



Automated External Defibrillator (AED) Program

September 2018

Presented for review-Safety & Emerg Prep Mtg (8-24-18)
Reviewed/Approved - Safety & Emerg Prep Mtg (9-28-18)
Campus Comments/Info- President's Advisory Group (10-23-18)
Info./Brd Report- Board (10-24-18)

TABLE OF CONTENTS

1. PURPOSE	3
2. PROGRAM APPROVAL	3
3. ABBREVIATIONS.....	3
4. DEFINITIONS.....	3
5. REGULATIONS	4
6. PROGRAM MANAGEMENT	5
7. MEDICAL DIRECTION & STANDING ORDERS.....	5
8. EMS COORDINATION	6
9. SELECTION	6
10. CARRY CASE CONTENTS.....	6
11. PLACEMENT	7
12. INTERNAL RESPONDERS.....	7
13. TRAINING	7
14. PROCEDURE.....	8
15. INSPECTION.....	11
16. MAINTENANCE (Tyler Heart Institute and MPC Security.....	12
17. POST AED ACTIVATION.....	13
18. PROGRAM EVALUATION	14
19. RECORDKEEPING.....	14
20. REVISION	14
Attachment A – EMS Notification	15
Attachment B – AED Activation Form	17
Attachment C – AED Training Records	19
Attachment D – AED Tracker	21
Attachment E – AED Location sign	22
Attachment F – AED 2 page "How to Use" for posting	26
Attachment G - CR Plus Users Manual	26

1. PURPOSE

The purpose of this program is to establish a protocol for the use of an Automated External Defibrillator (AED) at Monterey Peninsula College (MPC) and to assist in the care of the Sudden Cardiac Arrest (SCA) victims.

2. PROGRAM APPROVAL

The AED Program Administrator or designee listed below must approve any changes to the MPC AED program before they are put into practice.

2.1.1. AED Program Administrator – Vice Pres. Admin. Svc – David Martin

3. ABBREVIATIONS

AED:	Automated External Defibrillator
AHA:	American Heart Association
Cal/OSHA	California Occupational Safety & Health Administration
CCR:	California Code of Regulations
CPR:	Cardio Pulmonary Resuscitation
EAP:	Emergency Action Plan
EMS:	Emergency Medical Services
FDA:	Food and Drug Administration
OSHA:	Occupational Safety & Health Administration
SCA:	Sudden Cardiac Arrest
THI:	Tyler Heart Institute

4. DEFINITIONS

“AED” means an automated external defibrillator capable of cardiac rhythm analysis, which will charge and, with or without further operator action, deliver a shock after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

4.1.1. These devices are known as fully or semi-automatic defibrillators.

“AED Service Provider” means any agency, business, organization or individual who purchases an AED for use in a medical emergency involving an unresponsive person who is not breathing.

Automated External Defibrillator Program

4.1.2. This definition does not apply to individuals who have an AED prescribed by a physician for use on a specifically identified individual.

“Cardiopulmonary Resuscitation” or “CPR” means a basic emergency procedure for life support, consisting of artificial respiration and manual external cardiac massage.

“EMS” means Emergency Medical Services.

“Internal Emergency Response System” means a plan of action and responders within a facility to activate the “9-1-1” emergency system, and which provides for the access, coordination, and management of immediate medical care to seriously ill or injured individuals.

“Lay Rescuer” means any person, not otherwise licensed or certified to use the AED, who has met the training standards of Title 22, and has been issued a prescription for use of an AED on a patient not specifically identified at the time the physician's prescription is given.

“Medical Director” means a physician, licensed in California, who issues a written order for the use of the automated external defibrillator to authorized individual(s), and who develops, implements, and maintains the medical control provisions specified in Title 22.

4.1.3. Per SB (Senate Bill) – 658, the medical director is no longer required to be responsible for the AED Program.

5. REGULATIONS

This program complies with all of the following regulations:

5.1.1. California Occupational Safety and Health Administration (Cal/OSHA), California Code of Regulations (CCR), Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 1.8. Lay Rescuer Automated External Defibrillator Regulations.

5.1.2. Cal/OSHA, California Civil Code (CCC), §1714.21, “Defibrillators.”

5.1.3. Cal/OSHA, California Health and Safety Code (CHSC), §1797.196, “AED or Defibrillators”.

5.1.4. Cal/OSHA, CCR, Title 8, General Industry Safety Orders (GISO), §3400, “Medical Services and First Aid”.

5.1.5. California Senate Bill (SB) 911 states that:

Automated External Defibrillator Program

- 5.1.5.1. A person who has completed a basic CPR and AED course and who, in good faith and not for compensation, renders emergency care or treatment by the use of an AED at the scene of an emergency shall not be liable for any civil damages resulting from any acts or omissions in rendering the emergency care.
- 5.1.5.2. A person or entity that provides CPR and AED training to a person who renders emergency care shall not be liable for any civil damages resulting from any acts or omissions of the person rendering the emergency care.
- 5.1.5.3. A physician who is involved with the placement of an AED and any person or entity responsible for the site where an AED is located shall not be liable for any civil damages resulting from any acts or omissions of a person who renders emergency care if that physician, person, or entity has complied with all requirements of §1797.196 of the Health and Safety Code that apply to that physician, person, or entity.
- 5.1.5.4. The protections specified in this section shall not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.
- 5.1.6. Title 22 §100036 states that any physician licensed in California may authorize an individual to apply and operate an AED on an unconscious, pulse less, patient who is apneic or has agonal respirations, only if that authorized individual has been successfully trained according to the standards prescribed by Title 22.
- 5.1.6.1. An individual shall be eligible for the training prescribed in Title 22 if the person has been trained in CPR, and has demonstrated proficiency in CPR practices to the satisfaction of the prescribing physician.

6. PROGRAM MANAGEMENT

MPC has established a centralized management system for the AED program.

The AED Program Administrator or designee is responsible for implementing and maintaining the AED program.

7. MEDICAL DIRECTION & STANDING ORDERS

- 7.1.1. A medical director or other physician and surgeon is no longer required to be involved in the acquisition or placement of an AED.

Automated External Defibrillator Program

The day-to-day management of the AED program is to be provided by the AED Program Administrator or designee.

The AED is to be used by trained personnel for patients that are:

- 7.1.2. Unconscious;
- 7.1.3. Not breathing; and/or
- 7.1.4. Have no pulse.

8. EMS COORDINATION

Notify an agent of the local EMS agency of the existence, location, and type of AED acquired. Program Administrator or designee

The AED Program Administrator or designee will complete the EMS notification form in Attachment A and forward to the local EMS provider.

- 8.1.1. The Program Administrator or designee is to keep a copy of the filled-out form in Attachment A.

9. SELECTION

The AED selected meets the recommendations of the American Heart Association (AHA) Guidelines for CPR and Emergency Cardiovascular Care.

The AED used at this site is:

- 9.1.1. Manufacturer: LIFEPAK-Physio Control (See Attachment D: AED TRACKER
- 9.1.2. Model number: Physio Control LIFEPAK CR Plus (See Attachment D: AED TRACKER

The pad expires in 3 years (See Attachment D: AED TRACKER)

The battery expires in 3 years. (See Attachment D: (AED TRACKER)

10. CARRY CASE CONTENTS

In addition to the AED, the following medical equipment and supplies are included in the carry case to support the safe and complete management of workplace cardiac emergencies.

- 10.1.1. Nitrile glove
- 10.1.2. Extra AED electrode pad
- 10.1.3. Razor (to shave chest hair)
- 10.1.4. Dressing (to dry sweat from the chest or after removal of a nitroglycerine transdermal patch)

- 10.1.5. EMT scissors (to cut off clothing or undergarments to allow access to bare skin on the patient chest)
- 10.1.6. One-way valve for mouth to mouth resuscitation
- 10.1.7. AED manual.

11. PLACEMENT

AEDs are to be placed in locations throughout MPC that will allow initiation of resuscitation and use of the AEDs (the “drop-to-shock” interval) within 3-5 minutes of recognized cardiac arrest.

AEDs have been placed in the following locations:

- 11.1.1. AED #1 through 10– (See Attachment D: AED TRACKER)

When an AED is placed in a building, the building owner (MPC) shall do all of the following:

(Note: Tyler Heart Institute conducts a **one hour** inservice training for the building occupants upon AED installation):

- 11.1.2. At least once a year, notify the occupants as to the location of the AED units and provide information to tenants about who they can contact if they want to voluntarily take AED or CPR training.
- 11.1.3. At least once a year, offer a demonstration to at least one person associated with the building so that the person can be walked through how to use an AED properly in an emergency. Tyler Heart Institute will conduct an annual campus-wide training for the AED.

- 11.1.3.1. **The building owner may arrange for the demonstration or partner with a non-profit organization to do so.**

- 11.1.4. Next to the AED, post instructions, in no less than 14-point type, on how to use the AED. See Attachment F – “Using the Defibrillator (2 page step by step).

12. INTERNAL RESPONDERS

This AED program is a part of MPC’s Emergency Action Plan (EAP).

13. TRAINING

The AED training shall include the following topics and skills:

- 13.1.1. Proper use, maintenance and periodic inspection of the AED
- 13.1.2. CPR

Automated External Defibrillator Program

- 13.1.3. Defibrillation
- 13.1.4. Overview of the local Emergency Medical Services (EMS) system, including 9-1-1 access, and interaction with EMS personnel
- 13.1.5. Assessment of an unconscious patient to determine if cardiac arrest has occurred and the appropriateness of applying and activating an AED
- 13.1.6. Information relating to defibrillator safety precautions to enable the individual to administer shock without jeopardizing the safety of the patient or the authorized individual or other nearby persons
- 13.1.7. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged
- 13.1.8. Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary and,
- 13.1.9. Authorized individual's responsibility of continuation of care, such as the repeated shocks if necessary, and/or accompaniment to the hospital, if indicated, or until the arrival of more medically qualified personnel.

Any employee that is expected to provide emergency response as a condition of their employment or job description will be trained in the use of a CPR and AED.

The CPR/AED training will be done according to guidelines set forth by The American Heart Association and the Red Cross.

- 13.1.10. The initial training will be for a minimum of 8 hours.

- 13.1.10.1. Refresher training will be provided annually for at least 4 hours. (Or every 2 years for 8-hour training.**

Tyler Heart Institute will offer on an annual basis voluntary AED refresher training to any employee or staff member of MPC. See documented trainings under Campus Safety "Important Documents".

The AED Program Administrator or designee shall document the AED training (CPR-1st Aid AED 8 Hr & Refresher) and maintain a copy of the training records for AED users in Attachment C.

14. PROCEDURE

The following procedures are to be used when responding to a medical emergency, which may require the use of an AED.

Assess scene safety:

- 14.1.1. Is the scene free of hazards such as:

Automated External Defibrillator Program

- 14.1.1.1. Electrical dangers (downed power lines, electrical cords, etc.)
- 14.1.1.2. Chemical (hazardous gases, liquids or solids, smoke, etc.)
- 14.1.1.3. Harmful people (anyone that could potentially harm you)
- 14.1.1.4. Traffic (make sure you are not in the path of traffic)
- 14.1.1.5. Fire or flammable gases such medical oxygen, cooking gas, etc.

If it is safe to approach the patient open the AED carry case to allow access to the AED and accessories.

Put on a pair of Nitrile gloves (if available).

Determine if patient is Unresponsive:

- 14.1.2. Tap and shout **“Are you OK?”**

If no response, activate the site contingency plan:

- 14.1.3. Point to someone and say:

- 14.1.3.1. **“YOU” call 9-1-1.**
- 14.1.3.2. **Tell the operator that we have an unconscious person.**
- 14.1.3.3. **Tell the operator the location of the patient**
- 14.1.3.4. **Then come back.”**

- 14.1.4. If no one is around, call the emergency number and provide information on emergency, location and actions to take before providing any additional aid.

Follow the ABCD of medical response:

- 14.1.5. C: Circulation
- 14.1.6. A: Airway
- 14.1.7. B: Breathing
- 14.1.8. D: Defibrillation

C: Circulation. Check for a carotid pulse by placing two fingers on the neck to the side of the trachea.

A: Airway. Place a hand on the patient’s head and one under their chin and lift the chin to open the airway.

B: Breathing. Place your head near the patient’s face to determine if patient is breathing.

- 14.1.9. Look, listen and feel for breathing.

- 14.1.10. If not breathing:

- 14.1.10.1. Using the one-way valve mask (if available) ventilate the patient twice.

Automated External Defibrillator Program

14.1.10.2. Make sure the chest rises when you ventilate.

14.1.10.3. **If no pulse, no movement, not breathing normally or at all, deploy the AED using the following steps:**

1. Place your defibrillator near the victim and on the side next to you. Press the *on/off* button to open the lid and turn on your defibrillator. Remain calm. Your defibrillator will guide you through the defibrillation process.
2. Expose the victim's chest. If the chest is excessively hairy, quickly shave the hair if possible for best contact in the area where you will place the pads. If the chest is dirty or wet, wipe the chest clean and dry. If there are medicine patches on the victim's chest, remove them.
3. Hold down the left side of the electrode packet with one hand and pull the red packet handle down with the other. The electrode packet tears open.
4. Tear open the packet completely to remove the pads. A small piece of the packet will remain attached to your defibrillator.
5. Separate the electrode pads, one at a time, from the blue plastic. Use these pads on adults or children 8 years of age or more, who weigh 25 kg (55 pounds) or more. For infants or children who are less than 8 years of age or who weigh less than 25 kg (55 pounds), special electrodes can be used if available. Warning if you cannot determine a child's age or weight, or if special infant/child electrodes are not available, proceed with the existing electrode pads, and continue on to the next step.
6. Apply the electrode pads to the victim's bare chest (exactly as shown in the picture on the pads). Be sure to press firmly so that the pads completely adhere to the victim's chest. Note: be sure you do not place the electrode pads over an implanted device such as an implanted pacemaker or icd. An indication of an implant is a protrusion in the chest skin and a scar. If you are in doubt, apply the pads as shown on the labels.

Automated External Defibrillator Program

7. Listen to voice instructions and do not touch the victim unless instructed to do so.

8. If the defibrillator heart rhythm analysis determines that a shock is needed, the defibrillator will announce *preparing to shock*, and then instruct you to *press flashing button* to administer a shock (semiautomatic model) or it will announce *preparing to shock*, and then automatically administer a shock without requiring further action (fully automatic model).

9. Do not touch victim while a shock is delivered.

14.1.11. Do not remove the pads or disconnect them from the defibrillator until emergency medical personnel arrive. If the victim starts moving, coughing, or breathing regularly, place the victim in the recovery position (as instructed in CPR training) and keep them as still as possible.

14.1.12. If the patient regains consciousness, make them as comfortable as possible until ambulance personnel arrive on scene. Once the EMS provider arrives on site advise them of the following:

14.1.13. If the patient has been shocked, and if, so how many times.

14.1.14. If the patient has received CPR.

14.1.15. Estimated time that the patient passed out, stopped breathing or had no pulse

14.1.16. If the cardiac arrest was witnessed or not.

15. INSPECTION

The AED display panel has an "OK" light indicating the unit is ready to use. If anything other than "OK" is displayed the 1-800 number on the tag should be called

15.1.1. The AED will also alarm if the pads are removed from the unit.

15.1.2. If the audible alarm has been activated or the indicator is red notify the AED Program Administrator or designee.

Automated External Defibrillator Program

Ensure that an inspection is made of all AEDs on the premises at least every 90 days for potential issues related to operability of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the AED. (Note: MPC is enrolled in the THI monthly readiness check wherein a building member or member of Security conducts the check by visiting a portal: tylerheart.onlineoversight.com.)

15.1.3. It is recommended that the status indicator be checked daily to ensure it reads "OK" in the window. (Suggest a building member check.)

15.1.4. When the indicator is "OK", the unit is ready for a rescue.

15.1.5. If the indicator shows other than "OK", refer to the trouble-shooting guide in your user's manual and notify Security or the Program Administrator or designee.

16. MAINTENANCE (TYLER HEART INSTITUTE AND MPC SECURITY).

Ensure that the AED is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer.

It is important that AEDs be maintained in optimal working condition. Inspect the AED upon unpacking it for the first time by:

- Checking the "use by" date for pads/battery life and that the "OK" symbol is displayed through the window. The AED should arrive ready to use with the battery charged and pads in place.
- Make sure the speaker is working by opening the lid release button which should activate a voice prompt "Call for help now!" Then turn off device by holding the button for a few seconds as it powers down. A visual inspection of the AED in its case for the "OK" sign is all that is required as an inspection. The AED does periodic self checks and will indicate other than "OK" if it requires maintenance. Do not open the case unless necessary as this uses up battery life.

16.1.1. See "Required Maintenance" section in the AED user's manual for proper annual maintenance procedure.

The pads and batteries are to be replaced every 3 years. Pads and batteries have visible replacement/expiration dates). THI sends a monthly reminder to Security for AED checks as well as notification as to when each unit's pads and batteries require replacement.

The AED accessories will be maintained as recommended by the manufacturer or supplier.

Automated External Defibrillator Program

The Program Administrator or designee and Tyler Heart Institute shall monitor the FDA and the manufacturer for product recalls and corrective actions

All emergency equipment will be evaluated, serviced, or replaced as necessary following use.

16.1.2. If during use any adverse field events occur, the Program Administrator or designee will file a report with the FDA and the manufacturer.

The AED Program Administrator or designee will maintain records of the dates and details of servicing or replacement of AEDs or ancillary equipment and supplies.

The AED Program Administrator or designee should assign a number to each AED and then track each AED's pertinent information using the AED tracker form in Attachment E.

The Tyler Heart Institute (THI), Program Administrator or designee will conduct software and firmware updates in keeping with manufacturer requirements.

16.1.3. This task will be Documented on the AED Tracker Form

17. POST AED ACTIVATION

After an incident during which an AED was activated the AED Program Administrator or designee will download the rescue data from the AED and submit to the appropriate medical facility.

17.1.1. Fill out the AED Activation Form (Attachment B) and submit to the Program Administrator or designee.

17.1.2. The Program Administrator or designee and THI will conduct a medical review of every use of an AED.

17.1.3. The AED Program Administrator or designee will also notify the local EMS of the AED activation using the appropriate form. The AED can then be put back into service after the following steps are taken:

17.1.4. Remove the used pads from the AED and replace it with the extra pads stored in the carry case.

17.1.5. Make sure that any other supplies used during the incident are replaced.

17.1.6. Make sure the unit is not contaminated with blood.

17.1.7. Place the AED back in service.

18. PROGRAM EVALUATION

The AED Program Administrator or designee or designee will evaluate the AED program and policies annually and after an event to ensure that the program is being effectively implemented and is up to date.

18.1.1. To comply with this section the Program Administrator or designee will keep a running “Update” log in Section 20 – Revision.

Any problems that are identified during this assessment shall be evaluated and corrected if necessary.

19. RECORDKEEPING

The following records shall be kept:

19.1.1. EMS AED notification form.

19.1.2. AED-related training including names of instructors, personnel trained, courses completed, and dates of initial, review, renewal, or skill practice classes;

19.1.3. AED service and updates; and

19.1.4. Completed AED activation form.

19.1.5. Medical reviews of AED implementation.

19.1.6. Program evaluation.

20. REVISION

Initial program development date:

20.1.1. November 13, 2016 (Draft).

Updated:

20.1.2. March 7, 2017 (Draft).

20.1.3. September 2018.

Attachment A - EMS Notification

Automated External Defibrillator Program

EMS NOTIFICATION FORM

COMPANY NAME: Monterey Peninsula College

ADDRESS: 980 Fremont Street
Monterey, CA 93940

AED PROGRAM ADMINISTRATOR NAME: Vice Pres., Admin. Svc. David Martin
Contact: Suzanne Ammons, Admin Svc.

AED PROGRAM ADMINISTRATOR NUMBER: 831-646-4040

DATE AED PLACED IN SERVICE: (See attachment D).

AED BRAND AND MODEL: Physio Control Lifepak CRplus

AED ONSITE STORAGE LOCATION: (1) Stu. Health Svc (Stu. Svc. Bldg), (2) Fitness Ctr Bldg, (3) Library Tech. Ctr, (4) Security (Stu. Ctr), (5) Lecture Forum, (6) Pool, (7) Early Childhood Ed Ctr., (8) Theater, (9) Education Ctr at Marina, (10)-Stu. Svc Bldg Lobby (pending) (11) *Public Safety Training Ctr- AED owned by South Bay Public Safety Training Consortium.*

AED TRAINING PROVIDED BY: Tyler Heart Institute- 1 hour AED Training Annually
Enviro Safetech, Inc 408-943-9090 (7 HR CPR-1st Aid & AED plus refresher)

NUMBER TRAINED: Refer to training records

DATE TRAINING COMPLETED: June 19, 2015 (8Hr), August 30, 2017 (4 Hr)

REFRESHER TRAINING TO BE PROVIDED: THI- Annual 1 hour/Enviro Safe Tech- 8 hr/4 HR refresher.

MEDICAL DIRECTOR: Tyler Heart Ins.

EMS TELEPHONE: 911

EMS DEPARTMENT NAME: Monterey Fire Dept – non emergency (831) 646-3900

EMS DEPARTMENT CONTACT NAME: _____

EMS MAILING ADDRESS: _____

EMS CITY, STATE & ZIP: _____

Date EMS notified: _____

Attachment B - AED Activation Form

AED ACTIVATION FORM

- 1- DATE & TIME ACTIVATED: _____
 - 2- PATIENT NAME: _____
 - 3- PATIENT AGE: _____ GENDER: _____
 - 4- INCIDENT LOCATION: _____
 - 5- WAS SCA WITNESSED? _____
 - 6- WAS PATIENT BREATHING? _____
 - 7- BYSTANDER CPR PROVIDED? _____
 - 8- CARDIAC ARREST UPON ARRIVAL? _____
 - 9- NUMBER OF DEFIBRILLATIONS: _____
 - 10- EFFORTS TERMINATED IN FIELD (circle)? YES NO
 - 11- ANY COMPLICATIONS? _____

 - 12- COMMENTS: _____

- COMPLETED BY: _____ DATE: _____

Please send to the AED Program Administrator or designee (VP Admin Svc) and medical director Dr. Deborah Brown (Student Hlth Svc), Deena Haynes (Tyler Heart Inst- CHOMP).

Attachment C - AED Training Record

Automated External Defibrillator Program

Training 8 HR CPR/1st Aid & Refresher (See separate Inservice 1 hr trainings by THI)

TRAINING ROSTER:

Jul 1, 2015

Enviro Safetech

Your SAFETY is Our Business
2160-B Oakland Road, San Jose, CA 95131
tel: (408) 943-9090 fax: (408) 943-9292
web: www.envirosafetech.com



Company	First - Last Name	Course Name	Score	Training Date	Certificate Expiration	Certificate Number	Instructor Name
NCCCP - MPC	Suzanne Ammons	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70291	Jeff Madigan
NCCCP - MPC	Brianna Anderson	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70277	Jeff Madigan
NCCCP - MPC	Carlis Crowe	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70279	Jeff Madigan
NCCCP - MPC	Nicole Dunne	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70285	Jeff Madigan
NCCCP - MPC	Aletia Egipciaco	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70286	Jeff Madigan
NCCCP - MPC	Julia Fields	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70281	Jeff Madigan
NCCCP - MPC	Kevin Haskin	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70289	Jeff Madigan
NCCCP - MPC	Pete Olsen	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70287	Jeff Madigan
NCCCP - MPC	Vicki Rhea	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70288	Jeff Madigan
NCCCP - MPC	Albert Rivas IV	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70290	Jeff Madigan
NCCCP - MPC	Deborah Ruiz	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70282	Jeff Madigan
NCCCP - MPC	Brian Streetman	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70292	Jeff Madigan
NCCCP - MPC	Rushia Turner	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70280	Jeff Madigan
NCCCP - MPC	Loran Walsh	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70276	Jeff Madigan
NCCCP - MPC	Charlene Wells	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70283	Jeff Madigan
NCCCP - MPC	Christine Wood	First Aid/CPR/AED Certification	100	6/19/15	6/18/17	70284	Jeff Madigan



See Separate THI 1 Hour Inservice Trainings under Safety Documents.

Attachment D – AED Tracker

AED TRACKER PLACEMENT LOCATIONS

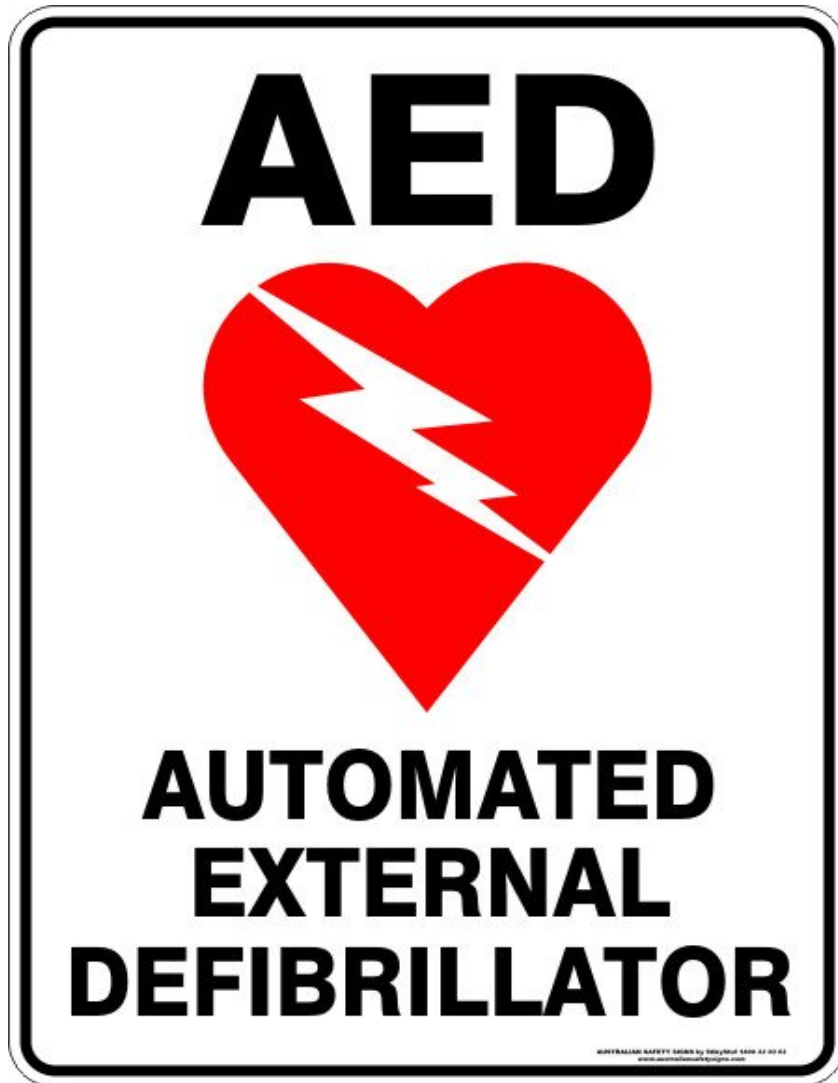
From Sect. 9 AED Selection/Sect 11 Placement: Exp.: Pads Batteries

AED #1 – Student Health Svc – Dr. Deborah Brown/Leann Contapay LifePak Plus Serial #45134979 –(replaced spring 2017)	8/11/19	8/11/19
*AED #2 – Fitness Center - P.E. – Jeff McCart LifePak Plus Serial # 34255548	04/01/21	04/01/21
AED #3 – LTC 2ND Floor/ Main Floor – Kevin Haskin LifePak Plus, Serial # 38664205	<u>*10/18/20</u>	<u>10/18/20</u>
AED #4 – Security – JoAnna Butron LifePak Plus, Serial #.45219156	9/8/19	9/8/19
AED #5 - Lecture Forum Hallway –Kalen Edwards LifePak Plus Serial # 45199987	9/8/19	9/8/19
AED #6 – Education Center at Marina – Georgina Reinke LifePak Plus, Serial # 45197058	-9/8/19	9/8/19
AED #7 – Child Dev Ctr – Jeff Procive LifePak Plus- Serial # 45219175	9/8/19	9/8/19
	(pediatric pads exp 10/24/19)	
AED #8 Theater – Doug Ridgeway LifePak Plus – Serial # 45219153	9/8/19	9/8/19
AED # 9 Pool – Amber Thompson LifePak Plus – Serial # 45200057	9/8/19	9/8/19
AED #10 –(Pending) Student Svc Bldg (1 st Flr Lobby)	TBA	
AED #11 - Public Safety Training Center (Seaside) David Brown (Program managed by South Bay Public Safety Training Consortium)	9/2016	2020/01

Security conducts monthly checks as prompted by Tyler Heart Institute program (Ed Center at Marina conducts own checks).

Updated October 2018.
Suzanne Ammons

Attachment E - AED Location Signs SAMPLE



On Wall near Stairwell 

Attachment F Attachment F -

AED “How To Use”

2 page instructions for posting at AED

see next page

Using the Defibrillator Using page 1 of 2

Basic Steps for Using the LIFEPAK CR Plus or LIFEPAK EXPRESS Defibrillator
Responding to an SCA emergency using the defibrillator involves these basic steps:



Determine if the victim is in SCA (Sudden Cardiac Arrest). A person in SCA will not respond.

Check for breathing by listening next to the victim's mouth and looking for chest movement.



Use your defibrillator only if the victim is not responding, not moving, and not breathing normally or not breathing at all. If in doubt, use your defibrillator.

Place your defibrillator near the victim and on the side next to you. Press the **ON/OFF** button to open the lid and turn on your defibrillator. Remain calm. Your defibrillator will guide you through the defibrillation process.



Expose the victim's chest. If the chest is excessively hairy, quickly shave the hair if possible for best contact in the area where you will place the pads. If the chest is dirty or wet, wipe the chest clean and dry. If there are medicine patches on the victim's chest, remove them.



Hold down the left side of the electrode packet with one hand and pull the red packet handle down with the other. The electrode packet tears open. Tear open the packet completely to remove the pads. A small piece of the packet will remain attached to your defibrillator.

Automated External Defibrillator Program

Using the Defibrillator page 2 of 2



Separate the electrode pads, one at a time, from the blue plastic. Use these pads on adults or children 8 years of age or more, who weigh 25 kg (55 pounds) or more. For infants or children who are less than 8 years of age or who weigh less than 25 kg (55 pounds), special electrodes can be used if available.

WARNING If you cannot determine a child's age or weight, or if special infant/child electrodes are not available, proceed with the existing electrode pads, and continue on to the next step.



Apply the electrode pads to the victim's bare chest (exactly as shown in the picture on the pads). Be sure to press firmly so that the pads completely adhere to the victim's chest.

Note: Be sure you do not place the electrode pads over an implanted device such as an implanted pacemaker or ICD. An indication of an implant is a protrusion in the chest skin and a scar. If you are in doubt, apply the pads as shown on the labels.



Listen to voice instructions and do not touch the victim unless instructed to do so.



If the defibrillator heart rhythm analysis determines that a shock is needed, the defibrillator will announce *PREPARING TO SHOCK*, and then instruct you to *PRESS FLASHING BUTTON* to administer a shock (semiautomatic model) or it will announce *PREPARING TO SHOCK*, and then automatically administer a shock without requiring further action (fully automatic model).

Do not touch the victim while a shock is delivered.

Regardless of which model you have, continue to follow the voice instructions.

Do not remove the pads or disconnect them from the defibrillator until emergency medical personnel arrive. If the victim starts moving, coughing, or breathing regularly, place the victim in the recovery position (as instructed in CPR training) and keep him or her as still as possible.

source: LifePAK CR Plus & LIFEPAK EXPRESS Defibrillator Operating Instructions



Attachment G – AED Operating Instructions
Manual- posted separately



LIFEPAK CR^{Plus} DEFIBRILLATOR

LIFEPAK EXPRESS DEFIBRILLATOR

OPERATING INSTRUCTIONS

