Automated External Defibrillator (AED) Program
BEREA COLLEGE

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) POLICY

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart’s electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart’s normal function of pumping blood resulting in sudden death. An effective treatment for this condition can be the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of VF.

An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest (SCA). 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.

AED Program Coordinator

The current AED Program Coordinator at Berea College is Mr. Mike Morris, Occupational Health and Safety Manager.

Responsibilities:

- Selection of emergency response team (ERT) members and updating of response teams as needed
- Coordination of training for emergency responders
- Coordinating equipment and accessory maintenance
- Revision of this policy as required
- Monitoring the effectiveness of the AED program
- Communication with the Medical Advisor on all medical issues related to the AED program including post event summaries

Medical Control

The current Medical Advisor for Berea College (To Be Determined)

Responsibilities:

- 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-event review forms and digital files downloaded from AED

**Authorized AED Users**

- Any trained person (volunteer responder) who has successfully completed an approved CPR+AED training program within the last two years and has a current successful course completion card on file with the AED Program Coordinator. *All responders should first call 911 or campus extension 3333 (Public Safety) for emergency assistance.*

**Volunteer Responder Responsibilities**

- Anyone can, at their discretion, provide voluntary assistance to victims of medical emergencies. The extent to which these individuals respond shall be appropriate to their training and experience. These responders are cautioned to contribute to emergency response only to the extent of their training and experience. The emergency medical response of these individuals may include CPR, AED or other first aid. *All responders should first call 911 or campus extension 3333 (Public Safety) for emergency assistance.*

**Equipment**

The AED and first aid emergency care kit will be brought to all medical emergencies. The AED can only be used on any person who is *at least 8 years of age and displays ALL the symptoms of cardiac arrest.* The AED will be placed only after all of the following symptoms are confirmed:

- 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

**Location of AEDs**

<table>
<thead>
<tr>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture Building</td>
<td>Outside building manager office, 2nd Floor</td>
</tr>
<tr>
<td>Athletics</td>
<td>Training room</td>
</tr>
<tr>
<td>Athletics</td>
<td>Training room</td>
</tr>
<tr>
<td>Alumni Building</td>
<td>Next to campus life door</td>
</tr>
<tr>
<td>Anna Smith</td>
<td>1st floor lobby</td>
</tr>
<tr>
<td>Bingham Hall</td>
<td>1st floor lobby</td>
</tr>
<tr>
<td>Blue Ridge Hall</td>
<td>1st floor, first stairwell</td>
</tr>
<tr>
<td>Boone Tavern</td>
<td>Office behind front desk</td>
</tr>
<tr>
<td>Broom Craft/Woodcraft</td>
<td>Warehouse area</td>
</tr>
<tr>
<td>Child Development</td>
<td>Behind front desk</td>
</tr>
<tr>
<td>Location</td>
<td>Location Information</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>Child Development Pedi pad</td>
<td>Behind front desk</td>
</tr>
<tr>
<td>Dana Hall</td>
<td>1st floor lobby</td>
</tr>
<tr>
<td>Deep Green Dorm</td>
<td>1st floor lobby</td>
</tr>
<tr>
<td>Draper Building</td>
<td>2nd floor outside building manager office</td>
</tr>
<tr>
<td>Edwards Building</td>
<td>1st floor lobby</td>
</tr>
<tr>
<td>Elizabeth Rogers</td>
<td>1st floor</td>
</tr>
<tr>
<td>Emery Building</td>
<td>1st floor lobby</td>
</tr>
<tr>
<td>Facilities Management</td>
<td>Carpenter Shop</td>
</tr>
<tr>
<td>Fairchild Hall</td>
<td>1st floor lobby</td>
</tr>
<tr>
<td>Farm Store</td>
<td>Main area</td>
</tr>
<tr>
<td>Frost Building</td>
<td>1st floor near building manager office</td>
</tr>
<tr>
<td>Home Management</td>
<td>1st floor</td>
</tr>
<tr>
<td>Hutchins Library</td>
<td>Behind front desk</td>
</tr>
<tr>
<td>Danforth TAD Building</td>
<td>Outside of B16</td>
</tr>
<tr>
<td>Danforth TAD Pedi Pad</td>
<td>Outside of B16</td>
</tr>
<tr>
<td>Danforth TAD Building</td>
<td>Beside metal shop</td>
</tr>
<tr>
<td>Danforth TAD Pedi Pad</td>
<td>Beside metal shop</td>
</tr>
<tr>
<td>Danforth TAD Building</td>
<td>Front door</td>
</tr>
<tr>
<td>Danforth TAD Pedi Pad</td>
<td>Front door</td>
</tr>
<tr>
<td>James Hall</td>
<td>Lobby</td>
</tr>
<tr>
<td>Jelkyl Drama</td>
<td>At coat check desk</td>
</tr>
<tr>
<td>Kettering Building</td>
<td>Lower lobby</td>
</tr>
<tr>
<td>Knapp Hall</td>
<td>1st floor</td>
</tr>
<tr>
<td>Lincoln Hall</td>
<td>Next to 1st floor elevator</td>
</tr>
<tr>
<td>Log House</td>
<td>Sales counter</td>
</tr>
<tr>
<td>MAC Science</td>
<td>2nd floor outside building manager office</td>
</tr>
<tr>
<td>MAC Science</td>
<td>4th floor</td>
</tr>
<tr>
<td>Middletown School</td>
<td>Side lobby entrance</td>
</tr>
<tr>
<td>Hafer-Gibson Building</td>
<td>Front door</td>
</tr>
<tr>
<td>Hafer-Gibson Pedi pad</td>
<td>Front door</td>
</tr>
<tr>
<td>Outreach center</td>
<td>Visitor center lobby</td>
</tr>
<tr>
<td>Pearson Hall</td>
<td>1st floor lobby</td>
</tr>
<tr>
<td>Phelps Stokes</td>
<td>Near main entrance</td>
</tr>
<tr>
<td>Presser Hall</td>
<td>Main floor, beside bathrooms</td>
</tr>
<tr>
<td>Rogers Arts Building</td>
<td>Behind front desk</td>
</tr>
<tr>
<td>Seabury Center</td>
<td>1st floor at equipment checkout</td>
</tr>
<tr>
<td>Seabury Center</td>
<td>2nd floor</td>
</tr>
<tr>
<td>Seabury Hall</td>
<td>lobby</td>
</tr>
<tr>
<td>Stephenson Hall</td>
<td>1st floor</td>
</tr>
<tr>
<td>KY/Talcott Hall</td>
<td>1st floor lobby</td>
</tr>
<tr>
<td>Public Safety Truck</td>
<td>Inside truck</td>
</tr>
<tr>
<td>Woods Penn Hall</td>
<td>Beside CPO</td>
</tr>
</tbody>
</table>

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Each AED will have at least one set of defibrillation electrodes. One resuscitation kit will be stored with the AED pads. This kit will typically contain one pair of gloves, one razor, one pair scissors one pre-moisten towelette, one dry towel, and one facemask barrier device.

**Initial Training**

Employees/Staff:

- Employees or staff desiring to be an AED responder must complete training adequate to provide CPR and use the AED. Training will be provided periodically on site at the College. Such AED training must be a course approved by the Kentucky Department of Health or other state agency having authority. The AED Program Coordinator shall maintain training records for the ERT members.

**Volunteer Responders**

- These responders will possess varying degrees of training in emergency medical response from both within and outside of the College. Volunteer responders can assist in emergencies, but must only participate to the extent reasonably allowed by their training and experience. Volunteer responders may have training adequate to administer first aid, CPR and use of the AEDs deployed on the College campus. *Any volunteer wishing to potentially use one of the AEDs deployed on campus should have successfully completed a state approved AED course including CPR within the last two years.* The College will not maintain training records for the volunteer responders.

**Refresher Training**

- Employee/Staff members will renew CPR and AED training as required.
- Employee/Staff members will receive periodic remedial training in the use of the AED. This can also be accomplished through simulated drills.
- Volunteer responders should obtain documented renewal training at least once every two years. Volunteer responders are encouraged to periodically refresh their AED skills.

**Medical Response Documentation**

Post Event Documentation:

- The Event Summary Form shall be completed post event by the employee or staff member involved and submitted to the AED Program Coordinator.
- Data will be downloaded from the AED and a copy submitted to the Medical Director.
Equipment Maintenance

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:

- The administrative office shall be informed of changes in availability of emergency medical response equipment.
- If equipment is withdrawn from service, the office shall be informed and then notified when equipment is returned to service.
- The administrative office shall be responsible for informing response teams of changes to availability of emergency medical equipment.
- The AED Program Coordinator shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected according to procedures.

Annual System Assessment

Once each calendar year, the AED Program Coordinator or designee shall conduct and document a system readiness review. This review shall include review of the following elements:

- Training records
- Equipment operation and maintenance records

AED System Check

The AED Program Coordinator or their designee will conduct a systems check:

- A monthly visual check will be completed as to its state of readiness
  - A Semi-Annual inspection will be performed using the following criteria:
    - Is the green check showing that the unit is ready to use?
    - Is the unit clean, undamaged, and free of excessive wear?
    - Are there any cracks or loose parts in the housing?
    - Verify that electrodes are within their expiration date.
    - Verify electrodes are connected to the unit and sealed in their package. Replace if expired.
    - Are all cables free of cracks, cuts and exposed or broken wires?
    - Turn the unit on and off and verify the green check indicates ready for use.
    - Batteries within expiration date. Replace if expired.
    - Check for adequate supplies (mask, gloves, extra batteries)
• Alarm (if present) on AED Box operates correctly

Post Event Review

The AED Program Coordinator or designee will review the Event Summary Form to ensure appropriate procedures were followed. If deemed necessary, the ERT may meet to summarize the incident or receive critical incident debriefing.

BEREA COLLEGE
Emergency Procedure for use of
Automated External Defibrillators

Note: If an AED is not immediately available, perform CPR until the AED arrives on the scene.

Use of the AED is authorized for emergency response personnel trained in CPR and use of the AED.

IN CASE OF AN EMERGENCY AT BEREA COLLEGE

☐ Assess scene for safety before approaching the patient
☐ Follow universal precautions
☐ Assess airway, breathing, and circulation. If there is no sign of circulation (normal breathing, coughing, or movement), call 911 and obtain the AED
☐ Perform CPR until the defibrillator is applied
☐ Turn on the AED – follow voice prompts
☐ Stop CPR
☐ Apply pads to patient’s bare chest (it may be necessary to shave chest hair) ☐ Stand clear of victim while machine analyzes heart rhythm

SHOCK ADVISED

☐ Clear area, making sure no one is touching the victim
☐ Push the shock button when instructed. Device will analyze and shock up to three times
☐ After three shocks, device will prompt to check pulse (or for breathing and movement) and if absent, start CPR. If pulse and/or signs of circulation such as normal breathing and movement are absent, perform CPR for one minute. Device will countdown one minute of CPR and will analyze when CPR is over
☐ Continue to follow voice prompts until EMS arrives

NO SHOCK ADVISED
Device will prompt to check for pulse, breathing or movement. If absent, start CPR
If pulse and/or signs of circulation (normal breath, and movement) are absent perform CPR for one minute
If pulse, signs of circulation are present, check for normal breathing. If victim is not breathing, give rescue breaths at a rate of 12 per minute. AED will re-analyze after one minute
Continue cycles of analysis, shock (if advised), and CPR until EMS help arrives. Victim must be transported to hospital
Leave AED attached to victim until EMS arrives and disconnects AED
Complete an Event Summary Form
AED data will be downloaded within 24 hours (weekdays), and a copy, along with the Event Summary Form, will be submitted to the Medical Director
After use, the AED will be cleaned and stocked with new electrodes and resuscitation kit.

USE OF THE AED DURING EVENINGS, WEEKENDS, AND NON-CLASS DAY HOURS

Trained staff may not be available to assist in the event of an emergency
If an individual has been trained in CPR and the use of the AED, they may use the AEDs available on campus at Seabury Center, and in the following buildings: Nursing, Alumni Building, Presser Hall, Ind Tech, Woods Penn, Library, Drama Building, and Lincoln Hall, access to these buildings may not be readily available during non-class hours.
There are phones available to call 911 or Public Safety at on-campus extension 3333
Notify the Medical Advisor and AED Program Coordinator in the event that an AED has been used
Berea College assumes no liability for rendering of care or use of the AED by unauthorized persons.
AED SITE INFORMATION FORM FOR EMS

AED SERIAL # ________________________________
PAD EXPIRATION DATE ________________________________

AED Site/Location: ________________________________
Site Address: ______________________________________
Type of Business: ______________________________________
Work Hours (regular hours): ________________________________
Number of people at site each day: ___________ After Hours_____________________
AED program coordinator: ________________________________
Telephone #: __________________ Fax #: __________________
E-mail: __________________________________________

Type of AEDs: ______________________________________
Number of AEDs: ________________________________

Location of AEDs:
# 1 _____________________________________ # 2 _____________________________________
# 3 _____________________________________ # 4 _____________________________________
# 5 _____________________________________ # 6 _____________________________________
Date AED put into service: ________________________________

Training Program: ______________________________________
Name of instructor: ____________________ Tel #: __________________
Number of people trained: __________________________________________________________

Date training complete: _____________________ Renewal Date: _______________________

Medical Director: ___________________________ Tel #: ________________________________ Local Fire Dept.: _______________________________________________________________________

EVENT SUMMARY FORM

Location of Event: _________________________________________________________________

Date of Event: ___________________________ Time of Event _____________________________

Patient Information:
Name: ___________________________________________________________________________

Address: _________________________________________________________________________

Phone #: _________________________________________________________________________

Age: _______ Gender: Male: _________ Female: ____________________________

Witnessed arrest: Yes: _____________ No: ______________________________

Breathing upon arrival of designated responders: Yes ☐ No ☐

Pulse or signs of circulation upon arrival of designated responders: Yes ☐ No ☐

Was 911 activated? Yes ☐ No ☐

Total number of shocks: ___________________________________________________________

Did Victim….

Regain a pulse? Yes ☐ No ☐

Resume breathing? Yes ☐ No ☐

Regain consciousness? Yes ☐ No ☐

Any complications? Yes ☐ No ☐
Additional Comments: ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Name of trained rescuer(s):

Signature of person completing form: