

Automated External Defibrillator (AED) Program

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EMUDPS-EHS-P004

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Number: 1 of 8**I. PURPOSE**

The purpose of the Eastern Michigan University Automated External Defibrillator (AED) Program is to provide a well-organized emergency response plan for cardiac arrest victims.

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, without a pulse, not breathing normally and showing no signs of circulation. 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.

II. POLICY

This program and related procedures provide for the purchase, placement and use of AEDs in University facilities and vehicles. It sets forth the standards and responsibilities for the installation, replacement, repair, inspection, maintenance, training and non-medical staff response of AEDs on the EMU campus, including satellite campus locations.

The AED Program is responsible for the purchase and maintenance of the AEDs on campus. Any division or department may request to purchase additional AEDs for their unit or building. However, the division or department must fund the purchase and installation of the AED and the AEDs must meet the requirements specified in this program.

III. REGULATIONS AND GUIDELINES

The use of AEDs must comply with the responsibilities and procedures outlined in this program and consistent with American Heart Association guidelines and relevant legislation.

[Michigan Public Act 173](#), an Expanded Good Samaritan law, provides immunity from civil liability to anyone using an AED on a victim of sudden cardiac arrest.

[Federal Public Health Improvement Act](#), Public Law 106-505 (November 13, 2000). Subtitle A of Title IV of the Act, the Cardiac Arrest Survival Act of 2000, amends the Public Health Service Act to provide for placement of AED's in Federal buildings to improve survival rates of cardiac arrest victims, and to establish protection from civil liability from the use of the devices.

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[Michigan Public Act 23](#), an Act to regulate health clubs with respect to potential medical emergencies; and to provide for civil sanctions.

IV. LIABILITY

Eastern Michigan University faculty, staff or students who respond to emergencies are provided protection from personal liability under the [Michigan Good Samaritan Law](#). Under Act 173 of 1999, an individual who having no duty to do so in good faith voluntarily renders cardiopulmonary resuscitation to another individual is not liable in a civil action for damages resulting from an act or omission in rendering the cardiopulmonary resuscitation, except an act or omission that constitutes gross negligence or willful and wanton misconduct.

V. SCOPE AND APPLICATION

The AED program and procedures apply to all employees including faculty, staff, full and part time employees, temporary employees, administrative personnel, graduate assistants, work-study students and student workers.

VI. RESPONSIBILITIES

A. AED Advisory Committee

The AED Advisory Committee was chaired by the Chief of Medical Staff, University Health Services and was comprised of members from the following departments: Athletics, Emergency Management, Environmental Health and Safety (EHS), Physical Plant, Department of Public Safety (DPS) and Risk Management. The AED Advisory Committee was discontinued after the AED program was established, as there were no longer issues that required the Committees review. The committee will be reestablished if issues arise regarding the AED program needing committee oversight. The AED Advisory Committee functions included:

1. In conjunction with Purchasing, selected a standard AED model for the University.
2. Reviewed requests for the purchase of AEDs, including but not limited to, consideration of need, public health issues, risk of location, population in building, response time of EMS and historical data on cardiac arrests.
3. The committee met on an as needed basis as determined by the Chairperson and EHS.

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B. AED Program Administrator - Environmental Health and Safety

1. Develops, maintains and updates the written AED program, including the AED locations and contacts.
2. Coordinates AED purchases, CPR/AED training and training documentation.
3. Maintains AED inspection documentation and AED Incident Report forms.
4. Reviews each use of an AED by non-DPS personnel as soon as possible after an event.
5. Coordinates AED maintenance and documentation.
6. Conducts periodic inspections of the campus AEDs and AED program implementation.
7. Updates DPS on the AED locations.
8. Reviews the AED program periodically.

C. Building Administrators

If your building has an AED:

1. Designate an AED Area Coordinator to be responsible for compliance with the AED Program.
2. Support the implementation of the AED program and employee training.
3. Encourage employee participation.

D. AED Coordinators

1. Maintain defibrillator and accessories needed for emergency medical response in a state of readiness with the support and assistance of EHS.
2. Identify potential volunteers and ensure the volunteers receive the required training.
3. Conduct the required inspections based on the AED manufacturer's guidelines. If the AED cabinet is connected to DPS, DPS must be called prior to conducting the inspection if you are going to open the cabinet.
4. Maintain inspection documentation and submit copies to EHS, using the EMU [AED Monthly Inspection Form](#) (emudps-ehs-f023), Appendix A.
5. Notify EHS of any change to the AED location or area coordinator.

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E. AED Trained Employees

1. Call 911 and provide prompt basic life support including the AED and first aid according to training and experience until DPS and/or EMS arrive.
2. Follow the procedures of the AED program.
3. Participate in incident debriefing.

F. Department of Public Safety (DPS)

1. Receives and responds to medical calls from EMU campus.
2. Contacts EMS and meets EMS at the medical emergency site.
3. Documents the medical emergency including:
 - a. Completion of the EMU [AED Incident Report Form](#) (emudps-ehs-f024), Appendix B.
 - b. Notifies EHS of the AED usage.

G. Volunteer Responders

1. At their discretion, anyone can provide voluntary assistance to victims of medical emergencies.
2. The extent to which an individual responds must be appropriate to their training and experience, which may include CPR, AED or first aid.
3. These responders are encouraged to contribute to an emergency response to the extent they are comfortable.
4. These responders are encouraged to support the trained emergency responders and to provide assistance as requested.

VII. PROCEDURE

A. Selection, Location and Placement of AEDs

1. Selection criteria for AEDs includes:
 - a. Ease of operation.
 - b. Ability to be used on infants, children and adults.
 - c. Ability to perform automated self-checks for battery and pad integrity.
 - d. Ability to record, store and download data after use.

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2. Location is primarily based on response time. Other factors considered are:
 - a. Facility demographics: age, occupancy and activities conducted.
 - b. Visitors: large events (graduation, sports).
 - c. Specialty area: exercise and work out facilities.
 - d. Facility layout: large building, unusual design, physical constraints.
 - e. The location of existing AEDs on campus. The AED locations on campus can be found on the campus map or on the [AED Locations and AED Coordinators List](#) (emudps-ehs-f068), Appendix C.
 - f. Existing policies at satellite campus locations where space is rented.
3. Placement focuses on ease of use and security, taking into consideration:
 - a. Accessibility and the potential for tampering and theft.
 - b. Most AED cabinets on campus are linked to DPS with alarm and speaker connections.
 - c. Compliance with the Americans with Disabilities Act guideline.
4. EHS and the Physical Plant determine the location and placement of AEDs on campus.
5. Requests for AEDs should be submitted to EHS using the EMU [AED Request Form](#) (emudps-ehs-f030), Appendix D. Requests are reviewed by EHS.

B. Signage

1. Buildings equipped with AEDs should have signage at the main entrances indicating the availability of the unit(s).
2. AED location signs will be placed approximately 7 feet above the unit or nearby as appropriate for the location.
3. AED locations should be incorporated into the emergency evacuation plan signage for the building.

C. Training

1. CPR and AED training is voluntary unless it is part of a written job description. Mandatory CPR/AED trained personnel include:
 - a. DPS – Sworn officers
 - b. Certified athletic trainers
 - c. High voltage electrical workers
2. In buildings with AEDs, a minimum of three CPR/AED trained full time employees should be maintained and additional employees are encouraged to be trained.

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3. CPR and AED training can be provided by recognized training organizations such as the American Heart Association and the American Red Cross. EHS coordinates training for faculty and staff.
4. Annual Bloodborne Pathogen training is required for all employees who are expected to be emergency responders as part of their routine job duties.
5. Training shall include, but is not limited to, the following:
 - a. Recognition of the signs and symptoms of sudden cardiac arrest.
 - b. Instruction on CPR and AED protocols.
 - c. Instruction to contact the Department of Public Safety to request emergency medical services. This instruction should include:
 - i. Call 911 from a campus phone, 734.487.1222 from a cell phone.
 - ii. Report the situation including location (building, floor, room, landmarks, cross street, etc.).
 - iii. Location of the AED(s) in the building.
 - iv. AED Program information and required documentation, if used.
6. Refresher training is required bi-annually.
7. Written training documentation is to be maintained by EHS.
8. The cost of CPR and AED training is part of the AED program.

D. Maintenance

1. Philips FRx Units
 - a. DAILY: The FRx performs a self-test every day. In addition, a battery insertion self-test is run whenever a battery is installed in the device. The defibrillator's extensive automatic self-test features eliminate the need for any manual calibration.
 - b. MONTHLY: The AED Area Coordinator or designee shall perform the following maintenance inspection:
 - i. Check the green Ready light. If the green Ready light is blinking, the FRx has passed the battery insertion self-test and the last periodic self-test and is ready for use.
 - ii. If the Ready light is off, the FRx is chirping, and the i-button is flashing: A self-test error has occurred, there is a problem with the pads, the Infant/Child Key has been left installed, or the battery power is low. Press the i-button for instructions.
 - iii. If the Ready light is off but the FRx is not chirping and the i-button is not flashing: there is no battery inserted, the battery is depleted or the defibrillator needs repair. Insert/replace battery and run the self-test. As

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long as the FRx passes the self-test, you can be assured it is ready for use.

- iv. Replace any used, damaged or expired supplies and accessories. Verify the response kit is attached to the case or inside the cabinet. The response kit should contain at a minimum:
 - 1. Scissors
 - 2. Razor
 - 3. Dry Cloth
 - 4. Glovers
 - 5. Pocket Mask
- v. Do not open the pads case. This may cause the pads to dry out prematurely.
- vi. Do not remove the battery during any inspection. This can shorten the life of the battery.
- vii. Check the outside of the defibrillator. If you see cracks or other signs of damage, contact EHS.

2. Inspection of other AED Models

- a. Currently EMU only has Philips FRx AEDs on campus. Should other models be installed, the manufacturers' guidelines for inspection will be followed.

3. Periodic Inspections

- a. EHS coordinates the annual campus AED inspections.
- b. EHS conducts periodic inspections of the AEDs and AED program implementation.

E. Post Event Procedures

- 1. After an AED has been used, it is important that the data recorded by the unit be downloaded. It is assumed DPS will be contacted and involved in all situations involving the use of an AED. DPS will provide the official written report of the event and contact the necessary University departments.
- 2. Actions to be taken after an AED has been used in an emergency situation include:
 - a. Remove the AED from service and contact EHS to have the event documentation retrieved and the AED put back into service.
 - b. DPS must follow the DPS Policy "After Use Procedures for Defibrillators" for removing the AED from service and retrieving the documentation.
 - c. DPS will provide a written report and complete the EMU [AED Incident Report form](#) (emudps-ehs-f024).
 - d. Decontaminate the AED and restock the AED bag with items that were used during the event.
 - e. If the AED was used on an employee, an Employee Occupational Injury form must be completed.

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- f. EHS will coordinate a debriefing session for those involved in the use of an AED.
- g. Counseling and Psychological Services (CAPS) and/or the Employee Assistance Program should be considered for staff and coworkers involved in the event.

VIII. REFERENCES

- A. [American Heart Association 2020 Guidelines](#)
- B. [Federal Public Health Improvement Act](#)
- C. [Michigan Public Act 173](#)
- D. [Michigan Public Act 23](#)

IX. APPENDICIES

- A. **Appendix A** – [AED Monthly Inspection Form](#) (emudps-ehs-f023)
- B. **Appendix B** – [AED Incident Report Form](#) (emudps-ehs-f024)
- C. **Appendix C** – [Campus AED Locations and AED Area Coordinators](#) (emudps-ehs-f068)
- D. **Appendix D** – [AED Request Form](#) (emudps-ehs-f030)

X. HISTORY

Revision	Date	Change(s)
0	11/16/2011	Initial release
1	8/31/2013	Updated to American Heart Association’s 2010 Guidelines, Philips FRx maintenance information added, annual maintenance change to EHS, updated contact and location information, deletion of annual inspection appendix, appendices updated.
2	12/15/2015	Updated to incorporate AED funded program changes, cabinet alarming, reference rearrangement to fit order in document, incorporation of DPS procedures for data download, document spacing and header revision.
3	1/5/2018	Selection criteria updated to AHA 2015 guideline. Deleted Cardiac Science AED inspection information and daily inspection checklist. Updated Appendix references to reflect deletion of daily inspection form. Inserted hyperlinks to forms and AED locations and AED coordinators. Deleted approvals section.
4	4/21/2021	Updated information on the AED Advisory Committee, deleted references to University Health Services as they are no longer on campus, updated hyperlinks, minor grammatical edits and updated history section to table format. Compliance with AHA 2020 guideline.