

Chapman University

**Automated External Defibrillator
(AED) Management Program**

May 2019

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Chapman University Automated External Defibrillator (AED) Program

The Chapman University (CHAPMAN) AED Program has been created to provide a rapid response to sudden cardiac arrest (SCA) for employees, students, and visitors to Chapman University. This document describes the policies, procedures, and protocols to be used in administering this program. The Office of Environment, Health and Safety (EH&S) and the AED Program Medical Director have approved all protocols for this program.

The Director, Risk Management, the Manager, Environmental Health & Safety, the AED Medical Director, and the AED Program Coordinator will conduct an annual review of this written plan in order to meet regulatory requirements and ensure proper program implementation and quality assurance. These individuals, in consultation with the AED Advisory Group, must approve of this document and any significant revisions made therein.

AED Program Administrators:

Dr. Ari Babaknia

AED Medical Director

Allan F. Brooks

Director, Risk Management

Karen Swift

Manager, Environmental Health & Safety

Jennie Evangelista

EH&S Specialist/AED Program Coordinator

1.0: Public Access Defibrillation Program

1.1 Overview

Chapman University implemented this Automated External Defibrillator (AED) Program to provide early defibrillation to victims of sudden cardiac arrest (SCA) on the CHAPMAN campus. Sudden cardiac death (SCD) is a sudden, unexpected death caused by loss of heart function (sudden cardiac arrest). The decision to implement the program was made in consideration of the fact that SCA is the largest cause of natural death in the U.S., causing about 325,000 adult deaths in the U.S. each year. SCD is responsible for half of all heart disease deaths. SCA results when the heart abruptly and, without warning, stops working, which prevents blood from being pumped to the rest of the body. SCA usually causes death if not treated within minutes. A cardiac arrest is different from a heart attack or myocardial infarction, where blood flow to the still-beating heart is interrupted. People with heart disease have a higher chance of having cardiac arrest, but SCAs occur in people who appear healthy and have no known heart disease or other risk factors.

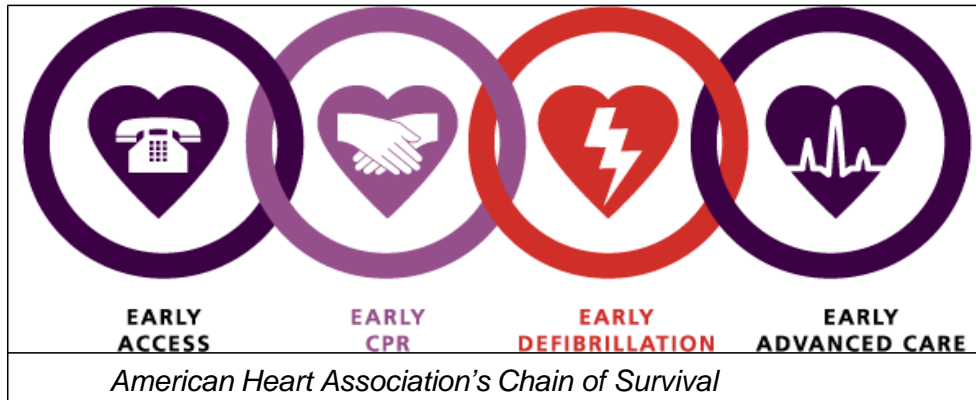
Research has demonstrated that educating and training laypersons on cardiopulmonary resuscitation (CPR) and immediate actions to take during an SCA improves the chance of survival. The American Heart Association recommends CPR and automatic external defibrillator (AED) training for laypersons for this reason. By installing automatic external defibrillators at key CHAPMAN facilities, such as cafeterias, museums, theaters, gyms and sporting event venues that attract large crowds, lay responders or rescuers (non-medical LRR) are given access to defibrillation devices. Survival rates have been demonstrated to be higher in areas where CPR and AED trained bystanders have rapid access to these devices. An AED is a type of medical device that can be used on a person in certain types of cardiac arrest in an effort to restore a pulse.

Lay responders or rescuers (LRR) are legally protected when they render medical care. According to California Health and Safety Code, Division 2.5, Section 1799.102 (See Appendix I):

No person who in good faith, and not for compensation, renders emergency care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered.

California Civil Code, Section 1714.21 expanded the Good Samaritan Law to include use of an automated external defibrillator for the purpose of saving the life of another person in cardiac arrest. (See Appendix I)

The AED Program supports the goal of the American Heart Association's *Chain of Survival* because it reduces the amount of time from SCA to defibrillation and emergency medical services (EMS) response.



1.2 Glossary of Acronyms

- ABC – Airway, Breathing & Circulation
- AED – Automated External Defibrillation/Defibrillator
- ALS – Advanced Life Support
- BLS – Basic Life Support
- CPR – Cardiopulmonary Resuscitation EMS
- EMS – Emergency Medical Services
- EMT – Emergency Medical Technician
- LRR – Lay Responder or Rescuer
- AED – Public Access Defibrillation
- SCA – Sudden Cardiac Arrest
- UCPD – University of California Police Department

1.3 Scope

This policy describes CHAPMAN’s standards and procedures relating to its AED Program, including equipment, maintenance, response, plan, and protocol. All University departments seeking to acquire an AED are expected to seek EH&S approval and once approved, comply with this policy.

2.0: AED Roles and Responsibilities

The success of the AED Program depends on the effective collaboration of team members from across campus departments. Specific responsibilities of team members include the following:

AED Advisory Group (AED/First Aid Committee)

- Develop recommendations for program operations.
- Review and approve program policies and procedures.
- Identify locations for AED equipment installation.

- Identify funding opportunities.
- Review and approve annual reports.
- Provide quality control oversight.
- Identify HIPAA and other training needs.

AED Medical Director

- Provide medical consultation and expertise.
- Oversee and approve protocols for the use of the AED and other medical equipment.
- Review all incidents involving the use of the AED.
- Chair quality and annual Quality Improvement (i.e. quality control) meeting.

AED Program Coordinator

- Serve as the liaison between the AED Site and the AED Advisory Group.
- Provide regular reports to the AED Medical Director, and the EH&S Director/Manager regarding the AED program.
- Ensure that CHAPMAN entities with installed AEDs receive updated information each year which describes the proper use of an AED. Ensure that necessary information is posted next to any installed AED.
- Publicize an annual list of AED locations.
- Maintain an up-to-date list of all AED Site Coordinators.
- Ensure compliance with regulatory requirements.
- Convene and coordinate activities of the AED Advisory Group.
- Serve as liaison and contact for any CHAPMAN department wishing to have an AED installed as part of the AED program.

Maintain updated AED information on the EH&S website including

- AED Policy
- Location of AEDs
- List of individuals with program responsibilities including AED Medical Director, Program Coordinator and Site Coordinators.
- Assure quarterly maintenance of the AEDs and related response equipment.
See Appendix C for sample quarterly AED maintenance checklists.
- Notify the AED Medical Director, the EH&S Manager, and the Director of Risk Management of ANY cardiac arrest or use of the AED.
- Prepare AED Program annual report and submits to the Medical Director and the Advisory Group.
- Develop and maintain the emergency response plan and AED policies and procedures.
- Assure compliance with regulatory requirements.
- Maintain and compile all data pertaining to the AED Program, including the following records, for seven (7) years or as indicated:
 - A copy of the physician's prescription for the AED.

- Training documentation from an American Heart Association or American Red Cross recognized AED training class for the AED Advisory Group.
- Documentation of HIPAA and other appropriate training for the AED Advisory Group.
- Log of maintenance checks of the AED, including the dates checked and the name of the person that performed the review.
- Record of all incidences for 7 years or, in the case of minors, until they are 18 years of age plus one year or for 7 years, whichever is longer.

AED Site Coordinator

- Perform weekly Quick Checks by visually verifying the green light indicator status on the device. Record this information on the daily Quick Check log. Maintain all log sheets in an electronic or hard copy format and make them available to the Program Coordinator upon request. Informs the Program Coordinator of any malfunction.
- Notify the AED Program Coordinator of any cardiac arrest incidences or use of the AED.
- Attend annual Quality Improvement meeting upon request.
- Follow the incident and post-incident procedures of the AED Program contained herein.
- Report any abuse or vandalism of the AED to Chapman University Public Safety and to the Program Coordinator immediately.
- Immediately notify the AED Coordinator of any major changes (i.e. change to individual assigned as AED Site Coordinator, the building is no longer occupied, etc.).

Certification and Training

All of the AED Program Administrators must receive CPR and approved AED device training in compliance with regulations adopted by the EMS Authority and the standards of the American Heart Association or the American Red Cross. In accordance with regulations set out in Section 5.6 below to protect the confidentiality of any victim's health information, all lay responders and program participants must receive training in protection of health information. Although this program does not constitute a HIPAA component program, basic HIPAA training will be used to ensure that all participants are trained in health information confidentiality issues. Lay responders and program participants must complete training and receive training certification for the basic HIPAA training.

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/index.html> Participants unable to access this site will be provided with additional training opportunities as indicated.

3.0: Site AED Facility Requirements

In order to be equipped with an AED, a facility must satisfy the following criteria:

- Approval of site from AED Advisory Group.
- Designation of an AED Site Coordinator.
- Agreement to AED Site Coordinator Responsibilities.
- Agreement to all policies and procedures for the AED Program.

4.0: AED Equipment

The AED Advisory Group will recommend a specific AED device to be used at the designated locations. This equipment may not be used outside the parameters of the CHAPMAN AED program.

EH&S must be notified prior to any departmental purchase of AEDs. Once an AED has been purchased, it falls under the jurisdiction of EH&S and will be included in the AED Program.

To maintain consistency campus-wide, the AED Advisory Group requests that all University entities only purchase the EH&S approved AED device.

4.1 Supplies and Accessories will be provided and maintained for all AEDs and must remain with the unit. See Appendix B for the AED Location and Equipment Sheet. Each AED location shall include the items in the following table:

Item Description	Quantity
Approved AED Device with batteries installed	1
Wall Mounted Cabinet with Quick Reference	1
Adult Pads	1 set each
Out of Service sign	1
Accessories (scissors, towel, razor, gloves, wet wipe, dry wipe) (Pocket CPR Mask or CPR Shield)	1 set

4.2 AED Maintenance

The Program Coordinator or their designee is responsible for AED maintenance. Fire & Life Safety will assist in this process as needed. This includes the performance of a full equipment inspection according to the manufacturer's guidelines. CHIMERA, the EH&S Safety Equipment management system will be used to maintain inspection records.

Daily maintenance

Program coordinators, as they pass the equipment, are requested to make informal checks of the AED Status Indicator to ensure that it is GREEN. When the indicator is GREEN, the AED is ready for a rescue. If the indicator is not showing GREEN status, please immediately report to the EH&S Program Manager.

Quarterly maintenance

Perform the following procedure each quarter (90 days):

1. Open the AED lid.

2. Wait for the AED to indicate status: Observe the change of the STATUS INDICATOR to RED. After approximately 5 seconds, verify that the STATUS INDICATOR returns to GREEN.
3. Check the expiration date on the pads.
4. Check that the battery has adequate charge. If the battery indicator is red, advise EH&S of the need to replace the battery.
5. Listen for the voice prompts. Additionally, check the display shows text prompts that correspond to the audio.
6. Close the lid and observe the change of the STATUS INDICATOR to RED. After approximately 5 seconds, verify that the STATUS INDICATOR returns to GREEN.

Annual maintenance

Perform the following tests annually to confirm that the diagnostics are functioning properly and to verify the integrity of the case.

Check the integrity of the pads and circuitry:

1. Open the AED lid.
2. Remove the pads.
3. Close the lid.
4. Confirm that the STATUS INDICATOR turns RED.
5. Open the lid and confirm that the Pad indicator is lit.
6. Reconnect the pads and close the lid.
7. Make sure the expiration date is visible through the clear window of the lid.
8. Check to make sure that the STATUS INDICATOR is GREEN. If the pads are not installed properly, the PAD indicator will illuminate. Contact Cardiac Science Technical Support (see Contact information on page 1-2) or outside the U.S., your local Cardiac Science representative.
9. Open the lid and confirm that no diagnostic indicators are lit.
10. Check the expiration date of the pads; if expired, replace them.
11. Check the pads packaging integrity.
12. Close the lid

See Appendix C for the quarterly maintenance checklist.

5.0: AED Response Plan Procedures

In the event of a serious medical emergency, the following guidelines should be followed.

5.1 Assess the situation and try to confirm the scene is safe prior to proceeding with assistance.

5.2 Emergency Notification. Immediately dial 911 from a campus phone or land line, or (714) 997-

6763 from a cellular phone and provide the following information:

- Caller's name.
- Type of emergency (e.g. cardiac arrest).
- Location of emergency.
- If CPR is in process.
- If an AED is available.
- Designate someone to promptly direct the resources that arrive at the scene.

5.3 First Person to Respond. As indicated above, at the scene, if the incident is on the Orange Campus, the responder calls 911 if using a campus phone or land line, and (714) 997-6763 if using a cell phone and renders appropriate care, if conditions are safe. Procedures on how to operate the AED are displayed in the AED Wall Cabinet. If the incident is on the Irvine Campus, the responder will call 911 to reach the Irvine emergency response desk. After the incident, the responder will advise the EH&S Office of Chapman University.

1. Determine the most appropriate course of action for providing the best care to the individual(s) involved.
2. Assess whether the AED is needed.
 - If needed, apply device.
 - If not needed, continue to give proper care until medical professionals arrive.
3. Prior to using the AED, and in accordance with American Heart Association or American Red Cross training, the responder should confirm:
 - The patient is unconscious, absent of respirations, and has no pulse.
 - The patient's condition is not a result of trauma.
 - The patient is not hypothermic.
 - The patient is 12 years of age or older and the patient's body weight is over 80 pounds.¹
4. Those administering medical aid shall take necessary Bloodborne pathogens isolation precautions (gloves, goggles, masks, etc.).
5. If the AED is delayed in the arrival and patient is pulse-less/non-breathing, initiate basic CPR.
6. Use the AED in accordance with appropriate training methods.²
7. Maintain confidentiality of victim's health information and route only to necessary and appropriate personnel involved in the victim's care.

¹ Follow the recommended guidelines of the manufacturer of the specific approved AED device.

² Follow the recommended guidelines of the manufacturer of the specific approved AED device.

The first person to respond will transfer victim care to the responding EMS Personnel once they arrive. This person will be expected to provide the following information to the responding EMS personnel:

- Initial time of the event.
- Any care given prior to EMS arrival.
- Victim's condition.

5.4 Failure of the AED

In the unlikely event that the AED does not operate properly, the responder shall continue with basic life support measures, including CPR, until a more highly trained medical authority arrives on scene.

5.5 Post-Incident Procedures.

The Program and Site Coordinators will assure that the following action items be performed:

- *AED Site Coordinator:* Inform the AED Program Coordinator within the next business day of the use of the AED.
- *AED Program Coordinator:*
 1. Immediately notify the AED Medical Director and the EH&S Manager/Director of the use of the AED.
 2. Remove the used AED from service and replace with a back-up replacement if available. If there is no replacement, clearly mark the Unit Out-of-Service with directions to the nearest active unit.
 3. Download event data from the internal memory of the approved AED device following manufacturer's guidelines.
 4. Erase the AED's internal memory to ensure adequate capacity for recording data upon its next use.
 5. Check the AED. Make sure there is no damage or missing parts. Secure new, replacement pads for the unit.
Perform a maintenance check using the checklist in Appendix C.
 6. Replace the used defibrillator AED with a back-up AED if available. Replace any other supplies that have been used.
 7. Clean and disinfect the unit with a soft damp cloth using 90% isopropyl alcohol, soap, and water or chlorine bleach and water solution.
 8. Return the AED to service.
 9. Conduct incident debriefing with the Site Coordinator and other individuals present during the incident.
 10. Internal Post Event Documentation: It is important to document each use of the AED. Complete incident report form and forward to the AED Medical Director, the EH&S Manager/Director, and the rest of the AED Advisory Group within 48 hours. See Appendix E for the AED Incident Report and Appendix F for the Post-Incident Debrief Form.
 11. Downloaded data and the Post-Incident Report and Debriefing forms will be stored by the Program Coordinator for seven years for adults, or in the case of minors, for one year after the eighteenth birthday or for seven years, whichever is greater.
 12. External Post Event Documentation: After notification of the use of the AED, the prescribing physician and other appropriate personnel shall review the incident for the purpose of medical control. This will be accomplished by transferring the data stored on the AED to a computer where the time, number of shocks delivered, and heart

rhythm pre/post shock may be analyzed.

If anyone needs psychological support after the incident, employees should contact Human Resources and students should contact the Student Health Center.

5.6 AED Incident Confidentiality.

Lay responders and program participants must protect the confidentiality of a victim's health information and route any information related to the AED incident only to necessary and appropriate personnel involved in the victim's care. The AED Incident Report is confidential to both the victim and CHAPMAN. This report should not be altered once it is completed. Discussion of all aspects of the event is to be limited to University Counsel, the EMS Provider, Public Safety, AED Site Coordinator, the AED Program Coordinator, AED Medical Director, and the EH&S/Risk Management Director. Following the incident, when University Counsel is not present, such discussions shall take place only during staff debriefing sessions. To prevent violation of victim confidentiality, lay responders and program participants are to refrain from public discussion about any aspects of the medical event. Victim confidentiality must be maintained in accordance with all applicable state and federal regulations.

5.7 Response and Equipment Irregularities. Any protocol or equipment irregularities that occurred during the use of an AED are to be immediately reported to Fire and Life Safety at (714) 997-6763.

Appendix A: Site Roster

AED Medical Director: Dr. Ari Babaknia _____

Phone number: _____ Alternate/cell phone number: _____

Campus address: _____

Email address: babaknia@chapman.edu

AED Program Coordinator: Jennie Evangelista _____

Phone number: 714-532-6023 Alternate/cell phone number: _____

Campus address: 701 N. Glassell St., Orange, CA 92867

Email address: evangelista@chapman.edu

AED Site Coordinators

Location of AED (Building and room number): _____

Name of Coordinator: _____

Phone number: _____ Alternate/cell phone number: _____

Appendix B: AED Location List

	Building	# Unit(s)
1.	Hutton athletics training room	3
2.	Wilson Field West side	1
3.	Lastinger Athletics weight room	1
4.	Julianne Argyros Fitness center	1
5.	Allred Aquatics Center	1
6.	Rinker (9401)	1
7.	Rinker (9501)	2
8.	Public Safety	6
9.	Facilities Management Break room	1
10.	Student Health Center	1
11.	MUSCO	3
12.	Argyros Forum	1
13.	Beckman Hall	1
14.	Kennedy Hall	1
15.	Leatherby Library	1
16.	Memorial Hall	1
17.	Marion Knotts	1
18.	Partridge Dance Center	1
19.	Masson Pool	1
20.	Sandhu Residence & Conference Center	2
21.	Panther Village	1
22.	West Palm Studios	1
23.	Morlan Hall	1
24.	Roosevelt Hall	2
25.	Moulton Center	1
26.	Davis Community Center	1
27.	Lastinger Tennis Courts	1
28.	Reeves Hall	3
29.	Chapman Grand	4

30.	Keck Center for Science and Engineering	3
	TOTAL	49

Campus address: _____

Email address: _____

Location of AED (Building and room number): _____

Name of Coordinator: _____

Phone number: _____ Alternate/cell phone number: _____

Campus address: _____

Email address: _____

Location of AED (Building and room number): _____

Name of Coordinator: _____

Phone number: _____ Alternate/cell phone number: _____

Campus address: _____

Email address: _____

Appendix C: AED Quarterly Maintenance Checklist

CHAPMAN AED Quarterly Maintenance Log (Sample Only)

AED Location: _____

Year: _____

AED Model #: _____

AED Serial#: _____

Date	AED Unit Undamaged	Housing Undamaged	Cables Undamaged	CPR Barrier	Scissors	Gloves	Razor	Towel	Moist Towelette	Status Ind.	Out of service Sign	Comments	Initials
Jan													
Feb													
Mar													
Apr													
May													
Jun													
Jul													
Aug													
Sept													
Oct													
Nov													
Dec													

Appendix E: AED Incident Report

Incident Details

Incident Date: _____ Incident Time: _____
of Shocks Delivered: _____ Device ID: _____
Device Type: _____
Make: _____ Model: _____ Serial #: _____

Victim Detail

Last Name: _____ First Name: _____ Middle Initial: _____
DOB: _____ Age: _____
Gender: _____ Victim UID#: _____
Phone number: _____

AED Operator

Last Name: _____ First Name: _____ Middle Initial: _____
Phone number: _____
Comments: _____

Additional Information

Report Completed by: _____ Date: _____

Routing:

- AED Program Coordinator
- Medical Director
- Manager, Environment, Health & Safety
- Director, Risk Management

Appendix F: AED Post-Incident Debrief Form

Victim Data (if available)

Victim Name: _____ Incident Date: _____

UID Number: _____ Sex: _____ DOB: _____ Age: _____

SCA Event Report

Collapse/recognition: ____ : ____ : ____ 9-1-1 called: ____ : ____ : ____

Victim unresponsive: Yes No Documented time: ____ : ____ : ____

Rescue breathing: Yes No Documented time: ____ : ____ : ____

CPR started: Yes No Documented time: ____ : ____ : ____

AED applied: Yes No Documented time: ____ : ____ : ____

First shock advised: Yes No Documented time: ____ : ____ : ____

Additional shocks: Yes No Total # of shocks delivered: _____

Return of circulation: Yes No Documented time: ____ : ____ : ____

Return of respiration: Yes No Documented time: ____ : ____ : ____

EMT arrival: ____ : ____ : ____

Victim condition at EMT arrival:

Report Completed by: _____

Date: _____

Appendix G: Cardiac Science AED User's Manual

For Cardiac Science AED user's manual, please visit <http://chapman.edu/riskmanagement>

Appendix H: Placing an AED Back in Service after Use

The following steps shall be followed when placing the AED back in service after use

(NOTE: Consult with EH&S):

- ___ Replace battery in the AED
- ___ Perform complete battery insertion test (BIT)
- ___ Request a new battery from the manufacturer or licensed equipment supplier
- ___ Mark used battery "training only" and send to (insert job title)
- ___ Note use and BIT date on maintenance log
- ___ Replace electrode AEDs (replacement AEDs should be obtained from the manufacturer or licensed equipment supplier)
- ___ Request new AED data card from manufacturer or licensed equipment supplier

Place this checklist with maintenance records.

Appendix I: Reference of Relevant Statutes, Laws and Regulations

California Health and Safety Code 1799.102

Known as the “Good Samaritan Law”, provides immunity from civil liability to a person who provides emergency care at the scene of an emergency.

For more information on the specified requirements in the bill, please visit <http://law.onecle.com/california/health/1799.102.html>

California Civil Code, Section 1714.21 and Health and Safety Code, Section 1797.196.

These codes expanded the Good Samaritan Law to include use of an automated external defibrillator for the purpose of saving the life of another person in cardiac arrest.

For detailed information, please visit <http://law.onecle.com/california/health/1797.196.html>

California Code of Regulations, Title 22, Division 9, Chapter 1.8.

California Code of Regulations, Title 22, Division 9, Chapter 1.8 defines the training standards and use of automated external defibrillators by non-licensed or non-certified personnel.

For detailed information, please visit http://www.emsa.ca.gov/laws/files/regs1_8.doc

California Civil Code, Section 1798.29 Information Practices Act of 1977, Article 7, Accounting of Disclosures.

The Information Practices Act of 1977, Article 7, Accounting of Disclosures requires any agency that owes or licenses computerized data that includes personal information to disclose any breach of the security of the system to any resident of California whose unencrypted personal information is reasonably believed to have been acquired by an unauthorized person.

For detailed information, please visit: http://www.oispp.ca.gov/consumer_privacy/laws/code/ipa.asp