Automated External Defibrillator Program

Developed by:
The Office of Environmental Health and Safety

Revised February 2012
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 February 2012, 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 Office 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 Office of Environmental Health and Safety (EHS) to formally request and 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.

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

Office of Environmental Health and Safety

<table>
<thead>
<tr>
<th>Serial/Model Number</th>
<th>Brand</th>
<th>Building</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>39499490 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Rec Center</td>
<td>Behind Main Desk</td>
</tr>
<tr>
<td>40253562 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Rec Center</td>
<td>MAC Gym</td>
</tr>
<tr>
<td>39499484 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>PE</td>
<td>Pool Deck</td>
</tr>
<tr>
<td>39499488 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>PE</td>
<td>B60</td>
</tr>
<tr>
<td>39499489 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>UB</td>
<td>Health Services</td>
</tr>
<tr>
<td>394994950 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>LL</td>
<td>Atrium floor</td>
</tr>
<tr>
<td>39499497 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>UB</td>
<td>First Floor Near the Elevator</td>
</tr>
<tr>
<td>39499498 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Wolstein</td>
<td>Lobby Box Office</td>
</tr>
<tr>
<td>39499499 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>PE</td>
<td>Outside Room SB6</td>
</tr>
<tr>
<td>39499496 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>PE</td>
<td>First Floor Near Elevator</td>
</tr>
<tr>
<td>39499503 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Krenzler Field</td>
<td>Athletic Training Room</td>
</tr>
<tr>
<td>39499485 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Wolstein</td>
<td>Training Room</td>
</tr>
<tr>
<td>39499486 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Wolstein</td>
<td>Practice B-Ball Gym</td>
</tr>
<tr>
<td>39499494 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Police</td>
<td>Patrol</td>
</tr>
<tr>
<td>39499487 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Police</td>
<td>Patrol</td>
</tr>
<tr>
<td>Serial/Model Number</td>
<td>Brand</td>
<td>Building</td>
<td>Location</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>39499491 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Police</td>
<td>Patrol</td>
</tr>
<tr>
<td>39499492 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Police</td>
<td>Patrol</td>
</tr>
<tr>
<td>39499467 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Campus Safety</td>
<td>Police</td>
</tr>
<tr>
<td>39499466 3200731-009</td>
<td>Lifepak CR Plus</td>
<td>Health Sciences</td>
<td>Upper floor next to the elevator</td>
</tr>
<tr>
<td>38672827 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Student Center</td>
<td>Info Desk</td>
</tr>
<tr>
<td>38672826 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Julka Hall</td>
<td>Center Hallway, First Floor</td>
</tr>
<tr>
<td>39287879 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Euclid Commons Building #4</td>
<td>First Floor Residence Life</td>
</tr>
<tr>
<td>39287877 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Euclid Commons Building #2</td>
<td>Main Entrance, next to the fire panel</td>
</tr>
<tr>
<td>39287880 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Euclid Commons Building #1</td>
<td>Main Entrance next to the fire panel</td>
</tr>
<tr>
<td>39287878 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Euclid Commons Building #3</td>
<td>North Entrance next to fire panel</td>
</tr>
<tr>
<td>39499493 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Rec Center 2nd Floor</td>
<td>Near East Stairwell</td>
</tr>
<tr>
<td>39499494 3200731-009</td>
<td>Life Pak CR Plus</td>
<td>Admin</td>
<td>First Floor Near Elevator</td>
</tr>
</tbody>
</table>

*2 AED’s spares with EHS to change out if one is out of service.
Appendix B

Cleveland State University
Office 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/transports________________

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