

BOWLING GREEN STATE UNIVERSITY
Automated External Defibrillator (AED) Policy

An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. It is only to be applied to victims who are unconscious, not breathing normally and showing no signs of circulation, such as normal breathing, coughing and movement. 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 operator to deliver a shock.

UNIVERSITY AED DEPLOYMENT SITES

Presently, there are twenty-one units at the following locations and excepting the three in police cruisers, at sites near public or campus telephones. It should be noted that some AED's may be moved temporarily to provide coverage for a special event.

	Site	Serial #	Model	Location	Area Coordinator	Cabinet
1	Anderson Arena	32108450	CR Plus	Tunnel Hallway	Doug Boersma	Yes
2	Eppler North	34040167	CR Plus	NW corridor outside Gymnastics Room	Doug Boersma	Yes
3	Field House	30679929	CR Plus	Main Entrance, Lobby	Mica Seither/Tom Wright	Yes
4	Firelands	35168733	CR Plus	Cedar Point Ctr., NW Corner of Atrium	Mark Charville	Yes
5	Firelands	35168728	CR Plus	North Building, outside gym entrance	Mark Charville	Yes
6	Firelands	35168723	CR Plus	Foundation Hall, 1 st floor lobby near stairs	Mark Charville	Yes
7	Firelands	34206147	CR Plus	West Bldg., SE Corner	Mark Charville	Yes
8	Forest Creason Golf Course	12547500	LP 500	Clubhouse	Mica Seither/Kurt Thomas	No
9	Hayes Hall	34206149	CR Plus	1st floor near Rm. 108	Bob Fyfe	Yes
10	Hayes Hall	TBD	SL9200D	2nd floor near Rm. 209	Bob Fyfe	Yes
11	Health Center	TBD	SL9200D	Nurses Station	Betty DeSilvio	No
12	Ice Arena	30679931	CR Plus	Outside Zamboni Area	Lona Leck	Yes
13	Olscamp	35060429	CR Plus	Main Concourse	Julie Baker	Yes
14	Public Safety	33448665	LP 500	Police Cruisers	Tony Dotson	No
15	Public Safety	33448666	LP 500	Police Cruisers	Tony Dotson	No
16	Public Safety	33448667	LP 500	Police Cruisers	Tony Dotson	No
17	Sebo Center	34206148	CR Plus	Training Room	Doug Boersma	No
18	Sebo Center	12761330	LP 500	Training Room	Doug Boersma	No

19	Student Rec. Center	30679927	CR Plus	Activity Center/Lounge Area	Mica Seither	Yes
20	Student Rec. Center	34206146	CR Plus	Wet Hallway - near locker rooms	Mica Seither	Yes
21	Student Union	30679932	CR Plus	Information Desk	Steve Domachowski	Yes

RESPONSIBILITIES OF AREA COORDINATOR

An AED Area Coordinator will be appointed at each AED location. The Area Coordinator will be responsible for the following activities, and will maintain a logbook to document them:

- Notify the Oversight Committee of any change to the AED Deployment Site or AED Area Coordinator.
- Keep a record of CPR/AED training certification dates and expiration dates for all trained staff. Trained personnel must attend refresher training periodically as required to maintain their certification.
- There will be sufficient staff trained so that at least two (one for the Golf Clubhouse) trained staff members will be working anytime the location is open for business. **Training will consist of at least adult and child CPR training that includes a segment of initial AED training, and must be certified by either the Heart Association or the Red Cross.**
- Maintain defibrillator and accessories necessary for support of medical emergency response in a state of readiness.
- Complete the Post-Incident Report Form for Cardiac Arrests (Post Incident Report Form) following use of the AED and deliver the report within 24 hours after the incident to the Office of Environmental Health & Safety.

RESPONSIBILITIES OF OVERSIGHT COMMITTEE

There will be an Oversight Committee consisting of representatives from Athletics, Student Health Services, Public Safety/Police, Environmental Health & Safety and Risk Management. The Oversight Committee will meet at least once per year, and will be responsible for performing the following activities:

- Dissemination of information about the AED policy, and the location of all campus AEDs.
- Selection of AED products and vendors.
- Responsible for having regular equipment maintenance performed and for periodic review of logbooks.

- Assist as needed in coordinating the provision of training and the maintenance of equipment and supplies.
- Following deployment of an AED, a review shall be conducted by the committee to learn from the experience. The review may result in recommendations for changes to the AED policy.
- Keep of record of any Post Incident Report Forms.
- Responsible for having all electronic files captured by the AED downloaded to a PC and placed in the patient's confidential medical file. The committee will provide a replacement AED until the device is returned to service.
- Revision of this policy as required.

RESPONSIBILITIES OF MEDICAL ADVISOR

The Food & Drug Administration considers defibrillators to be prescription devices pursuant to 21 CFR, 801, 109 and medical authorization is required. The medical advisor of the AED program is responsible for:

- Providing medical direction for use of AEDs.
- Writing a prescription for AEDs.
- Reviewing and approving guidelines for emergency procedures related to use of AEDs and CPR.
- Evaluation of Post Incident Report Form and digital files downloaded from the AED.

RESPONDING TO AN EMERGENCY

Use of the AED is authorized by any university employee who has successfully completed CRP/AED training. In the event of a possible cardiac arrest, a trained employee will bring or have another member of staff bring the AED to the victim. The trained employee or a co-worker should call 911 immediately. If an AED is not immediately available, perform CPR until the unit arrives on the scene. The first AED trained employee to arrive should relieve any untrained person providing emergency assistance. The AED may be used on any individual at least 8 years of age or older and displays ALL the following symptoms associated with cardiac arrest:

- Victim is unconscious.
- Victim is not breathing.
- Victim has no pulse and/or shows no signs of circulation such as normal breathing, coughing or movement.

Following use of the AED, all equipment should be wiped clean according to procedure. Medical emergencies involving use of an AED require special documentation. Any and all patient information generated must be collected and placed into a confidential medical file. The electrodes & resuscitation kits (if used) will need to be replaced and critical incident stress debriefing is crucial for any employees involved.

Questions regarding this policy should be directed to the Bowling Green State University Office of Risk Management.

1/08/08

**Bowling Green State University
Automated External Defibrillator (AED)
Post-Incident Report Form for Cardiac Arrests**

To be completed immediately after a cardiac arrest occurs at your facility or the AED is put on a patient. The main caregiver at the scene and the AED Area Coordinator should fill out form within 24 hours and submit to Environmental Health and Safety.

1. Facility or building name: _____
2. Incident location: _____
3. Date of incident: _____ / _____ / _____ (Month/Date/Year)
4. Estimated time of incident: ____: ____ a.m. /p.m. (Hour: Minute)
- 4a. Estimated time that 911 call was placed: ____: ____ a.m. /p.m. (Hour: Minute)
5. Name of patient: _____
6. Patient gender: Male Female
7. Estimated age of patient: _____ years
8. Did the patient collapse (become unresponsive)? Yes No
- 8a. If yes, what were the events immediately prior to the collapse (check all that apply):
 Difficulty Breathing Chest Pain Electrical Shock
 No Signs or Symptoms Drowning Injury Unknown
- 8b. Was someone present to see the person collapse? Yes No
If yes, was that person a trained AED employee? Yes No
- 8c. After the collapse, at the time of Patient Assessment and just prior to the AED pads being applied, was the person breathing? Yes No did the person have a pulse? Yes No
9. Was CPR given prior to 911 EMS arrival? Yes No Go to #10
- 9a. Estimated time CPR started: ____: ____ a.m. /p.m. (Hour: Minute)
- 9b. Was CPR started before the arrival of a trained AED employee? Yes No
- 9c. Who started CPR? Bystander Trained AED employee
10. Was an AED brought to the victim prior to 911 EMS arrival? Yes No
- 10a. If No, briefly describe why and skip to question 17: _____

- 10b. If yes, estimated time AED was at patient's side: ____: ____ a.m. /p.m. (Hour: Minute)
11. Were the AED pads put on the patient? Yes No
- 11a. If Yes, was the person who put the AED pads on the patient a:
 Trained AED employee Untrained AED employee Bystander
12. Was the AED turned on? Yes No
- 12a. If yes, indicate, AED Type/Serial Number: _____
- 12b. Estimated time (based on your watch) the AED was turned on: ____: ____ a.m./p.m.
13. Did the AED shock the patient? Yes No

- 13a. Estimated time (based on a watch) of first shock by AED: ____: ____ a.m. /p.m. (Hour: Minute)
- 13b. How many shocks were delivered prior to the EMS ambulance arrival? _____ (number)
14. Name of person operating the AED: _____
- 14a. Is this person a trained AED employee? Yes [] No []
15. Was there any mechanical difficulty or failure with the use of the AED? Yes [] No []
- 15a. If yes, briefly explain. (*Federal law requires completion of an FDA reporting form*)

16. Were there any unexpected events or injuries that occurred during the use of the AED?
 Yes [] No []
- 16a. If yes, briefly explain: _____

17. Indicate the patient's status when the 911 EMS arrived: ____: ____ (Hr: Min)
- 17a. Was a pulse restored? Yes [] No [] Don't Know []
 If yes, time pulse restored: ____: ____ (Hour: Minute)
- 17b. Was breathing restored? Yes [] No [] Don't Know []
 If yes, time breathing restored: ____: ____ (Hour: Minute)
- 17c. Was responsiveness restored? Yes [] No [] Don't Know []
 If yes, time patient responsive: ____: ____ (Hour: Minute)
18. Was the patient transported to the hospital? Yes [] No []
- 18a. If Yes, how was the patient transported?
 [] EMS Ambulance [] Private Vehicle [] Other _____
19. Were police notified? Yes [] No []
20. Were police at the scene? Yes [] No []
- 20a. Police report number if known: _____

If the caregiver was exposed to blood or other infectious materials immediately notify the BGSU Environmental Health & Safety Department or the Department of Public Safety if after hours.

Report completed by (please print name and date)

Name: _____ Date: _____

Signature: _____

Title: _____ Office Phone: _____

Deliver within 24 hours after the incident to: Environmental Health & Safety, 102 College Park Office Building, Bowling Green, Ohio 43403, (Phone) 419-372-2171, (Fax) 419-372-2194.