

Sugar Grove Park District

EARLY DEFIBRILLATION PROGRAM

Updated 05/18/2015

Roles and Suggested Responsibilities

The automatic external defibrillator (AED) will enable trained responders at the (agency) to deliver early defibrillation to victims in the first critical moments after a sudden cardiac arrest.

Responders' use of the AED should not replace the care provided by emergency medical services (EMS) providers, but it is meant to provide a possible life-saving outcome during those first critical minutes of care (prior to EMS arrival). Upon arrival of the EMS providers, patient care should be transferred.

AED Coordinator

The AED Coordinator is an employee of the Sugar Grove Park District who is the primary liaison between the Park District's AED program and the local fire department. This person has responsibility for maintaining the AED equipment and supplies, organizing training programs and regular retraining programs, forwarding any incident data to the PDRMA and holding post-incident debriefing sessions for any employees involved.

AED Coordinator	<u>Karen Pritchard</u>
Cell Phone Number	630-461-5729

Trained Responders

Specific employees are trained to use the AED(s) in a sudden cardiac arrest emergency. The AED Coordinator maintains a list of trained responders and knows who, from that list, is available at the facility during all hours of operation.

Training Program(s)

The Sugar Grove Park District uses the American Heart Association Heartsaver CPR-AED program as its AED training program. This program has been approved by the Illinois Department of Public Health (IDPH). The AED Coordinator maintains a list of training dates and attendees.

AED Use Protocol – For victims ages 8 years and older

In Case of Emergency:

- Assess scene safety.
- Assess responsiveness. Tap the person on the shoulder and shout "Are you OK?"
- If the victim is responsive, ask the victim if they are OK. Assess whether advanced care is needed. If needed, stay with the victim until EMS arrives and takes over care.
- Activate emergency response plan:
 - Call 9-1-1. Provide dispatcher with location, emergency details and notify them that an AED is being deployed at the facility.
 - Broadcast over the PA system an announcement to activate targeted responders and indicate the location of the patient (e.g., AED responder needed, lower level).
 - Call designated person to wait at the front desk and help lead the EMS personnel to the victim.
- Check to see if the victim is breathing. If the victim is not breathing or not breathing normally, begin CPR starting with chest compressions.

- ❑ Continue CPR until the defibrillator arrives and the pads are attached to the victim's chest and the machine is ready to analyze the heart rhythm.

Option 1 – Conventional CPR (CAB method: Compressions, Airway, Breathing)

- Compress and release chest 30 times (Rate: at least 100 compressions/minute) pushing down on the lower end of the sternum/breast bone at least 2 inches.
- Establish open airway. Perform head-tilt, chin lift to open airway.
- Ventilate. Use barrier mask to deliver 2 rescue breaths. Make sure the chest rises with each breath. Clear the airway if the victim vomits and continue care.
- Continue CPR. Perform 30 compressions followed by 2 rescue breaths until the person clearly moves or the AED arrives. Do not stop compressions and breaths until AED pads are attached to the victim's chest and the machine is ready to analyze the heart rhythm.

Option 2 – Compression –Only CPR

- Perform continuous compressions at the rate of at least 100 times per minute.
- Continue until the person clearly moves or the AED arrives. Do not stop compressions until AED pads are attached to the victim's chest and the machine is ready to analyze the heart rhythm.

****Note**** *Compression-only CPR is considered equally adequate as conventional CPR (compressions and ventilations) for treating adults who have had a witnessed collapse are assessed to be unresponsive and not breathing or not breathing normally.*

- ❑ When defibrillator arrives:
 - Place the defibrillator near head of victim on same side as the rescuer.
 - Turn on the defibrillator.
 - Follow defibrillator's verbal and visual prompts.
 - Bare and prepare chest (cut or tear away clothing, if excessive chest hair, shave or clip; dry the chest if wet).
 - Apply electrodes (follow pictures on pads).
 - Allow defibrillator to analyze.
 - If indicated, clear away from the victim and deliver shock by pressing the shock button.
 - Continue care per defibrillator's prompts until EMS arrives.
- ❑ Assign an employee wait for EMS providers at front entry of main building and help guide them through building and security doors to the patient.
- ❑ First responders should communicate any important information to the EMS providers such as:
 - Victim's name.
 - Any known medical problems, allergies or medical history.
 - Time the victim was found.
 - Initial and current condition of victim.

AED Application in Pediatric Patients – 1 through 7 years old

AED use in pediatric cardiac arrest patients should be used in conjunction with **child / infant electrode pads or key**, which are designed to automatically reduce AED defibrillation energy to a more clinically appropriate output. However, if pediatric pads or pediatric key are not available, an AED and pads designed for an adult may be used on infants and children.

AED Protocol for a child under the age of 8:

- ❑ Assess scene safety;
- ❑ Assess responsiveness;
- ❑ If the child is unresponsive;
- ❑ Activate emergency response plan - Call 911; If you are alone, first perform two minutes of CPR before leaving the child to call 911
 - Provide dispatcher with location, emergency details and notify them that an AED is being deployed at the facility.
 - Broadcast over the PA system an announcement to activate targeted responders and indicate the location of the person (e.g., AED responder needed, lower level).
 - Call designated person to wait at the front entry and help lead the EMS personnel to the injured person.
- ❑ Begin CPR (CAB method: Compressions, Airway, Breathing)
- ❑ Perform CPR until the defibrillator arrives:
 - Compress and release chest 30 times (Rate: at least 100 compressions/minute)
 - Establish open airway. Perform head-tilt, chin lift to open airway.
 - Ventilate. Use barrier mask to deliver 2 rescue breaths, making chest rise each time.
 - Continue CPR, do 30 compressions followed by 2 rescue breaths until the person clearly moves or the AED arrives and the electrode pads are placed on victims chest and the machine is ready to analyze the heart rhythm.
- ❑ When defibrillator arrives
 - Place the defibrillator near head of the victim and on same side as the rescuer.
 - Turn on the defibrillator.
 - Follow defibrillator's verbal and visual prompts.
 - Bare and prepare chest (cut or tear away clothing, dry the chest if wet).
 - Apply pediatric electrode pads (follow picture on **pediatric** pads) or insert pediatric key.
 - Allow defibrillator to analyze.
 - If indicated, clear away from the victim and deliver shock by pressing the shock button.
 - Continue care per defibrillator's prompts until EMS arrives.

AED Equipment Inventory

Suggested minimum quantities of supplies:

- One AED
- One AED user's guide
- Two sets of adult electrodes (pads)
- Two sets of pediatric electrodes (pads) or pediatric key
- One installed battery and one spare
- One CPR mouth barrier device
- One razor
- One pair of scissors
- Two sets of protective gloves
- One installed PC data card
- One spare PC data card (optional)

Post-Use Procedure

The AED Coordinator will do the following after any AED use:

- ❑ Notify PDRMA within 24 hours.
- ❑ Remove used PC data card and replace it with a spare. Label used PC data card with patient information and store in a secure location.
- ❑ Conduct employee incident debriefing, as needed.
- ❑ Complete incident follow-up report and POST AED Use Form (Attached) as deemed necessary by PDRMA.
- ❑ Restock any used electrode pads, batteries, razors or gloves. Inspect unused supplies for any damage or old expiration dates.
- ❑ Remove and replace battery in the defibrillator and do a battery test prior to placing the defibrillator back into service.
- ❑ Clean the defibrillator if needed. Review User's Guide for list of appropriate cleaning agents.

Regular Maintenance

See User's Guide for complete maintenance schedule.

Daily and After Each Use

- ❑ Visually verify that the unit's batteries are charged and the unit is ready for use.
- ❑ Ensure all supplies, accessories and spares are present and are in operating condition. Check expiration dates and any obvious signs of damage.

Weekly and After Each Use

- ❑ Document that the unit's batteries are charged and the unit is ready for use.

- ❑ Inspect the exterior and connector for signs of damage.

After Each Use

- ❑ Inspect the exterior and connector for dirt or contamination.

- ❑ Verify that the unit's batteries are charged and the unit is ready for use.

- ❑ Remove PC data card (if used in your system) and replace it with a spare. Apply a patient ID label to the used PC data card and deliver to the appropriate personnel.

Sugar Grove Park District

Post AED Use Form

Attorney/Client and Risk Management Privileged Document

Instructions: This form is to be completed and forwarded to PDRMA within 24 hours after an AED is used. The form can be faxed to 630-769-0445, Attn: Claims Dept. Do not delay sending this form even if some information requested is not immediately available.

Agency Information:

Agency name: **Sugar Grove Park District**

Incident location (name of facility where incident occurred):

Incident date: _____ Time of incident: _____ AM
/ PM

Person completing this form:

Title: _____ Phone number:

Victim Information:

Name of victim: _____ Gender: M / F Age:

Address:

Activity of victim at time of incident, if known:

Participant waiver for victim on file? Y / N / unknown

Incident Information:

Exact location of incident:

Was the victim collapse witnessed by the responder? Y / N

Witness(es) to the incident:

1. _____ Employee? Y / N
2. _____ Employee? Y / N
3. _____ Employee? Y / N

Time EMS/911 was called: _____ AM / PM

Time EMS arrived _____ AM / PM

Person who called EMS/911:

Is this person an employee? Y / N

Location of phone: _____

Location AED was stored: _____

Person who brought AED: _____

Was the victim breathing normally? Y / N

Did the victim have a pulse? Y / N / Did not check per training protocols

Person(s) who performed CPR:

Was Conventional or Hands-Only CPR performed? _____

Is this person an employee? Y / N

Is this person certified to perform CPR? Y / N / unknown

Person(s) who used the AED: _____

Is this person an employee? Y / N

Is this person certified to use an AED? Y / N / unknown

Number of shocks, if any, delivered before EMS took over care? _____

Did the person have a pulse when EMS took over care? Y / N / unknown

Was the person breathing normally when EMS took over care? Y / N / unknown

Name of EMS department that responded: _____

Was there a police response? _____

Was the person transported by EMS? _____

Where were they transported to? _____

Post Incident Issues:

Did the employee(s) performing CPR use protective gloves? Y / N unknown

Did the employee(s) performing CPR use a mouth barrier? Y / N unknown

Did the employee(s) come into contact with the victim's blood or other bodily fluids? Y/N unknown

If the employee(s) came into contact with the victim's blood or other bodily fluids were they offered a post-exposure medical evaluation? Y/N unknown
(Reference your agencies Communicable Disease Policy for details)

Did the agency offer the employee(s) EAP (Employee Assistance Program) services? Y/N unknown

Was the person(s) who administered CPR and/or the AED offered EAP services? Y/N unknown

AED data card/disc secured? Y / N

AED placed back into service? Y / N

AED battery, pads and data card/disc replaced Y / N

Date that the PDRMA Incident Report completed and sent? _____

Additional facts relevant to this event: _____

Signature of person completing this form

Date

Confidential: This information is for agency and PDRMA use only.