



Automated External Defibrillator Program

**Developed by:
The Department of
Environmental Health and Safety**

Revised May 2017

I. Purpose and Scope

This document serves to set forth responsibilities, inspections, recordkeeping and training related to the use and care of automated external defibrillators (AEDs) on the campus of Cleveland State University. This document was revised in May 2017, and replaces any and all prior programs that address AED units on campus.

II. Program Administration/Medical Oversight

The CSU AED Program is managed by the Department of Environmental Health and Safety. The AED Director is the primary liaison with the Medical Director. Medical Oversight is provided by the attending physician at the CSU Department of Health and Wellness Services.

Environmental Health and Safety- (216) 687-9306

University Health and Wellness Services-(216) 687-3649

III. Definitions

(A) AED - An AED (Automated External Defibrillator) is used to treat victims who experience sudden cardiac arrest and is only to be applied to victims who are unconscious, not breathing normally, and show no signs of circulation. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the user to deliver a shock with voice instructions. They do not require any decision making or interpretations of symptoms.

(B) Sudden Cardiac Arrest - The unexpected and abrupt stoppage of the heart due to ventricular fibrillation.

(C) Ventricular Fibrillation - An abnormal heart rhythm often seen in sudden cardiac arrest. In this state, rhythm is chaotic and the heart cannot effectively pump blood.

(D) CPR, Cardio Pulmonary Resuscitation - The application of learned techniques in order to maintain basic life support.

(E) Heart Attack - A heart attack is a condition in which the blood supply to the heart muscle is suddenly blocked, resulting in the death of the heart muscle. Heart attack victims usually, but not always, experience chest pain and usually remain conscious. Heart attacks may sometimes lead to Sudden Cardiac Arrest.

(F) Responder - A person trained in CPR, First Aid, and use of an AED.

IV. AED Procurement

When procurement of an AED is desired, departments shall contact the Department of Environmental Health and Safety (EHS) to formally request an AED unit. EHS will facilitate acquisition of the unit with appropriate signage and ensure it is added to the master inventory of AED units on campus. The requesting department will incur the cost of the unit and its maintenance.

V. AED Inventory

EHS shall maintain an inventory of all AED units on campus that includes a serial and model number, location and date of equipment. (See **Appendix A**)

VI. Procedures for AED Use

(A) Notify Campus Police Dispatch by dialing 9-1-1 from any campus phone. Cell phone users may also call 9-1-1 and when the operator answers tell them to connect you with the CSU Police.

(B) Ensure all Personal Protective Equipment is present and used to address potential transmission of blood borne pathogens (barrier mask & latex gloves).

(C) Assess the victim's condition and begin CPR and AED use based on specific training received.

(D) Continue life saving techniques and leave the AED on until local EMS arrives, at which time they may direct you to aid them in on-going procedures or fully relieve you.

(E) Document the use of the AED using an AED Incident Report Form and be prepared to participate in a debriefing of the incident. (See Appendix B)

(F) Notify EHS through Campus Police Dispatch that the AED has been used. EHS will facilitate a post-incident review with involved parties, and download and store information contained on the AED unit relative to the incident.

(G) Following AED use, the electrodes need to be replaced prior to returning AED unit to service.

(H) Upon completion of the incident, user shall download and fill out an AED Incident Form (See **Appendix B**) and submit to the EHS Director. Copies will be forwarded to the CSU Medical Director.

If the unit cannot be returned to service immediately, post the "Temporarily out of Service" placard (See **Appendix C**) in the cabinet and notify Campus Police Dispatch at extension 2020 to facilitate the needed repairs. EHS shall facilitate maintenance and pad replacement for the AED units.

VII. Training

All CSU responders must be certified in CPR and First Aid and trained in AED use. Training should conform to the American Red Cross or American Heart Association standards. Certifications in CPR and First Aid must be kept current and at a minimum, AED refresher training must be completed every two years. AED users/responders are required to maintain current certifications and provide documentation of training to EHS.

VIII. AED Maintenance and Inspection

AED units perform self-tests which automatically evaluate electronics, battery, electrodes and high voltage circuitry. Manufacturer's guidance on maintenance and inspection shall be followed. In addition, EHS will be responsible for facilitating monthly and annual inspection of the AED units. These services may be performed by CSU personnel or by an outside contracted firm.

CAUTION: Some AED's have a local alarm. Campus Safety Dispatch should be notified at ext. 2020 before opening an AED cabinet for maintenance and inspection purposes.

Monthly Inspection Process:

- Verification the status indicator is OK. If the indicator shows otherwise, Technical Support shall be contacted and repairs facilitated. The AED Unit should be tagged as out of service until such time repairs are made and contact to EHS should be facilitated
- Ensure a backup set of electrodes are present. If not, purchase through Manufacturer Customer Service.
- If the unit cannot be returned to service immediately, post the "Temporarily out of Service" placard (**See Appendix C**) in the cabinet and notify Campus Police Dispatch at extension 2020 to facilitate the needed repairs. EHS shall facilitate maintenance and pad replacement for the AED units.

IX. Program Review

EHS shall document a review of this AED program on an annual basis and make adjustments and modifications where indicated.

Appendix A

Department of Environmental Health and Safety

Serial/Model Number	Building	Location
46940508 3317700-000	RC	Behind Main Desk @ Stair
46940509 3317700-000	RC	MAC Gym Closet
46940511 3317700-000	RC	Fitness/Wellness Suite (RC166)
46940513 3317700-000	RC	2nd Floor East Stair
4694568 3317700-000	PE	Pool Deck
46940569 3317700-000	PE	B60
46940570 3317700-000	PE	Corridor Outside Room SB6
46940571 3317700-000	PE	First Floor Elevator Lobby
46940572 3317700-000	HS	First Floor Elevator Lobby
46940574 3317700-000	JH	First Floor N-S Corridor
46940505 3317700-000	EC 1	North Entrance
46934526 3317700-000	EC 2	Side Entrance
46940617 3317700-000	EC 3	South Entrance
46940621 3317700-000	EC 4	Welcome Center
46940576 3317700-000	AC	First Floor Elevator Lobby
46940614 3317700-000	WO	Lobby Box Office
46940615 3317700-000	WO	Training Room

46940620 3317700-000	WO	Practice B-Ball Gym
46940582 3317700-000	SC	Info Desk
46940492 3317700-000	IM	Health Services 205
46940493 3317700-000	IM	Health Services First Floor
46940583 3317700-000	LL	Second Floor Elevator Lobby
43795238 3200731-010	UR	First Floor Elevator Lobby
43795241 3200731-010	UR	Second Floor Elevator Lobby
43795245 3200731-010	UR	Third Floor Elevator Lobby
46940502 3317700-000	CS	Lobby
46940503 3317700-000	CS	Mobile Unit - Bag # 1
46940506 3317700-000	CS	Mobile Unit - Bag #2
46940504 3317700-000	CS	Mobile Unit - Bag #3
46940507 3317700-000	CS	Mobile Unit - Bag #4
43498591 3200731-010	KFH	Athletic Training Room
43795390 3200731-010	KFH	Athletic Training Room
43998586 3200731-010	Tennis Courts	By main entrance
45832789 3317700-000	SPARE	PS 234
40253562 3200731-009	SPARE	PS 234
46086736 3317700-000	RT	Library
45618644 3200731-009	RT	10th Floor
46355458 3317700-000	RT	11th Floor

Appendix B

Cleveland State University
Department of Environmental Health and Safety

AED Incident Form

AED Users: Every incident where an AED Unit is used shall be documented by completing this form in its entirety and submitting to EHS within twenty-four (24) hours of the incident.

Name of Patient _____ Phone Number _____

Male/Female (Circle One) Date of Birth _____ Age _____

Date/Time of AED Use _____ AED Serial Number: _____

Location of Incident _____

Description of Incident:

Were any witnesses present? Yes _____ No _____

If yes, provide contact information _____

Identify EMS Unit that responds/transport _____

Time and destination (if available) of transport _____

Name of AED Operator _____ Phone _____

AED Operator's Signature _____ Date _____

Appendix C



AED Notice

AED
Temporarily
Out of
Service

- Scheduled Maintenance
- Repair
- Missing
- Other

Additional Details:

Affix this Notice to the AED Unit and report to CSU Police Dispatch
Extension 2020