

# **CITY OF EXCELSIOR SPRINGS**

## **AED Utilization Program**

### **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 Excelsior Springs area facilities utilizing an AED Program with on site AED trained personnel. Training criteria, continuing education, roles and responsibilities, standing orders, documentation, and quality assurance have been approved by the City of Excelsior Springs Medical Director.

#### **1.1.3 Requirements**

Maintain AED status per the rules and regulations established by the Missouri Department of Health, Bureau of EMS and Protocols approved by the Excelsior Springs Fire Department Medical Director.

#### **1.1.4 Training**

The AED OPERATOR shall successfully complete an approved defibrillation course, which utilizes the American Heart Association (AHA) curriculum as per the requirements of the Bureau of EMS, Missouri Department of Health. 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, standing orders, and treatment algorithms. The AED OPERATOR must satisfactorily complete a practical skills and written examination. The practical examination must assure that the student can defibrillate within 90 seconds of arriving at the patient's side. Practical sessions must also include integration with the paramedic service.

### **1.1.5 Operations**

The Facility AED Program "AED Program Manager" will ensure that each AED OPERATOR is aware of his/her responsibilities before, during, and after each defibrillation incident. Rapid and efficient operation of the AED should result in a higher survival rate for victims of cardiac arrest.

### **1.1.6 Staffing**

There shall be at least one AED OPERATOR per working shift. This person should be stationed at a central location to provide ready access to all areas.

### **1.1.7 Potential Victims of Cardiac Arrest**

- 1) American Heart Association guidelines are to be followed for Basic Life Support.
- 2) If the patient is in cardiac arrest, AEDs are to be applied and operated as per the written protocols and "standing orders."

### **1.2.5 Rapid Defibrillation**

The first shock should be delivered within 60 to 90 seconds of the AED OPERATOR arrival at the patient's side. Never delay the rhythm analysis and defibrillation by the AED to provide hyperventilation or prescribed period of CPR.

### **1.2.9 Incident Coordination with ALS & BLS Units**

Excelsior Springs Fire Department EMT-Paramedics (EMT-P) and or Emergency Medical Technician Basic (EMT-B) have medical authority at the scene.

## **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 an Automatic External Defibrillator Event Summary Report and adaptable downloading the "stored data".

### **1.3.2 Restocking Post Incident**

1. Replace used defibrillator pads immediately.
2. Replace any used supplies.

### **1.3.3 Notification of the Medical Director**

1. The City of Excelsior Springs Medical Director or his/her designee will be notified within 24 hours of the AED being used to assess a patient (i.e., attached and analyzing). **Brad Hoffman (816) 630-3000.**
2. The City of Excelsior Springs Medical Director or his/her designee and your facility AED Program “AED Program Manager” should be notified as soon as possible following any incidents in which there were problems with the Automatic External Defibrillator or deviations from protocols.
3. A copy of an Automatic External Defibrillator Event Summary Report will be faxed to the Medical Director or his/her designee within 24 hours of the use of the AED for patient assessment. (phone number) If adaptable the AED "stored data" will be downloaded to the Medical Director or his/her designee.
4. A copy of the Automatic External Defibrillator Event Summary Report will be kept on file in the facility AED Program “AED Program Manager” files for all AED uses.

## **1.4.0 MAINTENANCE OF SKILLS**

### **1.4.1 Requirements**

1. Demonstration of skill proficiency at least once every three (3) months in a formal practice session and documented by a skills assessment exam (Attachment B, A.H.A. Practical Skills Assessment Form).
2. If an AED OPERATOR of your facilities AED Program misses a skill demonstration formal practice session without prior approval, this will result in suspension of the ability to use the AED until the AED OPERATOR can show proficiency in a formal practice session.
3. While performing the equipment checks each week, the AED OPERATOR is encouraged to mentally review the steps that would be followed in the event of a cardiac arrest, including which controls to operate.
4. Every 90 days (3 months), a formal 30 to 60 minute practice session will be held which shall include the following:
  - A. Performance review of the recent patients
  - B. Equipment operation and maintenance review
  - C. Protocol review
  - D. Practice of the field protocol with a mannequin and defibrillator (scenario playing)
  - E. A scored objective skill test using a check sheet

5. Records of the AED OPERATOR performance will be kept on file with Your facilities AED Program "AED Program Manager". For any scores that "incomplete", the operator may retake the test. If still incomplete the City of Excelsior Springs Medical Director must be notified in writing by the Facilities AED Program "AED Program Manager" with the response to include plans or actions taken to alleviate or eliminate the problem. Until the problem is corrected, that particular AED OPERATOR may not use the AED.

### **1.5.0 QUALITY ASSURANCE**

#### **1.5.1 Case-by-Case Review**

A review will be made by the City of Excelsior Springs Medical Director or his/her designee in every case in which the AED is utilized by the AED OPERATOR of all facilities AED Program. The case-by-case review will be conducted from two resources:

1. Written report – The facilities Automatic External Defibrillator Event Summary Report will be reviewed for content and completeness.
2. Electrocardiographic and AED event documentation – This will be reviewed. The scene times and actual rhythms recorded will be reviewed

Upon completion of the review process, the City of Excelsior Springs Medical Director or his/her designee will provide timely feedback of the operation to the parties involved. A written report will be kept in a Q.A. file at the facility. This report will contain an identification of the problems as well as plans of actions that will be taken to alleviate these problems including a future reassessment of the problem to ensure that it remains corrected.

### **2.0 OPERATIONS**

#### **2.1 Daily Checks**

The AED OPERATOR will inspect the AED daily and document the result on an "AED Operator's log". The AED OPERATOR will send a copy of the log once a month to the City of Excelsior Springs Medical Director or His/Her Designee.

#### **2.2 Twelve (12) Month Inspections**

1. Every twelve (12) months the defibrillator and defibrillator batteries shall be evaluated by a qualified biomedical electrical technician or equivalent and at a minimum shall include the following:
  - A. Checking the defibrillator output as measured by the defibrillator analyzer.

- B. Checking to see if the defibrillator detects, charges, and delivers a shock for V-fib three times with increasing energy levels by the third shock.
- C. Checking to see the unit appropriately responds to non-shockable rhythms.

### **2.3 Faulty Equipment**

At no time shall an AED OPERATOR or other health care worker knowingly allow a response with inoperable medical equipment.

### **3.0 Equipment List**

AED (1)  
Defibrillation Pads (2 spare sets)  
Razor, disposable (2)  
Battery, AED, extra (1)  
Pocket Face Mask (2)  
Absorbent Cloth Towel (1)  
Bandage Scissors (1)  
The equipment in this list represents the minimum requirement.