



**County of Henrico**  
**Office of Emergency Management**  
**And Workplace Safety**

Verification	Originator	Revised	Issued
Initials	EMWS	EMWS	EMWS
Date	05/01/2015	03/31/2017	08/01/2019

**Safety Manual**

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

<b>Area of Application:</b>	County of Henrico 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 all County of Henrico employees.

**Program Administration:**

Through cooperation between the Office of Emergency Management and Workplace Safety (EMWS) and Division of Fire, this chapter outlines how Departments will prepare for cardiac arrest emergencies.

**Definitions:**

**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 Action Plan Response Team or currently certified in CPR/First Aid/AED.

**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 for emergency events that provides medical assistance and/or ambulance transport

**Rescue Breathing** - Artificial respiration for 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.

**Early Defibrillation Program Overview:**

Departments that 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.



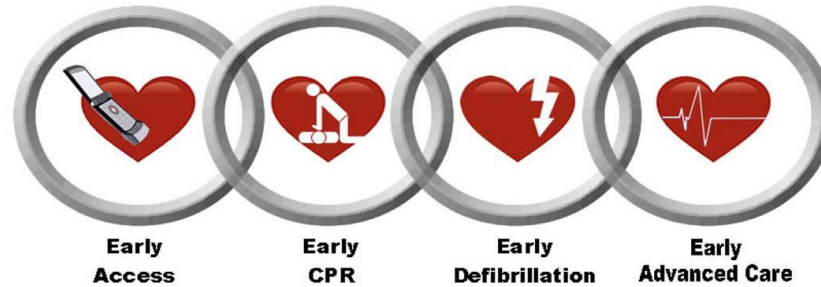
**County of Henrico**  
**Office of Emergency Management**  
**And Workplace Safety**

Verification	Originator	Revised	Issued
Initials	EMWS	EMWS	EMWS
Date	05/01/2015	03/31/2017	08/01/2019

**Safety Manual**

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

**Chain of Survival**



**Responsibilities:**

- A. Jointly, EMWS and Division of Fire will support effective resource and program management.
  - 1. EMWS 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 departments through courses offered by EMWS or another qualified provider.
    - b. Ensure Departments have individuals trained to perform monthly AED inspections.
    - 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 EMWS 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)
- B. Department Heads or designees:
  - 1. Shall designate employees 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 EMWS.
- C. Trained AED Inspectors:
  - 1. Perform monthly inspection per manufacturer's requirements.
  - 2. Document inspections in the monthly inspection database.



**County of Henrico**  
**Office of Emergency Management**  
**And Workplace Safety**

Verification	Originator	Revised	Issued
Initials	EMWS	EMWS	EMWS
Date	05/01/2015	03/31/2017	08/01/2019

**Safety Manual**

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

3. Notify EMWS 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 EMWS so that a needs assessment can be scheduled.
  2. Upon completion of the assessment, EMWS 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 EMWS identifying a discrepancy or the unserviceable equipment. Include the desired follow-up action(s).
  2. EMWS will submit the follow up request to the Division of Fire.
  3. Division of Fire will notify EMWS when follow-up action(s) have been completed.

**Actions Taken After Using an AED**

- A. EMWS and Division of Fire shall be notified whenever an AED has been used at [henricosafety@henrico.us](mailto:henricosafety@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 EMWS 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 contact EMWS 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 Henrico County 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.
- G. If necessary, the Division of Fire and EMWS shall recommend changes in emergency response procedures and training.
- E. The AED will be evaluated for readiness and returned to the cabinet as per the manufacturer's guidelines and recommendations. If not, a loaner unit will be installed until the original unit is ready to return to service.

**Disclaimer:**

Although every effort has been made to ensure this Chapter addresses all applicable regulations, it is the responsibility of each department to maintain compliance.



**County of Henrico**  
 Office of Emergency Management  
 And Workplace Safety

Verification	Originator	Revised	Issued
Initials Date	EMWS 05/01/2015	EMWS 03/31/2017	EMWS 08/01/2019

**Safety Manual**

**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.*



**County of Henrico**  
**Office of Emergency Management**  
**And Workplace Safety**

Verification	Originator	Revised	Issued
Initials	EMWS	EMWS	EMWS
Date	05/01/2015	03/31/2017	08/01/2019

**Safety Manual**

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

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.