Northwestern

Automated External Defibrillator Program

Office of Risk Management and Safety

Jan 20, 2016
Contents

I. Program Goals and Objectives ................................................................. 2
II. Scope and Application ........................................................................... 2
III. Regulatory Authority and Related Information .................................... 2
IV. Definitions ............................................................................................. 2
V. Responsibilities ....................................................................................... 3
VI. Certification and Training Requirements ............................................. 4
VII. Selection and Approval of New AEDs ................................................. 4
VIII. AED Unit Maintenance ........................................................................ 4
IX. Post AED Event Procedures ................................................................. 5
Appendix 1 NEW AED Request Form ....................................................... 6
Appendix 2 Existing AED Certification Form ............................................... 7
I. Program Goals and Objectives
Automated external defibrillators (AED) enable responders to deliver early defibrillation to victims in the first critical moments after a sudden cardiac arrest. This AED program provides guidance for the selection, placement, use and maintenance of AED units used in Northwestern facilities, vehicles, and public areas at Northwestern.

II. Scope and Application
The Illinois Physical Fitness Facility Medical Emergency Preparedness Act (210 ILCS 74) requires indoor and outdoor physical fitness facilities that serve a population of 100 people to have an AED on the facility premises. Academic departments and administrative support facilities that voluntarily choose to purchase and install an AED must obtain approval from the Office of Risk Management and follow the guidelines established in this program.

III. Regulatory Authority and Related Information
410 ILCS 4/1 Automated External Defibrillator Act.
210 ILCS 74 Physical Fitness Facility Medical Emergency Preparedness Act.

Title 77, Chapter I, Subchapter f; Part 527: Physical Fitness Facility Medical Emergency Preparedness Code.


IV. Definitions
A. **Automated external defibrillator** - A medical device heart monitor and defibrillator that:
   i. Has received approval from the US Food and Drug Administration. Is capable of recognizing the presence or absence of ventricular fibrillation and rapid tachycardia, and is capable of determining, without intervention by an operator, whether defibrillation should be performed;
   ii. Upon determining that defibrillation should be performed, either automatically charges and delivers an electrical impulse to individual, or charges and delivers an electrical impulse at the command of the operator; and
   iii. In the case of a defibrillator that may be operated in either an automatic or manual mode, is set to operate in the automatic mode.
B. **Defibrillation** - Administering an electrical impulse to an individual in order to stop ventricular fibrillation or rapid ventricular tachycardia.
C. **Physical fitness facility** - Any of the following indoor facilities that is owned or operated by a public or private college or university and is supervised by one or more persons, other than maintenance or security personnel, employed by the college or university for the purpose of directly supervising the physical fitness activities taking place at any of these indoor or outdoor facilities: a swimming pool; stadium; athletic field; football stadium; soccer field; basketball court; or volleyball court; baseball diamond; track and field facility; tennis court; or similar facility.
D. **Trained AED user** - A person who has successfully completed a course of instruction in accordance with the standards of a nationally recognized organization such as the American Red Cross or the American Heart Association or a course of instruction in accordance with 410 ILCS 4/1 Automated External Defibrillator Act.

V. **Responsibilities**

A. **Environmental Health and Safety, Campus AED Coordinator**
   
i. Responsible for the administrative oversight of Northwestern’s AED program including:
   
   1. Review and revise this policy to reflect changes in regulatory requirements for the use, maintenance and placement of AED units as necessary;
   2. Assist departments in the implementation of an AED program;
   3. Develop, maintain and update the AED policy, including the AED locations, AED responders and department AED Coordinators;
   4. Establish training guidelines in accordance with standards of a nationally recognized organization such as the American Heart Association or American Red Cross;
   5. Establish guidelines and procedures for inspection of AEDs;
   6. Establish guidelines for the approval and purchase of AEDs;
   7. Review inspection records of AEDs;
   8. Conduct annual inspections of AEDs within a building as part of the annual building inspection;
   9. In conjunction with Facilities Management Operations and the Departments establish a process to ensure AEDs are properly received, inventoried, delivered, installed and maintained;
   10. Maintain updates from the American Heart Association and others organizations regarding advances/benefits in Public Access Defibrillator programs;
   11. Provide University Police with updated locations of AEDs on an annual basis or upon purchase of a new AED;
   12. Liaison between EMS System Resource Hospital and Northwestern University.

B. **Department Head or Unit Manager**
   
   ii. Responsible to ensure that all components of this policy are implemented when an AED is purchased, placed or used within their areas of responsibility. Additional responsibilities include:
   
   1. Assign resources to support the AED program, including financial resources to cover the cost to purchase, install, inspect, maintain and train personnel;
   2. Assign a Department AED Coordinator who is responsible for coordination and plan oversight within the department.

C. **Department AED Coordinator**
iii. Responsible for the day-to-day management of their department’s AED program in consultation with EHS, including:
   1. Following the University’s AED program procedures;
   2. Ensure AED units are properly maintained, inspected and tested in accordance with the manufacturer’s guidelines. See attached AED Inspection Form;
   3. Ensure department personnel are trained in accordance with EHS training guidelines, maintain a list of employee training and provide to EHS;
   4. Submit to EHS any substantial changes made to existing AEDs, including:
      a. Removal of an AED from service;
      b. Change in AED Coordinator contact information;
      c. Change in AED model/manufacturer information;
      d. Change in location of AED
   5. Conduct monthly inspections of AEDs (see AED Inspection Form).
   6. Report any issues to EHS.

D. Emergency Medical Services (EMS) System Resource Hospital

Presence St. Francis Hospital, provides AED support services. Support services may include general advice on use, placement, and evaluation of data recorded on an AED after its use.

VI. Certification and Training Requirements

A. AED Responders must be trained and certified in CPR (cardiopulmonary resuscitation) AED and Bloodborne pathogens;
B. Training must be based on standards from a Nationally Recognized training organization such as the American Red Cross or the American Heart Association;
C. Department AED Coordinators will ensure compliance and will maintain a list of current AED responders and forward to the Office of Risk Management EHS.

VII. Selection and Approval of New AEDs

A. EHS will select an appropriate model for consistency;
B. All new AEDs must be approved by EHS to ensure they meet selection criteria. See attached AED request form;
C. EHS will coordinate with NU purchasing to negotiate pricing of AED devices including inspection and maintenance services.

VIII. AED Unit Maintenance

A. AED Department Coordinators (or a designate) are responsible for the monthly inspections and maintenance of the AEDs (see attached AED Inspection Form);
B. AED inspections must be in accordance to the manufacturer’s recommendations.
IX. Post AED Event Procedures
When an AED is operated in a medical emergency it is imperative that the unit is removed from service after use. It is assumed that Northwestern Police will respond to all emergency situations and will provide a written report of activities to the Office of Risk Management. Actions to be taken after an AED unit is used include:

A. Remove the AED from service until supplies are replaced and event documentation is retrieved;
B. If the AED has an internal data storage of its events/use, the department is responsible for downloading and providing the data or the data card (not the AED) to Northwestern University Police immediately following the use of the AED;
C. Northwestern Police will submit the data to the Office of Risk Management, who will submit to the EMS System Resources Hospital;
D. Notify all building occupants when an AED unit is out of service;
E. Decontaminate the AED, if necessary and replace all necessary supplies.

X. Contact
For questions contact the Office of Risk Management and Environmental Health & Safety at risk@northwestern.edu 847-491-5610
Appendix 1  NEW AED Request Form

Before purchasing an AED, Departments must obtain approval from the Office of Risk Management. The Department Head or Supervisor must the AED request form and designate a department AED Coordinator, and provide list of AED trained users. These individuals are required to participate in and stay current with AED, CPR and Bloodborne Pathogens training. The AED department Coordinator or designate is responsible for performing monthly inspections of each AED unit. For additional information please review Northwestern University’s Automated External Defibrillator Policy.

Department Name: _____________________________
Job Title: ____________________________________
Building Name: ________________________________
Building Address: ______________________________
Building Type (Administrative, Academic, Residence Hall, Support Facility, etc): __________________________________
Department Head or Supervisor: ___________________
Email Address: ________________________________
Phone Number: ________________________________
AED Manufacturer: ______________________________
AED Model: ___________________________________

AED Program Details:

Number of AEDs requested: _________________
AED Location (Room # or nearest room) _______________
NOTE: Provide a plan-view map of the building denoting the AED location

Reason(s) for AED (Check all that apply)
□ Athletic Facility (indoor and outdoor) serving more than 100 individuals
□ Department interest
□ Recommendation from Central Administration
□ Regulatory requirement for grant funding or accreditation
□ Activity in the building increases the likelihood of cardiac arrhythmias that are life threatening
□ Data indicates the population (visitors, faculty, staff and students) have a significant proportion of people over the age of 55-60 years of age in the building

Training Plan:
Specify training provider (American Red Cross, American Heart Association, NU Police, etc) __________________________________

Attach list of AED trained users and their job titles.

Certification:
By signing below, the department agrees to:
• Commit funds for the purchase of AEDs, training and supplies such additional electrode pads, batteries and response kit (scissors, disposable gloves, disposable razor, pocket mask or face shield, towel or absorbent wipes).
• Appoint a department AED Coordinator.
• Implement CPR/AED and Bloodborne Pathogen training prior to installation of AEDs
• Provide a list trained AED users to Risk Management
• Provide of list of AEDs, model numbers and locations to the Office of Risk Management
• Conduct monthly AED inspections and maintain documentation for future review by the Office of Risk Management

The Department Head and Department AED Coordinator are responsible for operating and maintaining AED devices in accordance with Northwestern University’s Automated External Defibrillator Policy, including maintenance, inspection and training. I agree to abide by the policy and procedures for the purchase, maintenance and training as set forth in NU’s AED Policy.

Dept. Head signature _________________________ Date: __________________
Dept. AED Coordinator signature _____________________ Date: __________________

To be completed by the Office of Risk Management:
□ Approved  □ Not Approved

Office of Risk Management signature: ______________________ Date: __________________
Appendix 2  Existing AED Certification Form

Departments or administrative units that previously purchased or requested AEDs must certify that they will maintain their AEDs as outlined in the AED Program. The Department Head or supervisor must designate a department AED Coordinator, and provide list of AED trained users. These individuals are required to participate in and stay current with AED, CPR and Bloodborne Pathogens training. The AED department Coordinator or designate is responsible for performing monthly inspections of each AED unit.

Per Illinois Statutes, departments with the exception of Physical Fitness Facilities are not required to have an AED. However, if departments have an AED, it must be maintain according to Northwestern University’s AED Program. If a department (with the exception of Physical Fitness Facility) no longer chooses to maintain their AED, the AED must be removed, including all signage and notify all building occupants.

Section A:
Department Name: ___________________________________________
Job Title: ___________________________________________________
Department Head or Supervisor: ________________________________

Building Name: _____________________________
Building Address: ___________________________________________
Building Type (Administrative, Academic, Residence Hall, Support Facility, etc): ___________________________________________
AED Manufacturer: ___________________________
AED Model: ________________________________________________

Section B:
This department is opting-out of Northwestern University’s Automated External Defibrillator Program [ ] Yes  [ ] No
(Go to section D)
The department will maintain existing AEDs (go to section C) [ ] Yes  [ ] No

Section C:
Number of AEDs onsite: _____________________________
AED Location (Room # or nearest room) ________________________
NOTE: Provide a plan-view map of the building denoting the AED location

Reason(s) for AED (Check all that apply)
[ ] Athletic Facility (indoor and outdoor) serving more than 100 individuals
[ ] Department interest
[ ] Recommendation from Central Administration
[ ] Regulatory requirement for grant funding or accreditation
[ ] Activity in the building increases the likelihood of cardiac arrhythmias that are life threatening
[ ] Data indicates the population (visitors, faculty, staff and students) have a significant proportion of people over the age of 55-60 years of age in the building

Training Plan:
Specify training provider (American Red Cross, American Heart Association, NU Police, etc) ________________________________

Attach list of AED trained users and their job titles.

Certification:
By signing below, the department agrees to:

- Commit funds for the purchase of AEDs, training and supplies such as additional electrode pads, batteries and response kit (scissors, disposable gloves, disposable razor, pocket mask or face shield, towel or absorbent wipes).
- Appoint a department AED Coordinator.
- Implement CPR/AED and Bloodborne Pathogen training prior to installation of AEDs
- Provide a list of AED users to Risk Management
- Provide list of AEDs, model numbers and locations to the Office of Risk Management
- Conduct monthly AED inspections and maintain documentation for future review by the Office of Risk Management

Section D:
Dept. Head signature _______________________________________ Date: _______________________
Dept. AED Coordinator signature (if applicable) ________________ Date: ______________________
Office of Risk Management signature; _________________________ Date: _____________________