



**Automated External
Defibrillator (AED)
Pilot Policy
San Joaquin County
Administration Building
2019**



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PURPOSE STATEMENT

The purpose of this document is to provide a standardized policy on the deployment and use of the Automated External Defibrillator (AED) in compliance with Health and Safety Code Division 2.5, and California Code of Regulations Title 22, Division 9, that defines the AED training and medical oversight requirements. This policy will identify the coordination of the AED program, outline report writing requirement, and define the applicable persons who are certified to use the AED within the County Administration Building.

All currently trained San Joaquin County Employees providing emergency care through the use of an AED in the course of their employment will be protected under the Good Samaritan Law also known as California Senate Bill No. 911, Chapter 163 passed on July 22, 1999.

The San Joaquin County AED Pilot Program is exploring the need for providing AED units in County Facilities. It is the opinion that the availability of AED's may reduce the preventable loss of life from sudden cardiac arrest through the provision of rapid defibrillation. Automated External Defibrillator (AED) means an external defibrillator that after user activation is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

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I. Procedures

A. In the event of an emergency requiring the use of the AED unit, an employee shall immediately call 9-1-1 and state:

1. The nature of the emergency.
2. The address and location (i.e., Department and floor)
3. The name of the victim.
4. Answer all questions that the 9-1-1 dispatcher asks.
5. Available staff should wait at the entrance and guide the Emergency Medical Services (EMS) staff to location.

B. Instructions and use of the AED

1. CPR/AED trained employees should evaluate the scene for hazards.
 - Electrical dangers (downed power lines, electrical cords, etc.).
 - Chemical (hazardous gases, liquids or solids, smoke).
 - Harmful people (anyone that could potentially harm you).
 - Fire, flammable gases such medical oxygen, cooking gas, etc.
2. Determine if the distressed individual is unresponsive and not breathing.
3. Assess airway, breathing and circulation. *If there are no signs of circulation (normal breathing, coughing or movement), call for or get the AED and call 9-1-1*
4. Perform CPR until the defibrillator arrives.
5. Place the AED at the victim's side.
6. Turn the AED on and attach adhesive pads to bare chest.
7. Make sure no one is touching the patient.
8. Follow the AED's audio and visual prompts until EMS arrives.
9. Allow EMS to transfer victim upon arrival.
 - a. Note company name of EMS responder.
 - b. Identify where victim will be transported to.

C. Post Incident

1. Immediate notification of the use of the AED should be made to Department Safety and Health Representative (DSHR), Department Head, Risk Manager and Medical Oversight staff
2. The designated trained staff must complete an AED Use Reporting/Incident Form (Attachment D) any time an AED is accessed.
3. Ensure that all County related forms are completed (i.e., Supervisors Report of Accident or Incident Report).
4. Follow all County require protocols for employees admitted into hospital.

D. Alarm Rest

1. All AED's are housed in a non-locked cabinet, equipped with an audible alarm which sounds when the door is opened. (See attachment "A" for exact locations).
2. Shutting the door can't stop this alarm. The only way to silence the alarm is by resetting it with the reset key.

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3. The alarm will continue to sound until reset with key.
 4. The primary designated trained staff will be assigned a reset key.
- E. Inspections: Per California law, all AED's must be inspected monthly according to manufacturer guidance. Departments have identified designated staff that will be responsible for completing monthly checks, verification will be recorded on the maintenance tag attached to each AED. The AED's shall be inspected (Attachment C) at least monthly by the designated to ensure the following:
1. All AED'S are in place
 2. Ready for the use status indicator displays a green "√" mark.
 3. Related equipment and supplies are in place and undamaged.
 4. The inspection date and initial of the inspector shall be recorded.
 5. The unit shall not be obstructed and easily accessible.
 6. The unit shall be inspected monthly
 7. Sample Checklist (attached).
- F. Notification of AED Placement
- a. Per California law, the County is required to notify the local Emergency Medical Services regarding the placement of all AEDs (Attachment E). Departments will ensure this notification is made to EMS.

II. Program Coordination

- A. The AED Program will be coordinated through Risk Management.
- B. San Joaquin County Emergency Medical Services has reviewed the Medical Emergency Procedures that applies to AED's. Chief Medical Officer, Dr. Farhan Fadoo, MD, MS, MSHI, CPHIMS, will provide medical oversight by reviewing and approving the AED Written Program.
- C. The prescribing physician will provide medical oversight of the AED program and work with the AED Coordinator to facilitate the integration of the AED program within the San Joaquin County Administration Building.

III. Responsibility

- A. Risk Management has established an AED policy which includes:
 1. Ensure AED written program is updated with current California laws and provide changes as necessary.
 2. Coordinate with San Joaquin County Emergency Medical Services to ensure Placement of AED and AED Use Event Summary forms are completed.
 3. Retain records for all incidents regarding the AED use.
 4. Submit changes to the AED Written Program to San Joaquin County Emergency Medical Services.

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5. Coordination of instructions and training for proper AED operation.
6. Maintain records of all staff (volunteers) who complete CPR/AED training.
7. Procedures for the selection and use of all equipment:
 - a. Equipment features
 - b. Ease of use
 - c. Design
8. Ensure monthly AED inspection, repair and maintenance of all equipment be designees.
9. Coordinate all AED service requests and scheduled maintenance.
10. Coordinate with General Services for the placement of AED's to include providing appropriate identification of equipment.

B. Responsibility of Designated Responder

1. Each participating Department identified and provided the names of two volunteers who will be trained in compliance with this policy.
2. Attend and participate in training to ensure that proper safety guidelines regarding AED procedures are followed.
3. Obtain CPR/AED training certificate and maintain as required.
4. Notification to Risk Management of any use of the AED, problems, violations, inconsistencies and improvements related to the AED policies and procedures.
5. Inspect AED's on a monthly basis.
6. Conduct response and use procedures in accordance with instructions and training received and as outlined in this policy.
7. Report any use of, unusual or missing AED's to the Risk Management.
8. Attend AED training and the bi-annual AED periodic refresher training.

IV. Program Evaluation

The AED program will be evaluated as follows:

- A. Frequent periodic inspections will be conducted to ensure that all AED's are in place. Supervisors and management will take appropriate actions, up to and including disciplinary actions to ensure compliance.
- B. The County Physician assigned to the Department has medical control of prescribing and authorizing the use of the AED.

V. Personnel Training and Record Keeping

American Heart Association approved Training Programs will be made available to designated staff. Training to include general safety procedures and any necessary personal protection equipment.

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Training shall be consistent with the various guidelines required by regulatory agencies. The American Heart Association standards set forth through the California Code of Regulations Title 22, Social Security Division 9 Prehospital Emergency Medical Services Chapter 1.8, and Utilization for Use of the Automated External Defibrillator by Non-Licensed or Non-Certified Personnel. Training shall include the following topics and skills:

- A. Proper use, maintenance and periodic inspections of the AED.
 1. The importance of:
 - CPR
 - Defibrillation
 - Internal emergency response system
 2. Overview of the local Emergency Medical Services system, including 9-1-1 access, and interaction with EMS personnel.
- B. Assessment of an unconscious patient to determine if cardiac arrest has occurred and the appropriateness of applying and activating an AED.
 1. Information relating to defibrillator safety precautions to enable the individual to administer shock without jeopardizing the safety of the patient or the authorized individual or other nearby persons.
 2. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
 3. Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary.
 4. Authorized individual's responsibility of continuation of care, such as repeated shocks if necessary, and/or accompaniment to the hospital, if indicated, or until the arrival of more medically qualified personnel.
- C. Bi-annual, periodic refresher training will be provided by County acquired Vendor. Training to obtain CPR/AED card will be a four-hour class. Notification of dates and times will be provided.
- D. Testing:
 1. In order for an individual to be authorized to use the AED, the individual shall successfully complete an American Heart Association certified course in the use of Cardio-Pulmonary Resuscitation (CPR) and the Automated External Defibrillator (AED), which tests the ability to assess and manage the specified conditions under the "Personnel Training and Record Keeping" section of this program document.

VI. Report Writing Requirements

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The use of an AED by any properly trained employee or any other person shall be documented on an Incident Report.

A. The Incident report will provide a narrative of the circumstances leading to the deployment and use of the AED. The report will also provide the following information:

1. Notation indicating use of an AED.
2. The number of times an external defibrillation was attempted.
3. Whether the pulse was restored.

B. A copy of the completed Incident report will be forwarded to Risk Management and the prescribing physician.

VII. Medical Oversight

D. Chief Medical Officer, Dr. Farhan Fadoo, MD, MS, MSHI, CPHIMS, will provide medical oversight by reviewing and approving the AED Written Program.

A. shall establish appropriate policies and procedures which shall include:

1. A description of the utilization of the AED, including written medical protocols which may include, but are not limited to, authorization of personnel, standing orders and case by case reviews.
2. Provisions to comply with the San Joaquin County policies and procedure
3. A method of medical oversight to include reviews of each incident of application and recording. By magnetic tape or other suitable storage. In addition, the conditions for the rescission or termination of the authorization for the utilization of the AED.

B. Written Validation

1. Provided by The American Heart Association CPR / AED approved trainer shall issue to the authorized individual a written validation or other documented proof of the authorized individual's ability to use an AED.

C. Data

1. Trainers shall provide verification to Risk Management. Risk Management will forward the following statistics to the County EMS Agency quarterly, if an AED is deployed and defibrillator shocks administered:
2. The number of patients on whom defibrillator shocks administered.
3. The number of patients who suffered a witnessed (seen or heard) cardiac

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arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation; and

4. The number of patients who discharged from the hospital alive.

VIII. Equipment

- A. Location San Joaquin County Administration Building AED units. (See Attachment "A" for location maps)
- B. The following equipment shall be maintained as part of each AED unit and is to be used only for AED emergencies:
 - AED
 - Defibrillation pads
- C. This equipment shall be stored in cabinet and replenished after each use. The cabinet carries sufficient supplies for at least one (1) independent use.
- D. The County will follow the American Heart Association's recommendation of placing the AED's in locations that allow access in the Administration Building within 3 minutes.

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Defibrillator Storage Cabinet with Alarm

Alarm Instructions:

The alarm is shipped with a 9V battery installed and an alarm key in place. When the alarm key is in place, the alarm is off. With the key in place, the alarm will not sound when the cabinet door is opened or closed. You may leave the key in place if you do not see a need for an alarm in your office.

To Activate the Alarm:

1. Open the cabinet door
2. Remove the alarm key from the bottom of the red alarm located inside of the cabinet
3. Place the AED into the cabinet and close the door. Be sure to close the cabinet door in one complete movement. The door is held closed by a contact magnet along the door's edge.

The alarm is now set. The next time the door is opened the alarm will sound. The alarm will continue to sound for 3 minutes or until the key is replaced into the keyhole in the alarm box,

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Attachment A (Floor Plan/AED Locations)

AED Qty Per Floor	Floor
0	Basement
Room 122 QTY: 1	1
Room 122 Shared w/Purchasing Support Services	1
Room 145 (Column Outside of Room) QTY 1	1
Room 270 QTY:1	2
Room 370 QTY:1	3
Room 370 Shared	3
Room 470 QTY: 1	4
Room 570 QTY: 1	5
Room 570 Shared	5
Room 570 Shared	5
Room 570 Shared	5
Room 699 QTY: 1	6
Room 681 QTY: 1	6
Room 681 Shared W/CAO	6

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Attachment B (Listing of Trained Staff)

The following employees have been trained in the use of CPR/AED. It is the goal to have at least one (1) trained responder available during business hours.

Floor	Dept	Name	Training Date	CPR/AED CARD #
1	TTC	Donna Escotto	10/12/18	182353
1	Revenue Recovery	Lisa Garcia	10/12/18	182359
2	Assessor/Record	Sheena Stephens Gina Toscano	10/19/18 10/12/18	183772 182358
3	Human Resources	Tanya Moreno Tami Matuska	10/19/18 10/12/18	183765 182364
3	ROV	Daniel Allum Brian Gegarian	10/12/18 10/12/18	182361 182363
4	Information Systems	Pam Sauseda Kas Kurmis	10/12/18 10/12/18	182362 182357
5	Auditor-Controller	Marissa Orozco Robert Johnson	10/12/18 10/19/18	182356 183768
5	Purchasing & Support	Michelle Relf Aeron Tolentino	10/12/18 10/19/18	183776 182360
5	Facilities Management	Sal Hernandez Joshua Hernandez	10/19/18 10/19/18	183774 182360
6	Clerk Of the Board	Rachel Debord Sofia Barron	10/19/18 10/19/18	183767 183766
6	CAO	Sandy Regalo Andrea Guinnane	10/19/18 10/12/18	183771 183773
6	County Counsel	Kristina Rubianes Zoey Merrill	10/12/18 10/19/18	182355 183775
	Risk Management	Lolita Pearson Andrew Slater	10/12/18 10/19/18	182354 183770

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Attachment C (AED Inspection Check List)

Serial Number _____

Name of Department:	
Physical Address:	
AED Coordinator:	Lolita Pearson, County Safety Officer
AED Location:	

CPR Rescue Kit : <input type="checkbox"/> Yes <input type="checkbox"/> No	CPR Rescue Kit: Security tag in place. <input type="checkbox"/> Yes <input type="checkbox"/> No
*If missing contact HR/Risk Management	
AED Emergency Responders/Office Number:	
1.	2.
3.	4.

Month/Year	Name of Person Performing AED Check	Date Checked	Comments
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Annual Check			

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Attachment D (AED Use Event Summary Form)

The Current version of the below form can be found on the County's Risk Management Website:

<https://www.sigov.org/department/hr/risk/forms>

AED USE EVENT SUMMARY FORM			
Location of event (address):			
Department/Division:			
Date of event:		Time of event:	
Oversight physician:			
Program coordinator:			
Was the event witnessed or non-witnessed?	<input type="checkbox"/> Witnessed	<input type="checkbox"/> Non-witnessed	
Name of trained rescuer involved:			
Internal response plan activated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was 9-1-1 called	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, name of 9-1-1 caller/Report #:
Was pulse taken at initial assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was CPR given before the AED arrived?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, name(s) of CPR rescuer(s)			
Was shocks delivered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Total Number of shocks?			
Did victim...			
Regain a pulse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Resumed breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Regain consciousness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the procedure for transferring patient care to the local EMS agency executed?			
<input type="checkbox"/> Yes Name of Agency:	<input type="checkbox"/> No	If No, please explain:	
Any problem encountered?			
Name of person completing form:			
Signature of person completing form:			
To be completed on attempted or actual use of AED.			
Please mail or fax (209-953-7330) this completed form to: Attn: Risk Management 44 North San Joaquin Street Administration Building, Suite 330 Stockton, CA 95202			

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Attachment E (Notification of AED Placement)



San Joaquin County Emergency Medical Services Agency



NOTIFICATION OF NEW PUBLIC ACCESS DEFIBRILLATION PROGRAM	
Physician Information	
Prescribing Physician Name	
Physician California License Number	
Physician Address:	
Prescribing Physician Phone Number:	
Location of AED (if multiple addresses, report each one on a separate form)	
Name of Company	
Address where AED is located:	
Name of onsite contact:	
Phone number of onsite contact	
AED Training and Equipment	
Person/Organization Performing Training	
Phone Number of Training Organization	
Address of Training Organization	
Make and Model of the AED	
Specific Location of the AED	
How many employees will be trained to use the AED?	

Please return the completed form by fax or mail to:

San Joaquin County EMS Agency
PO Box 220
French Camp, CA 95231
(209) 468-6818
Fax (209) 468-6725

Notification Of New Public Access Defibrillation Program
Effective: June 14, 2007

SJCEMSA Form #6020

*3/22/2019 Per Rick Jones, EMS, only required to complete highlighted sections.