

# Existing AED Certification Form

Departments or administrative units that previously purchased or requested AEDs must certify they will maintain their AEDs as outlined in the AED Program. The Department Head or Supervisor must designate a Department AED Coordinator and provide a list of AED-trained users. These individuals are required to participate in and stay current with AED, CPR, and Bloodborne Pathogens training. The Department AED 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'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 all building occupants must be notified.

<b>Department:</b>			
<b>Department Head or Supervisor:</b>		<b>Job Title:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>Building Name:</b>		<b>Building Type:</b>	
(e.g., administrative, academic, residence hall, support facility)			
<b>Building Address:</b>			

<b>This department is opting-out of Northwestern's Automated External Defibrillator Program.</b> <i>Do not fill out the rest of this form; sign the bottom of the form.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>The department will maintain existing AEDs.</b> <i>Continue completing this form.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

### AED Details:

<b>AED Manufacturer:</b>		<b>AED Model:</b>	
<b>Number of AEDs Requested:</b>		<b>AED Location(s):</b>	
(i.e., room number or nearest room)			

**Note:** Provide a plan-view map of the building denoting the AED location.

### Reason(s) for the AED: (check all that apply)

<input type="checkbox"/>	Athletic Facility (indoor and outdoor) serving more than 100 people	<input type="checkbox"/>	Regulatory requirement for grant funding or accreditation
<input type="checkbox"/>	Department interest	<input type="checkbox"/>	Activity in the building increases the likelihood of cardiac arrhythmias that are life threatening
<input type="checkbox"/>	Recommendation from Central Administration	<input type="checkbox"/>	Data indicates the population (i.e., 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:

<b>Specify the Training Provider:</b>	
(e.g., American Red Cross, American Heart Association, University Police)	

**Note:** Attach a 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 (i.e., scissors, disposable gloves, disposable razor, pocket mask or face shield, towel or absorbent wipes).
- Appoint a Department AED Coordinator.
- Implement CPR/AED and Bloodborne Pathogens training prior to installation of AEDs.
- Provide a list of trained AED users to Environmental Health and Safety.
- Provide a list of AEDs, model numbers, and locations to Environmental Health and Safety.
- Conduct monthly AED inspections, and maintain documentation for future review by Environmental Health and Safety.

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department AED Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by Environmental Health and Safety (EHS):

Approved       Not Approved

EHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_