

**CITY OF SACRAMENTO REGULATORY COMPLIANCE PROGRAM****TOPIC: AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM****EFFECTIVE DATE: 2/2/11****SUPERSEDES: N/A****SECTION: RCP #16****PURPOSE**

The written regulatory compliance program (RCP) establishes the procedures and training guidelines for City of Sacramento personnel assigned as lay rescuers to use automated external defibrillators (AEDs) in City facilities or at City functions. This RCP is in compliance with the California Code of Regulations, Title 22, Division 9, Chapter 1.8 (22CCRI.8) and the Health and Safety Code, Sections 1797.190 and 1797.196.

Under California Civil Code Section 1714.21, the State of California provides protection from civil damages to entities that acquire an AED for emergency use as long as the entity has complied with subdivision (b) of Section 1797.196 of the Health and Safety Code. Individuals using an AED or performing CPR are protected from civil damages if they provide emergency care or treatment in good faith and do not expect compensation. These protections do not apply in the case of personal injury or wrongful death resulting from the gross negligence, willful, or wanton misconduct of the person who renders emergency care or treatment by the use of an AED. Definitions of the terms used in this RCP are found in Attachment A.

**RESPONSIBILITIES**

- I. Environmental Health and Safety (EH&S) will:
  - a. Be responsible for the overall coordination, implementation, and continued operation of this program;
  - b. Ensure that the City of Sacramento AED RCP complies with all federal, state and local regulations;
  - c. Be available in person or by phone to answer any questions or concerns of Site Managers or Authorized individuals;
  - d. Ensure that issues related to training, scheduling of basic and periodic reviews, maintenance of training standards and Authorized individual training, and record keeping are managed on a continuing basis;
  - e. Contact the Medical Director when any issues arise;
  - f. Maintain a list of the appropriate contact information for each Department Site Manager and forward this information to the Medical Director (Attachment B);
  - g. Complete the Department of Public Health EMS Section "Notice of New Automated External Defibrillator Program" and will forward such notice to the County EMS Authority;
  - h. Notify the local EMS agency of the existence, location and type of each AED acquired at each AED site;
  - i. Work with the Medical Director to determine, based on state regulations, the optimal number of employees who will be trained to perform CPR and utilize the AED.

## 2. Department Site Manager will:

- a. Be responsible for the overall coordination, implementation, and continued operation of this program;
- b. Maintain a current contact list of all employees who are certified in CPR/AED and forward any changes in that list immediately to the EH&S Office (Attachment D);
- c. Ensure that employees are familiar with the internal emergency response plan;
- d. Ensure the employees are certified by American Heart Association (AHA) or American Red Cross (ARC) standards to perform Basic Life Support (BLS)-CPR and to utilize an AED;
- e. Ensure that employees have the required annual training and skills proficiency demonstration. The training will be no less than one hour in duration and documented (Attachment D);
- f. Have at least one trained and certified employee on duty during business hours and ensure that there are a reasonably sufficient number of employees trained in CPR/AED. At least one person needs to be trained and certified for up to five AED units on site;
- g. Maintain all equipment and keep related supplies stocked in accordance with Title 22 requirements and manufacturer's recommendations. This includes completing regular inspections (after every use and/or at least every 30 days), testing, maintenance, and battery changes as required. The Site Manager will maintain a log indicating where each AED for the site is located, the dates of routine maintenance, the dates of routine testing, date of battery change, current AED protocols from the manufacturer and any and all uses of each AED (Attachments E and F);
- h. Immediately remove any AED from service after it is utilized and replace it with a spare if available. The original unit will be returned to service after it has been inspected and maintained per the manufacturer's requirements. Utilization is defined as any instance in which an AED is turned on for anything but routine maintenance or battery change;
- i. Notify the EH&S Office as soon as possible following the utilization of an AED; and
- j. Ensure that, when initiating a spare unit or when returning a unit to service, a routine maintenance and battery check is performed and documented in the maintenance log.

## 3. Medical Director will:

- a. Approve the training curriculum along with the written and skills tests for AED use;
- b. Ensure that the AED program meets or exceeds AHA or ARC standards and guidelines regarding AED;
- c. Review reports of uses of AED's and provide feedback regarding each use to the EH&S Office, who in turn will review this information with the appropriate staff in order to improve performance of individuals as well as the AED program in general; and
- d. Maintain a list of trained lay rescuers that are currently participating in the AED program; and

- e. Write the prescription (RXs) for each AED.
4. Authorized individuals/Employees will:
  - a. Complete a basic CPR course according to the standards set forth by the American Heart Association (AHA) or the American Red Cross (ARC). Employees will have CPR certification prior to undertaking AED training or obtain training concurrently with AED training;
  - b. Undergo annual training and skills proficiency demonstration that will be no less than one hour in duration;
  - c. In order to be eligible to use an AED on an appropriate patient, meet the training requirements, pass competency-based written and skills recognition examinations, and comply with all requirements set forth in these policies and procedures. Failure to comply with these requirements will result in the suspension of the individual's authorization; and
  - d. Adhere to all training requirements and procedures within this program.

## PROCEDURES

Authorized individuals will adhere to the following procedures and requirements per his or her training:

### 1. Assessment

Upon learning that an employee or a member of the public is ill, the authorized individual will quickly access the patient. The responder will determine the patient's level of consciousness and assess them for airway, breathing and circulation.

### 2. Call 911

If using a land-line telephone, dial 9-1-1 (or 9-9-1-1 from some City telephones). If calling from a cell phone, dial 916-732-0100.

### 3. CPR, Defibrillate, and Monitor

If the patient is unconscious and the authorized individual cannot tell if the patient has a pulse or is breathing, the authorized individual will direct someone to get the AED as quickly as possible and bring it to the patient's side. The authorized individual will perform CPR and until AED arrives.

Once the AED is at the patient's side, the authorized Individual will expose the patient's chest, activate the AED and follow the AED protocol exactly until EMS arrives.

If the patient begins breathing on his/her own, the Authorized individual will not perform CPR but will monitor the patient closely for changes in breathing or pulse until EMS arrives.

If the AED does not recommend shocking the patient, but the patient is unconscious, not breathing, and there is no discernable pulse, the Authorized individual will continue CPR until EMS arrives.

The Authorized individual will continue to follow AED prompts and perform CPR until EMS takes over.

#### 4. EMS Arrival

The Authorized individual will document and communicate important information to EMS personnel including the patient's name, time patient was found, initial and current condition of the patient and any other pertinent information. The Authorized individual may be asked to assist EMS personnel.

#### 5. Post-Incident Reporting and Follow-Up

The Authorized individual who worked on the patient should document the incident using the AED Post-Incident Report form (Attachment G) as soon as possible after the event. Documentation will be completed whether or not defibrillator shocks were delivered. All documentation will be given to the Site Manager who will in turn share it with EH&S staff as soon as possible but within 24 hours of the event.

The Site Manager will take the AED out of service immediately after the event and download any event data from AED and be sure not to remove the battery. EH&S staff will conduct or arrange for a critical incident debriefing, if needed. If grief counseling is deemed necessary, referrals may be made to the Fire or Police Chaplaincies or the Employee Assistance Program (EAP).

EH&S staff will ensure that the AED data, AED Post-Incident Report (Attachment G) and any other relevant documentation is sent to the Medical Director within 72 hours of the event. The Medical Director, EH&S staff, and/or Site Manager will review the AED record of the event and the AED Post-Incident Report and interview the Authorized individuals involved in the emergency as necessary to ensure that:

- a. The Authorized individuals quickly and effectively set up the necessary equipment;
- b. When indicated, the initial defibrillator shock(s) was delivered within an appropriate amount of time given the particular circumstances;
- c. Adequate basic life support measures were maintained;
- d. Following each shock or set of shocks, as appropriate, the person was assessed accurately and treated appropriately;
- e. The defibrillator was activated safely and correctly; and
- f. The care provided was in compliance with the internal emergency response guidelines set forth in this document.

Quality assurance will be maintained by way of evaluation of the medical care rendered by the authorized individuals on scene and during transfer of the patient or by the appropriate transporting agency personnel.

The Medical Director will evaluate the occurrence and recommend the range of action to be taken in response to identified problems or deficiencies.

EH&S staff, in conjunction with the Medical Director, will issue a report every 12 months regarding the activities of the AED program and will make the report available to departments. The Medical Director and EH&S staff will review this RCP at least annually, and will make revisions to this document as necessary.

Following the post-incident review, a copy of all written documentation concerning the incident will be sent to the Medical Director and maintained on site for a period of not less than seven years from the incident date.

## TRAINING

The training requirements for Authorized individuals are outlined below. The training course will consist of not less than four hours and will comply with the American Heart Association (AHA) or American Red Cross (ARC) standards. The required hours for an AED training program can be reduced by no more than two hours for students that can show that he or she has been certified in a basic CPR course in the past year and demonstrate that he or she is proficient in the current techniques of CPR.

- a. The full four-hour course will include the following topics and skills:
  1. Basic CPR skills;
  2. Proper use, maintenance, and periodic inspection of an AED;
  3. The importance of early activation of the internal emergency response plan, early CPR, early defibrillation, early advanced life support;
  4. How to recognize the warning signs of heart attacks and strokes;
  5. Overview of the local EMS system, including 9-1-1 access, and interaction with EMS personnel;
  6. Assessment of an unconscious patient to include evaluation of airway, breathing, and circulation, to determine if cardiac arrest has occurred and the appropriateness of applying and activation of an AED;
  7. Information relating to defibrillator safety precautions to enable the individual to administer shocks without jeopardizing the safety of the patient or the Authorized individual or other nearby persons to include, but not limited to, the age and weight restrictions for the use of the AED, the presence of water or liquid on or around the victim, and/or the presence of transdermal medications, implanted pacemakers or automatic implanted cardioverter defibrillators;
  8. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged;
  9. Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary; and
  10. The authorized individual is responsible for continuation of care, such as the repeated shocks if necessary, and/or accompaniment to the hospital, if indicated, or until the arrival of professional medical personnel.

11. All successful participants will receive a CPR/AED course completion card.
12. The required course materials will meet the standards of the AHA or the ARC, although they do not necessarily have to be AHA or ARC materials. Testing will include a competency demonstration of skills on a manikin observed by the instructor.
13. Basic review sessions will be conducted at least every other year for CPR/AED renewal and periodic reviews will be at the discretion of the Medical Director with a one-year minimum. Reviews may be scheduled more often if necessary.
14. Training records will be maintained by the department and will include documentation of defibrillation skills proficiency.

## **Definitions (Attachment A)**

### **Automated External Defibrillator (AED)**

An external defibrillator that after user activation is capable of cardiac rhythm analysis. The AED will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

### **AED Consultant**

Representative of the AED manufacturer.

### **AED Service Provider**

Any agency, business, organization or individual who purchases an AED for use in a medical emergency involving an unconscious person who is not breathing. This definition does not apply to individuals who have been prescribed an AED by a physician for use on a specifically identified individual.

### **AED Site**

A site, building or facility owned by the City of Sacramento, that has an AED installed and available to employees and/or the public.

### **Cardiopulmonary Resuscitation (CPR)**

Basic emergency procedures for life support, consisting of artificial respiration, manual external cardiac massage, and maneuvers for relief of foreign body airway obstruction.

### **Internal Emergency Response Plan**

A written plan of action which utilizes responders within a facility to activate the 911 emergency systems, and which provides for the access, coordination and management of immediate medical care to seriously ill or injured individuals.

### **Lay Rescuer**

Any person not otherwise licensed or certified to use the AED who has met the training standards of 22CCR 1.8. An individual who has successfully completed a CPR/AED training program, has successfully passed the appropriate competency-based written and skills examinations, and maintains competency by participating in periodic reviews. The lay rescuer adheres to the procedures set forth in this program. There is to be 1 lay rescuer for every 5 AEDs.

### **Medical Director**

A physician and surgeon, currently licensed in California, who provides medical oversight to the AED Service Provider and Program. The medical director is the City of Sacramento's contract non-industrial medical provider.

### **Site Manager**

Designated person within a department at the AED site responsible for the administrative oversight and maintenance of the AED.

## **Contact Information (Attachment B)**

For information and assistance regarding the AED program, the individuals listed below may be contacted.

Every effort should be made to first contact the Environmental Health and Safety Officer or alternate contact. Only in a case of an emergency event or when the EH&S Officer or alternate cannot be reached, will contact be made with the Medical Director or the company representative from the AED supplier.

Environmental Health and Safety Officer: 808-2276

Loss Prevention Manager: 808-7785



## Response Plan Checklist (Attachment C)

Listed below are key elements taken from the California AED regulations and statutes. These elements are placed in this checklist format to assist in implementing the AED program within the City of Sacramento.

- \_\_\_ Notify the City of Sacramento Fire Department of the existence, location, and type of every AED within the City facilities.
- \_\_\_ Identify the Site Manager for each facility.
- \_\_\_ Identify and train lay rescuers.
- \_\_\_ Place AEDs strategically to ensure timely response.
- \_\_\_ Ensure that basic instructions for AED use are placed with the AEDs.
- \_\_\_ Ensure that signs are placed in strategic locations to notify potential responders about AED locations.
- \_\_\_ Address internal and external emergency communications:
  - \_\_\_ Internal Notification - Once notified of an emergency, Site Manager or lay rescuer will notify the facility emergency responders.
  - \_\_\_ "911" Notification - Once notified of an emergency, lay rescuer will call 911 to initiate public safety agencies.
- \_\_\_ Schedule routine inspection of AEDs, electrodes, batteries, and ancillary equipment, schedule and conduct periodic response drills.
- \_\_\_ Address post-event review and feedback, including analysis of response plan effectiveness, rescuer performance and AED function.
- \_\_\_ Schedule routine inspection of AED's, electrodes, batteries, and ancillary equipment.
- \_\_\_ Schedule and conduct periodic response drills.
- \_\_\_ Address post-event review and feedback, including analysis of response plan effectiveness, rescuer performance and AED function.

## Authorized individual Training Documentation Form (Attachment D)

Employee Name:	Employee Title:	Employee Phone:
Employee Worksite Address:		
Date Training Occurred:		
Type of Training Provided:		
Certificate No. (attached copy of certificate if possible):	Certified By:	

Employee Name:	Employee Title:	Employee Phone:
Employee Worksite Address:		
Date Training Occurred:		
Type of Training Provided:		
Certificate No. (attached copy of certificate if possible):	Certified By:	

Employee Name:	Employee Title:	Employee Phone:
Employee Worksite Address:		
Date Training Occurred:		
Type of Training Provided:		
Certificate No. (attached copy of certificate if possible):	Certified By:	

## AED Location and Inspection Log (Attachment E)

Date:	AED Identification Number:
Site Address:	
Specific Location of Unit: (i.e. 1st Floor Lobby, bottom drawer of security desk)	

Date of Routine Maintenance: Initials:	Date of Routine Maintenance: Initials:	Date of Routine Maintenance: Initials:	Date of Routine Maintenance: Initials:
Date of Routine Maintenance: Initials:	Date of Routine Maintenance: Initials:	Date of Routine Maintenance: Initials:	Date of Routine Maintenance: Initials:
Date of Test: Initials:	Date of Test: Initials:	Date of Test: Initials:	Date of Test: Initials:
Date of Test: Initials:	Date of Test: Initials:	Date of Test: Initials:	Date of Test: Initials:
Date Battery Changed: Initials:	Date Battery Changed: Initials:	Date Battery Changed: Initials:	Date Battery Changed: Initials:
Date Battery Changed: Initials:	Date Battery Changed: Initials:	Date Battery Changed: Initials:	Date Battery Changed: Initials:
Date AED: Initials:	Date AED: Initials:	Date AED: Initials:	Date AED: Initials:
Date AED: Initials:	Date AED: Initials:	Date AED: Initials:	Date AED: Initials:

## AED Maintenance Log (Attachment F)

AED Identification Number: \_\_\_\_\_

**Initial Each Section**

### Supplies

Two sets of defibrillation cartridges, within expiration date, undamaged \_\_\_\_\_

One set of pediatric defibrillation cartridges \_\_\_\_\_

Ancillary supplies: towel, razor, shears, barrier pack \_\_\_\_\_

Spare battery, within "install before" date \_\_\_\_\_

### Status Indicator

Self-test function successful \_\_\_\_\_

No damage present \_\_\_\_\_

Run the test report and attach to log \_\_\_\_\_

Inspected by: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks, Issues and/or Corrective Actions:

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## Automated External Defibrillator Program (Attachment G)

Incident Date:	Patient's Last Name:	Patient's First Name:	
Patient's Address:			
Street	City		State
Zip			
Patient's Phone Number (    )	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Incident Location/Address:			
AED Operator Name:	Assistant Name:	Assistant Name:	
Estimated time from patient's collapse until CPR started:		Estimated total time of CPR until application of AED:	
Was arrest witnessed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	By whom:		Time:
Was CPR started? <input type="checkbox"/> Yes <input type="checkbox"/> No	By whom:		Time:
Did patient ever regain a pulse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time:	Did patient ever Begin breathing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time:
Did patient ever regain consciousness? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time:	Hospital patient taken to:	Time:
Other treatment:		Transporting agency:	
Comments:			
Report completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number: Date:	
Prescribing physician review/recommendations:			
COORDINATOR REVIEWED:	DATE:	REVIEWED WITH RESPONDERS: DATE:	
PHYSICIAN REVIEWED:	DATE:	COMMENTS:	