INTRODUCTION

An Automatic External Defibrillator (AED) is an easy to use medical device designed to restore normal heart rhythm to cardiac arrest victims by administering an external electric shock to the chest. They are lightweight, portable, safe and effective.

Early defibrillation greatly increases the chances for survival in adult victims of cardiac arrest and is considered the standard of care in such cases.

1.0 POLICY AND PROCEDURES

1.1.1 Purpose

The purpose of the AED Program is to rapidly deliver a controlled electrical shock to cardiac arrest victims who have a shockable electrocardiogram (EKG) and convert them to life sustaining EKG with a pulse.

1.1.2 Scope

These instructions are for the School of Medicine utilizing an AED Program with onsite AED trained personnel. Training criteria, continuing education, roles, responsibilities, and documentation have been approved by the Dean, School of Medicine.

1.1.3 Requirements

Maintain AED status per the rules and regulations established by the University of Missouri Kansas City and in accordance with the Kansas City Missouri Ordinance 34-551-560 and the Missouri Revised Statutes, Chapter 190, Emergency Services, Section 190.092.

1.1.4 Training

The School of Medicine Skills Lab will provide two training sessions per year to train any interested employee in Basic Life Support and the use of the AED. To be an AED OPERATOR, the employee shall successfully complete an approved defibrillation course, as per the requirements of the Missouri Revised Statutes, Chapter 190, Emergency Services, and Section 190.092. This includes, but is not limited to, the following:

1. Review of Basic Life Support, including CPR and basic airway skills.
2. Teach the role and responsibility of the AED OPERATOR capable of using the Automatic External Defibrillator, and teach Automatic External Defibrillator operation and defibrillation.
3. Introduce policies and procedures and the site specific medical emergency plan. The Employee must satisfactorily complete a practical skills and written examination to be certified as an AED Operator.
4. Heartsaver CPR/AED courses will be given twice a year with priority given to our employees and then to other Schools.
1.1.5 AED Coordinator

The Facility AED Coordinator will be responsible for the AED program at the School of Medicine. The Youngblood Skills Lab Manager will fulfill the function of the AED Coordinator. The Coordinator's responsibilities are as follows:

1. Register an AED device with Kansas City, Mo per Kansas City Missouri Ordinance 34-551-560 (Attachment 1) and with the Mid-America Regional Council through their AED registration form located at www.marc.org/emergency/aed.htm.
2. Oversee maintenance and testing of AED equipment and maintain logs that include dates of service.
3. The Coordinator will maintain a list of all employees AED certified and a copy of the list will be kept at the Security desk.
4. Develop a site specific medical emergency plan.
5. Maintains a list of AED locations and list of trained employees.
6. Maintains AED support supplies and ensures every AED cabinet also contains: 2 disposable facemasks, 2 pairs of disposable gloves, extra electrode pads, safety razor, absorbent towels or trauma pads, a pair of scissors, a biohazard bag, an AED incident report form and a pen per UMKC policy.
7. The Coordinator will oversee the location of the equipment. If the School should elect to place an AED on different floors all the AED locations should be the same on each floor.

1.1.6 Staffing

There shall be at least one AED OPERATOR in the school per normal working hours. If a large public event occurs in the evening an AED OPERATOR must be present. Usually this will be the Security Guard at the front desk.

Also all Medical Students are required to have the BLS/AED training. This training is provided when they first enter the School of Medicine, and is renewed in their third and fifth years.

1.2.0 INCIDENT PROCEDURES

Upon recognition of a medical emergency, the AED Operator will direct an individual to activate the emergency medical services (EMS) system by calling 9-1-1, and bring the AED to the patient. Dialing 9-1-1 from any campus phone will connect the caller with the UMKC Police Department.

The AED Operator will initiate basic life support care in accordance with their scope of training, and deploy the AED as needed. In the case of cardiac arrest, emphasis shall be on continuous, effective chest compressions, and frequent rotation of rescuers.

Upon the arrival of EMS personnel, the AED Operator will brief the EMS person in charge and provide further assistance as directed by EMS personnel.

Any time the AED is deployed, the EMS system MUST be activated.

1.3.0 POST INCIDENT PROCEDURES

1.3.1 Documentation

1. All activities concerning the Automatic External Defibrillator (AED) must be fully documented, including those cases where the unit is activated but a "no shock advised" message is given.
2. The AED Operator is responsible for completing the AED incident form that is in the AED cabinet and forwarding a copy of the report to EHS within 24 hours of incident.
3. The AED Coordinator will download the stored data on the AED per manufacturer's guidelines before returning the unit to service.
1.3.2 Restocking and Maintenance Post Incident

The Coordinator will:
1. Replace used defibrillator pads immediately.
2. Replace any used supplies.
3. Disinfect unit per manufacturer’s guideline and other recommended Post Incident manufacturer’s maintenance.

1.4.0 MAINTENANCE OF SKILLS

1.4.1 Requirements

AED Operator must be recertified every two years. Only those with a current certification should use the AED.

1.4.2 Annual Review

AED Coordinator will review all programs annually to see if any changes need to be made to the training.

1.5.0 OPERATIONS

1.5.1 Monthly Inspection

Every month the AED Coordinator should do a visual inspection of every AED Unit and Cabinet.

1.5.2 Annual Inspections

An annual inspection should take place of the AED Unit. The annual inspection shall follow the guidelines as published by the manufacturer for that model.

1.5.3 Faulty Equipment

At no time shall an AED Coordinator or AED Operator knowingly allow a response with inoperable medical equipment.

1.6.0 MEDICAL DIRECTOR

The Medical Director must be a licensed physician and will have oversight for the program. The duties and responsibilities of the Medical Director will be outlined in the Memorandum of Understanding between the School and the Medical Director (Attachment 2).

1.7.0 CURRENT APPOINTMENTS

Medicinal Director (10/29/12) Ryan Jacobson, MD  
AED Coordinator (10/29/12) Paul Ganss

PREPARED BY: BUSINESS OFFICE

APPROVED BY:  

[Signature]

10-29-2012  

BETTY M. DREES, M.D., F.A.C.P.  
DEAN AND PROFESSOR OF MEDICINE
Attachment 1
Kansas City, Missouri PAD Program Application

Medical Director Information:

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<tr>
<th>Name:</th>
<th>License #:</th>
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<tbody>
<tr>
<td>Address:</td>
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PAD Program Site Information:

<table>
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<tr>
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<th>Facility Phone #:</th>
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<tr>
<td>City:</td>
<td>State:</td>
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<td>Program Manager:</td>
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<td>Pager #:</td>
<td>Work #:</td>
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<td>Number of Employees:</td>
<td>Hours of Operation:</td>
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<tr>
<td>AED Brand &amp; Model:</td>
<td>AED Serial #:</td>
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<td>Unusual Hazards at this facility:</td>
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Training Organization Information: (if applicable)

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<td>Phone #:</td>
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Signing and submitting this application represents that you have read, understand, and will comply with the requirements of Missouri Revised Statutes, Chapter 190, Section 190.092, Chapter 34, Article XIV, Code of Ordinances of Kansas City, Missouri, and KCMO EMS Section Rules and Regulations. Your signature also represents that all information on this application is true and correct. Return this completed application to: The Office of the EMS Medical Director, 2400 Troost Avenue, Suite 4200 Kansas City, MO 64108

Medical Director Signature: _______________ Date: __________

Program Manager Signature: _______________ Date: __________
Attachment 2
Public Access Defibrillation Program
Memorandum of Agreement

This agreement is made and entered into on ________________.

And is between ____________________________________________,
Hereinafter known as the “MEDICAL DIRECTOR”;

And ______________________________________________________
Hereinafter known as the “SCHOOL”.

The purpose of this agreement is to establish a program for the utilization of
defibrillation procedures by the authorized individual(s) employed by the SCHOOL who
will function under the supervision of the MEDICAL DIRECTOR. An agreement is
required by Chapter 34, Article XIV, codes of Ordinance of Kansas City, Missouri.

THEREFORE, THE PARTIES NOW MUTUALLY AGREE AS FOLLOWS:

The MEDICAL DIRECTOR agrees;

1. To assume responsibility for all medical aspects of the program and to ensure, in
   cooperation with the AED Coordinator, that all administrative requirements are
   accomplished.

2. To conduct defibrillation training programs that meet or exceed the standards of
   the Heartsaver AED Course set forth by the American Heart Association or
   equivalent.

3. To establish a process that provides authorization-to-practice for individuals
   appropriately trained in the use of defibrillation equipment.

4. To establish a quality assurance program that reviews all uses of the defibrillation
   equipment and which provides for ongoing education and the regular evaluation
   of skill competency necessary to maintain authorization-to-practice.

5. To assist the AGENCY in establishing a plan to promote awareness, employee
   education, and provide a heart safe environment.
The SCHOOL agrees;

1. To maintain with the MEDICAL DIRECTOR, an up to date roster of all individuals employed by the SCHOOL who are authorized-to-practice.

2. To participate in all quality assurance procedures established by the MEDICAL DIRECTOR including case reviews and skill competency evaluations.

3. To utilize and abide by written protocols for the use of defibrillation equipment.

4. To establish policies for regular inspection and preventative maintenance of all defibrillation equipment and batteries.

5. To utilize only the equipment that is approved by the MEDICAL DIRECTOR.

6. To assist the SCHOOL in establishing a plan to promote awareness, employee education, and provide a heart safe environment.

7. The PAD Program Manager of the City of Kansas City, Missouri, will be notified by the terminating party that the agreement will be terminated. This notification will be made at least 45 days prior to the date of termination.

It is AGREED TO BY ALL PARTIES that any party may terminate this memorandum of agreement with sixty (60) days written notice.

MEDICAL DIRECTOR;

Print name _____________________________ Date _____________________________

Signature _____________________________

SCHOOL;

Print name _____________________________ Date _____________________________

Signature _____________________________