

As AEDs are viewed more like necessary safety equipment than just another type of medical equipment (fire extinguishers are a common analogy) we seem to be approaching the day when NOT having public-access AEDs will be a greater liability than having them.
Washington County EMS Office PAD Program:

The WCEO can assist Washington County based community organizations and businesses in the implementation of their own in-house CPR/AED Program by:

- Facilitate interface between the agency and the local EMS System
- Facilitate registration of the agency’s AED with the local 911 dispatch center
- Coordinating and providing new and recertification CPR/AED training:
  - WCEO uses only certified American Heart Association CPR/AED Instructors
  - WCEO only uses current and nationally recognized CPR/AED programs such as American Red Cross or American Heart Association
- Provide medical supervision through the WCEO medical director
- Provide quality improvement services after the deployment and/or discharge of their AED
Automatic External Defibrillator (AED) Program

Purpose
The purpose of this procedure is to outline the resources required and training necessary to implement and maintain the automatic external defibrillator program at (INSERT NAME).

Scope
The scope of this procedure will include the overall AED implementation plan, training requirements, product location, EMS notification, medical supervision, and all the necessary activities to conform to the following:
- Oregon Senate Bill (SB) 313, effective 6/04/99, replaced by House Bill 3482/Senate Joint Resolution 32
- Oregon SB 1033
- Oregon Revised Statute (ORS) 30.802
- Oregon SB 566 and SB 1006, effective Jan 1, 2010 updated ORS 431.690
- Oregon Administrative Rule (OAR) 333-030-0105
- Current Recommendations of the American Heart Association

Responsibility
(INSERT WHO HAVE OVERALL RESPONSIBILITY FOR PROGRAM) will be considered the AED Program Coordinator and has overall responsibility for this program.

AED Plan
The intent is to provide universal coverage of the facilities by trained individuals capable of responding to any situation requiring resuscitation. Employee schedules, work habits, access, and resource availability must be considered when coordinating this program and providing institutional coverage. The goal is to have an AED located so that responders can respond and deliver a shock within three minutes.

Product Purchase
Only an FDA approved medical device that is capable of recognizing the presence or absence of ventricular fibrillation, rapid ventricular tachycardia and is capable of determining without intervention by an operator whether defibrillation should be performed, and automatically charges and allows delivery of an electrical impulse will be utilized. Additional features and/or requirements may be identified per the instructions of the AED Program Coordinator/facility safety committee and/or the corporate medical advisor. These written requirements must be conveyed to the purchasing department and approved by the medical advisor.

Product Location and Maintenance
AED(s) will be located:

1.
2.

All units will be inspected in a routine manner by the AED Program Coordinator or their liaison such as a facility safety committee and maintained per manufacturer's recommendations. Records must be maintained and available for review by WCEO upon request. All systems will be clearly identified and visible, and the physical location of each AED will be inserted in the appropriate safety and facility documentation and provided to the WCEO.
**Employee Training**

The American Heart Association strongly encourages that all persons who are responsible for using the AED be trained in its use and how to perform CPR. Follow all manufacturers' recommendations for the AED prior to placing it in service. Certification records will be maintained by the participating agency/company located in the appropriate files. The American Heart Association recommends that recertification training occur every two (2) years as well as re-familiarization with the AED more frequently than that. A list of the individuals certified to use the device should be readily available, and listed in appropriate employee reference materials (i.e. phone lists, internal web, etc.). See Appendix A.

It may be beneficial to have “tune-up” training classes every six months. WCEO suggests that individuals and or organizations review training on a regular basis using the student workbook and CD enclosed with the workbook along with any updates provide by the American Heart Association on their web site at [www.americanheart.org/cpr](http://www.americanheart.org/cpr). This review training should be documented and kept with all other CPR/AED training records.

**Medical Oversight**

This program and any future procedural changes must be reviewed and approved by the WCEO and the Medical Director.

The WCEO Medical Director will review all events where an AED is deployed as well as when an AED is discharged and can provide quality improvement information to the agency. Notification by the participating agency of such an event should occur as soon as is feasible and not more than 72 hrs post event. It is recommended that the agency AED Program Coordinator or liaison contact WCEO first by phone and then fax all appropriate documentation.

**Records**

Training records, employee certification, AED maintenance records will also be provided to the WCEO upon request.

The following records will be maintained:

- Current CPR/AED certification and training records of employees
- Current AED Plan w/current location of AED
- Certified AED user list (appendix A)
- AED event records and associated documentation (appendix B)
- EMS notification checklist (appendix C)
- Any additional internal/external audit reports
- Current product information
  - Model, serial number, date of purchase, maintenance and inspection records, manufacturer

**Coordination With Local Emergency Medical Services (EMS)**

The EMS system will be immediately notified via activation of the local 911 emergency system when any event where the AED device is deployed or discharged. After the event is over an AED Use Report (see Appendix B) should be filled out and sent to the WCEO within 72 hrs post event.

WCEO can register the agency AED with the local 911 dispatch center. See EMS Notification Checklist, Appendix C for more information. This form should be sent back to WCEO with all applicable information in order for registration to occur.

**Post Event Considerations**

Ensuring that appropriate follow up occurs after a cardiac arrest event is also a key responsibility of the AED Program Coordinator. Post event considerations include putting the AED back into service,
conducting an event review, providing a process of emotional support for on-site rescuers and staff, and possibly monitoring patient outcome.

**Integrating the AED Back Into Service**

Consider the following when putting the AED back into service:
- Check all AED supplies and replenish as necessary. This includes electrode pads, towel, razor, barrier device, disposable gloves, etc.
- Clean and disinfect the device
- Check the battery and replace if needed
- Check the device and housing for cracks or damage
- Return the AED to the designated place

**Event Review**

Fill out the AED Use Report and fax to WCEO within 72 hrs post event or sooner. All information shared between the agency and WCEO is to provide feedback to rescuers and evaluate the effectiveness of the internal response procedures.

**Implementation**

The approval of the EMS Office must be obtained and documented prior to deployment and activation of the device. Implementation of the AED Plan will occur only after employees have been trained secondary to referenced guidelines and the local EMS office has been notified.

An implementation checklist similar to that provided (see Appendix C) is used.
## Appendix A

**Employees Certified in CPR/ AED Use**

<table>
<thead>
<tr>
<th>Name</th>
<th>Certification Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

**Last Updated:** ____________________

____________________

____________________

Automatic External Defibrillator Procedure
# AED USE REPORT

Date of Report: ___________________________
Fax or mail to Washington County EMS office:
155 N. First Ave. MS23
Hillsboro, OR  97124-3072
Fax: 503-639-8996
Attention:  CPR Program Coordinator

Medical Director if other than assigned by WCEO:
Name:  _________________________________________________________________
Address:  _______________________________________________________________
Phone No.:  _____________________________________________________________

Date of Incident:__________  Time of Incident: ________
Location of Incident:_________________________________________
What was patient doing at time of cardiac arrest:
________________________________________________________________________________
_________________________________________________________________________
Patient Age:_________                        Patient Sex:__________
Was the event witnessed?       Yes         No
Was bystander CPR initiated?   Yes        No
Time CPR was started:  ___________
Time of first defibrillation: _________
Number of defibrillations administered: _______
Condition of victim at time of transport: _________
Name of rescuers and their role:
 __________________________
 __________________________
 __________________________
Comments:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Automatic External Defibrillator Procedure
Appendix C
EMS Notification Checklist
(Insert Organization Name)

Physical Address of agency: ______________________________
(street location)
__________________________________
(city)

Mailing Address if different from above: ______________________________
__________________________________

Name of AED Program Coordinator: __________________________________________________
(name) Contact Phone Number

Physical Location of the AEDs:
1. __________________________________________________
2. __________________________________________________

Please provide us with a little information about your AED.

What is the make or manufacturer of the AED: ___________________

What is the model number of the AED: ____________________