



## County of Henrico Human Resources

Verification	Originator	Revised	Issued
Initials	Risk Management	Risk Management	Risk Management
Date	05/01/2015	03/31/2017	06/01/2017

### Safety/Loss Prevention Manual

## Chapter 3 Automated External Defibrillator (AED) Management

<b>Area of Application:</b>	Henrico County General Government & Schools	
<b>Document Location:</b>	<a href="http://employees.henrico.us/info/safety-manual/">http://employees.henrico.us/info/safety-manual/</a>	
<b>Revisions</b>		
<b>Rev. No.</b>	<b>Date</b>	<b>Description</b>
001	03/31/17	Updates to procedures.
002		

### Purpose:

This chapter establishes guidelines on how to maintain and use an Automated External Defibrillator (AED) and/or administer Cardiopulmonary Resuscitation (CPR) during a cardiac arrest emergency.

### Scope:

These procedures apply to County of Henrico employees.

### Program Administration:

Through cooperation between Risk Management and Division of Fire, this written protocol will outline how the requirements of this policy will be met.

### Definitions:

**Early Defibrillation Response Team Member** - Individuals who are trained to use an AED in response to a Sudden Cardiac Arrest (SCA). Such employees may also be members of an Emergency Response Team.

**Automated External Defibrillator (AED)** - An automated, computerized device programmed to analyze heart rhythms. The AED recognizes rhythms that require defibrillation. The device will provide visual and voice instructions for the emergency responder to deliver an electric shock.

**Bystander First Aid/CPR** - Initial First Aid/CPR provided by a trained individual such as a lay responder.

**Cardiopulmonary Resuscitation (CPR)** - Rescue breathing and external cardiac compression applied to a victim in respiratory and/or sudden cardiac arrest.

**Emergency Medical System (EMS)** - Professional community responder agency for emergency events, who provide medical assistance and/or ambulance transport

**Rescue Breathing** - Artificial ventilation of a victim in respiratory and/or sudden cardiac arrest.

**Sudden Cardiac Arrest (SCA)** - A significant life-threatening event when a person's heart stops beating or fails to produce a pulse.



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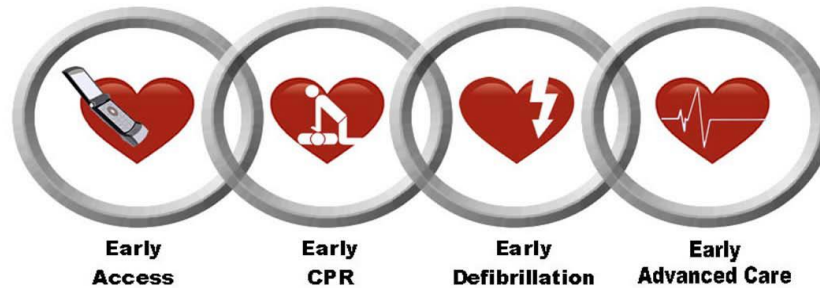
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### Early Defibrillation Program Overview:

Departments who have employees trained in emergency response such as basic and advanced first aid, CPR, and emergency defibrillation, increase the chance a victim will survive until Emergency Medical Technicians arrive at the location.

#### Chain of Survival



### Responsibilities:

- A. Risk Management and Division of Fire will oversee a collaborative effort to support effective resource and program management.
  1. Risk Management will oversee the AED Management program. This includes, but is not limited to:
    - a. Ensure First Aid and CPR/AED training is provided to all agencies/departments through courses offered by Risk Management or another qualified provider.
    - b. Ensure individuals performing monthly AED inspections are trained.
    - c. Establish a system for reporting defective or unserviceable AEDs to the Division of Fire.
    - d. Collaborate with Division of Fire to establish and maintain an inspection database that can be accessed by authorized inspectors regarding their assigned areas.
    - e. Assessing future and current needs for additional AEDs as County of Henrico work environments change and facilities expand.
  2. Division of Fire will oversee the asset management component of the program, which includes but is not limited to:
    - a. AED selection
    - b. Budgeting for AEDs and supplies
    - c. Purchasing AEDs and supplies
    - d. Locating AEDs in accordance with Risk Management assessments and county needs.
    - e. AED maintenance support to include shipping, receiving and inventory.
    - f. Acting as a liaison between the county and the AED manufacturer(s) for all technical and maintenance needs.
    - g. Reviewing AED usage management, (Quality Assurance & Quality Improvements)



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#### B. Agencies and Department Heads:

1. Shall designate staff members to perform monthly inspections of AEDs in their work areas/sites and record the information on the card attached to each AED cabinet.
2. Shall ensure initial and/or recertification training is coordinated through the Office of Risk Management.

#### C. Trained Inspectors:

1. Perform monthly inspection per manufactures requirements
2. Document inspections in the monthly inspection database
3. Notify Risk Management immediately if an AED needs to be serviced
4. Place an out of service notice on any unserviceable units and alert all First Aid/CPR responders who work in the affected area.

### Requesting an AED and Inspection Follow-up:

#### A. Requesting and Receiving an AED:

1. Submit a request to Risk Management so that a needs assessment can be scheduled.
2. Upon completion of the assessment; Risk Management will submit a recommendation to Division of Fire for a follow-up assessment. If approved, a new AED will be installed.

#### B. Requesting follow-up action for inspection discrepancies or unserviceable equipment:

1. Submit a request to Risk Management identifying a discrepancy or the unserviceable equipment. Include the desired follow-up action(s).
2. Risk Management will submit the follow up request to the Division of Fire.
3. Division of Fire will notify Risk management when follow-up action(s) have been completed.

### Actions Taken After Using an AED

- A. Risk Management and Division of Fire shall be notified whenever an AED has been used at [Riskmanagement@henrico.us](mailto:Riskmanagement@henrico.us) and [Firesafetyofficer@henrico.us](mailto:Firesafetyofficer@henrico.us).
- B. Henrico County Security Services shall be contacted at 501-4555 when an AED has been used outside business hours (8:00 a.m. to 4:30 p.m.) Security Services will notify Risk Management and Division of Fire.
- C. The affected AED will be removed from service immediately following use. The unit will be placed in a secure location, and not returned to service. When possible, all non-Public Safety agencies should turn the unit over to Security Services, or alert Risk Management for guidance.
- D. The unit will be picked up by the Division of Fire for data collection. It will be replaced with another AED as soon as possible.
- E. The Utilization Report (**Attachment A**) and Post Incident Critique Form (**Attachment B**) will be completed each time an AED has been used. The employee who acted as the emergency responder will submit both forms to the Division of Fire, a senior on-scene employee or Henrico County Security Services. (See pages five and six of this chapter).
- F. After an SCA event, the Division of Fire, in conjunction with a Risk Management Safety Officer, will perform a Critical Incident Debriefing session with all employees who acted as emergency responders, and the AED user, within seven (7) days of the incident.



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- G. If necessary, the Division of Fire and Risk Management shall recommend changes in emergency response procedures and training.
- E. The AED will be checked and returned to the cabinet as per the manufacturer's guidelines and recommendations.

#### **Disclaimer:**

Although every effort has been made to ensure this Policy addresses all applicable regulations, it is the operational manager's responsibility to ensure all rules and regulations are identified and followed.



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**Chapter 3 Automated External Defibrillator (AED) Management**

Attachment A

**County of Henrico Defibrillation Utilization Form**

**Incident Details**

Victim Age: \_\_\_\_\_ Victim Sex: \_\_\_\_\_ Incident Date: \_\_/\_\_/\_\_  
 Incident Time: \_\_\_\_\_ (hour: minute) AED Applied \_\_\_\_\_ (hour: minute)  
 Incident Location: \_\_\_\_\_

**Event History**

Victim activity prior to event: \_\_\_\_\_  
 Victim complaints prior to event: \_\_\_\_\_  
 Was the event witnessed? .....  No  Yes, at \_\_\_\_\_ (time) / name: \_\_\_\_\_  
 Was CPR started? .....  No  Yes, at \_\_\_\_\_ (time) / rescuer: \_\_\_\_\_

**Assessment and Treatment**

Were ABC's assessed? .....  No  Yes rescuer: \_\_\_\_\_  
 Was CPR initiated? .....  No  Yes rescuer: \_\_\_\_\_  
 Was shock advised? .....  No  Yes rescuer: \_\_\_\_\_  
 Was shock #1 delivered? .....  No  Yes rescuer: \_\_\_\_\_  
 Was shock #2 delivered? .....  No  Yes rescuer: \_\_\_\_\_  
 Was shock #3 delivered? .....  No  Yes rescuer: \_\_\_\_\_  
 Was ROSC achieved? .....  No  Yes rescuer: \_\_\_\_\_  
 Was respiration regained? .....  No  Yes rescuer: \_\_\_\_\_  
 Was consciousness regained? .....  No  Yes rescuer: \_\_\_\_\_  
 Was victim transferred to EMS? .....  No  Yes rescuer: \_\_\_\_\_

**ROSC=return of spontaneous circulation**

**Report Completed by:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_  
**Rescuer Contact Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*NOTE: Use back of this sheet for additional comments.*



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Attachment B

## County of Henrico Post-Incident Critique Form

### Incident Data

Incident Date: ___/___/___	Incident Time: ___: ___: ___	Shift: _____
Incident Location: _____		
AED Trained Individual: _____		Other Responder: _____
AED Trained Individual: _____		Other Responder: _____

### SCA Event Report

Collapse/recognition: ___: ___: ___	
911 called: ___: ___: ___	
Victim unresponsive: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of shocks delivered: _____
Rescue breathing started: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR started: <input type="checkbox"/> Yes <input type="checkbox"/> No	
AED applied: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ (hour: minute)
First shock advised: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional shocks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Return of pulse: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Return of respiration: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Victim condition at EMS hand-off: _____	
Transported to: _____	

Report Completed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

NOTE: Use back of this sheet for additional comments.