



St. Margaret Mary Catholic Community AED Program

(December, 2012)



St. Margaret Mary Catholic Community AED Program Summary

As of 12/2012 St. Margaret Mary Catholic Community will have an AED program to treat victims who experience sudden cardiac arrest. The major components of the program include:

- Expected users will receive training in CPR/AED on a regular basis.
- The AED will be maintained and tested according to manufacturer's guidelines.
- There is medical oversight of the program by a physician.
- EMS will be notified if the AED is activated as soon as possible.
- An AED incident report will be sent to the medical director after every use.
- Location of the devices are;
 - In the Usher's Closet in the back of Church
 - On the 1st Floor of School across from the Elevator
 - In the Vestibule of the Gymnasium

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Purpose: To establish a procedure for parish-wide utilization of the Automated External Defibrillator (AED).

- I. Introduction:** An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. The AED must only be applied to victims who are unconscious, without a pulse, and not breathing.

The Automated External Defibrillator is used in conjunction with Cardio-Pulmonary Resuscitation (CPR) in cases of sudden cardiac arrest, in accordance with accepted protocols, including those developed by the American Heart Association or the American Red Cross, and the manufacturer. Use of the AED and CPR will continue as appropriate during the course of emergency care, until the patient resumes pulse and respiration, and/or local Emergency Medical Services (EMS) paramedics arrive at the scene, and assume responsibility for emergency care of the patient. Generally, the AED should not be used on victims weighing less than 55 pounds or less than 8 years of age but refer to each AED manufacturer's instructions for use with children.

II. Kentucky Revised Statues on Automated External Defibrillators

311.665 Legislative intent for use of automated external defibrillators.

It is the intent of the legislature that an automated external defibrillator may be used for the purpose of saving the life of another person in cardiac arrest when used in accordance with the provisions of KRS 311.667.

Effective: July 14, 2000

History: Created 2000 Ky. Acts ch. 16, sec. 1, effective July 14, 2000.

311.666 Definitions for KRS 311.665 to 311.669.

As used in KRS 311.665 to 311.669, unless the context requires otherwise:

- (1) "Automated external defibrillator" or "AED" means an 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. These devices are known as fully or semiautomatic defibrillators;
- (2) "Cardiopulmonary resuscitation" or "CPR" means a basic emergency procedure for life support, consisting of artificial respiration and manual external cardiac massage; and

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(3) "Emergency medical services system" means the same as in KRS 311A.010.

Effective: July 15, 2002

History: Amended 2002 Ky. Acts ch. 211, sec. 39, effective July 15, 2002. -- Created 2000 Ky. Acts ch. 16, sec. 2, effective July 14, 2000.

Legislative Research Commission Note (7/14/2000). In codification, a reference in subsection (3) to "KRS 211.950" has been changed to "KRS 311.6521." See 2000 Ky. Acts ch. 343, sec. 1.

311.667 Requirements for person or entity acquiring an automated external defibrillator.

In order to ensure public health and safety:

(1) A person or entity who acquires an AED shall ensure that:

(a) Expected AED users receive American Heart Association or American Red Cross training in CPR and AED use, or an equivalent nationally recognized course in CPR and AED use;

(b) The AED is maintained and tested according to the manufacturer's operational guidelines;

(c) There is medical oversight of the AED program by a physician licensed in Kentucky to ensure compliance with requirements for training, maintenance, notification, and communication with the local emergency medical services system. The physician providing oversight shall also work with the AED site to establish protocols for AED deployment and conduct a review of each use of an AED; and

(d) Any person who renders emergency care or treatment on a person in cardiac arrest by using an AED activates the local emergency medical services system as soon as possible and, if an entity with an AED program, reports any clinical use of the AED to the licensed physician.

(2) Any person or entity who acquires an AED shall notify an agent of the local emergency medical services system and the local emergency communications or vehicle dispatch center of the existence, location, and type of AED acquired.

Effective: July 14, 2000

History: Created 2000 Ky. Acts ch. 16, sec. 3, effective July 14, 2000

**311.668 Immunity from civil liability for user of automated external defibrillator --
Exemption from KRS 311.667 for Good Samaritan.**

- (1) Any person or entity who, in good faith and without compensation, renders emergency care or treatment by the use of an AED shall be immune from civil liability for any personal injury as a result of the care or treatment, or as a result of any act or failure to act in providing or arranging further medical treatment, where the person acts as an ordinary, reasonable prudent person would have acted under the same or similar circumstances.
- (2) The immunity from civil liability for any personal injury under subsection (1) of this section includes the licensed physician who is involved with AED site placement, the person or entity who provides the CPR and AED site placement, the person or entity who provides the CPR and AED training, and the person or entity responsible for the site where the AED is located.
- (3) The immunity from civil liability under subsection (1) of this section does not apply if the personal injury results from the gross negligence or willful or wanton misconduct of the person rendering the emergency care.
- (4) The requirements of KRS 311.667 shall not apply to any individual using an AED in an emergency setting if that individual is acting as a Good Samaritan under KRS 313.035 and 411.148.

Effective: July 15, 2010

History: Amended 2010 Ky. Acts ch. 85, sec. 21, effective July 15, 2010. -- Created 2000 Ky. Acts ch. 16, sec. 4, effective July 14, 2000.

311.669 Professionals to whom KRS 311.665 to 311.669 does not apply -- Licensing boards may require continuing education and training.

- (1) The provisions of KRS 311.665 to 311.669 shall not apply to the use of an AED by:
 - (a) Physicians, podiatrists, or osteopaths licensed under KRS Chapter 311 or chiropractors licensed under KRS Chapter 312;
 - (b) Physician assistants as defined in KRS 311.550;
 - (c) Registered nurses, practical nurses, or advanced practice registered nurses licensed under KRS Chapter 314;
 - (d) Dentists licensed under KRS Chapter 313; or

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(e) Paramedics licensed, or first responders or emergency medical technicians certified, under KRS Chapter 311A.

(2) Nothing in this section shall preclude the licensing boards referred to in subsection (1) of this section from requiring continuing education or training on the use of an AED.

Effective: July 15, 2010

History: Amended 2010 Ky. Acts ch. 85, sec. 49, effective July 15, 2010. -- Amended 2002 Ky. Acts ch. 211, sec. 40, effective July 15, 2002; and ch. 320, sec. 3, effective July 15, 2002. -- Created 2000 Ky. Acts ch. 16, sec. 5, effective July 14, 2000.

Legislative Research Commission Note (7/15/2002). This section was amended by 2002 Ky. Acts chs. 211 and 320. Where these Acts are not in conflict, they have been codified together. Where a conflict exists, under KRS 446.250, ch. 320 would prevail as the Act last enacted by the General Assembly. However, ch. 320, sec. 4, provides: "Nothing in this Act shall be construed under KRS 7.123(4) as appearing to effect any substantive change in the statute law of Kentucky, and the actions contained within this Act shall not operate under KRS 446.250 or 446.260 to defeat any amendments in other Acts of this 2002 Regular Session of the Kentucky General Assembly to the statutes contained in this Act." Accordingly, where ch. 211, sec. 40, and ch. 320, sec. 3, are in conflict, ch. 211 prevails.

III. Scope: A Parish-wide AED program will be developed, reviewed and updated periodically by the Program Coordinator and the Medical Director.

IV. Medical Director: The Medical Director is a physician whose responsibilities are to:

- Provide medical direction and oversight for the use of the AED device;
- Write a prescription for use of the AED device, if necessary;
- Work with the Coordinator to establish protocols for AED deployment;
- Review and approve guidelines for training, maintenance, notification, and communication with the local emergency medical service system related to the use of AEDs and CPR;
- Evaluate post-event reviews;
- Review laws and regulations that govern the use of AEDs.

V. AED Program Coordinator: The Community Director will serve as the Program Coordinator whose responsibilities are to:

- Develop, review and update the campus AED program periodically.
- Assure that St. Margaret Mary is in compliance with all laws and regulations pertaining to the use and implementation of AEDs.
- Determine number, location and placement of AEDs.

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- Oversee all AEDs on campus and regularly notify/update the Jefferson County EMS of their location and accessibility.
- Assign responsibility for equipment inspection and maintenance based on legal, manufacturer and other requirements.
- Responsible for arranging for the training of volunteers and staff on the use of AEDs.
- Work with Medical Director to monitor the effectiveness of the AED program;
- Work with the Medical Director to ensure that appropriate records are kept, such as maintenance records, training records, AED guidelines and protocols, etc.;
- Communicate with the Medical Director on issues related to the medical emergency response plan including post-event reviews.

VI. Equipment Coordinator: The Maintenance Supervisor will serve as the Equipment Coordinator whose responsibilities are to:

- Maintain and inspect equipment per manufacturer’s recommendations;
- Keep all maintenance records for review by internal or external inspectors;
- Order necessary equipment, supplies, and accessories;
- Notify AED Program Coordinator of any changes in equipment or location.

VII. Location of AEDs:

The AEDs are located in the following areas:

Location	AED make and model
Church, In the Usher’s Closet	Philips, Model: HeartStart Onsite #M5066A ABA
School, First Floor by the Elevator	Philips, Model: HeartStart Onsite #M5066A ABA
Gym, in the vestibule	Philips, Model: HeartStart Onsite #M5066A ABA

Jefferson County EMS will be informed of any changes in the number and location of AEDs on campus.

VIII. Equipment Maintenance: All AED equipment and accessories shall be maintained in a state of readiness and per manufacturer guidelines. At a minimum, the AED will be checked once every 30 days and after each use. Records of equipment checks will be kept and made available for inspection to the AED coordinator upon request. Records will be kept for at least 2 years.

IX. Training: AEDs should only be used by persons trained in approved CPR and AED use, such as programs sponsored by the American Heart Association or American Red Cross. The number and the category of individuals to be trained will be determined by the

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Coordinator and the Medical Director. Training records will be maintained by the AED coordinator. Records will be kept for at least 2 years.

- X. Notification:** Jefferson County EMS will be notified of the specific location of all AEDs on campus and updated if there are any changes. Likewise, the parish community will be informed of the location of AEDs periodically.

- XI. Post Event Review:** If an AED is used, a review of the incident by the Coordinator and Medical Director should be done to assess the effectiveness of the AED program. See Appendix 3 for an AED Incident Report Form that could be used to report an event. As the result of an incident, the Coordinator may make recommendations to revise and improve the program including location, number, placement or type of AED and associated policies and procedures. The manufacturer of the AED may have to be contacted in order to download the post event information from the AED for submission to the Medical Director. Contact information: www.philips.com/eventreview.

XII. Use of the Automated External Defibrillator

Use of the AED is for those persons who are trained in CPR and AED use.

The Philips HeartStart should be used to treat someone who is believed to be a victim of sudden cardiac arrest (SCA). A person in SCA does not respond when shaken, and is not breathing normally. If in doubt, apply the pads and follow the voice instructions for each step in using the defibrillator.

1. Assess the scene for safety.
2. Determine the victim's unresponsiveness.
3. Activate the emergency response system (dial 911).
4. Check for breathing. If no breathing, begin CPR (chest compressions).
5. Perform CPR until AED available and ready for use. If someone else is available, ask him or her to call for emergency assistance.
6. A resuscitation kit is kept with the AED and contains two pairs of gloves, one razor, a pair of trauma shears, a towel, and one facemask barrier device. The razor may be used to shave any excess body hair that may inhibit adherence of the defibrillation pads. Likewise, the towel can be used to wipe off any sweat/moisture/other affecting adherence. Gloves and facemask offer protection to the rescuer (universal precautions).

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7. Turn on the AED and follow the instructions provided by the voice prompts on how to apply and use the AED.
8. The Philips HeartStart AED will be equipped with an adult smart pad cartridge used for adults and children ≥ 55 lbs., ≥ 8 years old. Use the Infant/Child Smart Pad Cartridge, supplied in the AED cabinet, for children < 55 lbs., or < 8 eight years of age. This cartridge reduces the shock energy. If the child cartridge is not available, the defibrillator can still be used. In the case of the Philips HeartStart for children less than 55 pounds or less than eight years of age, placement of the defibrillation pads is changed. One of the defibrillation pads should be applied to the center of the chest between the nipples and the other in the center of the back to perform the defibrillation.
9. Reminders: wipe area dry and remove any medicine patches and residual adhesive from the patient's chest before applying defibrillation pads. Do not place pads directly over an implanted pacemaker or defibrillator, which may be seen as a noticeable lump or scar.

XIII. After Using the Philips HeartStart

1. Check unit for signs of damage, dirt, or contamination and clean accordingly. If there are signs of damage contact Philips for technical support.
2. Insert a new SMART Pad cartridge into the unit. Check supplies and accessories for damage and expiration dates and replace any used, damaged or expired items.
3. Remove the battery for 5 seconds, then re-install it to run the battery insertion self-test. When the test is complete, check that the green light is blinking.

XIV. Periodic Checks

Other than the checks recommended after each use, maintenance is limited to periodically checking the following:

- Check the green Ready light. If the green Ready light is not blinking, see troubleshooting tips below.
- Replace any used, damaged or expired supplies and accessories
- Check the outside of the unit. If you see cracks or other signs of damage, contact Philips for technical support.

Troubleshooting Tips

- If the Ready light is blinking: the unit has passed the battery insertion self-test and the last periodic self-test and is therefore ready for use.
- If the Ready light is solid: The unit is in use or running a self-test.
- If the Ready light is off, the unit is chirping, and **the** i-button is flashing: A self-test error has occurred, there is a problem with the pads or the battery power is low. Press the i-button for instructions.

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- If the Ready light is off but the unit is not chirping and the i-button is not flashing: there is no battery installed, the battery is depleted, or the unit needs repair. Insert/replace battery and run the self-test. As long as the unit passes the self-test, you can be assured it is ready for use.

XV. Program History:

ACTION	DATE	APPROVED BY:
New Written Program	12/2012	Matt Sweat, MD

Notifications

	Date	Date	Date	Date
County EMS (changes in # or location of AEDs)	12/2012			

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Appendix 2: AED Incident Report

(Please complete as much information as you are able to obtain.)

Patient's name: _____

DOB: _____ AGE: _____ sex: F M phone: _____

Allergies: _____

Current medications: _____

Pertinent medical history: _____

Date and time of AED use: _____

Location and description of incident: _____

Witnesses and contact phone number: _____

Name of AED operator: _____

Other assisting responders: _____

Patient was transported to (name of hospital): _____

Time of transport: _____

Any information about patient outcome (if known): _____

Reported by: _____ Date: _____

Please complete and return to the Parish Office Immediately after the incident occurs.

**If the Parish Office is closed please submit this Incident Report to the Rectory @
117 Arterburn Drive.**

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Appendix 3: Philips HeartStart Onsite Defibrillator

Definition:

1. Philips HeartStart ONSITE is an automated external defibrillator (AED), capable of cardiac rhythm analysis, which will charge and deliver a shock after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia when applied to an unconscious patient with absent respirations and no signs of circulation. The automated defibrillator requires user interaction in order to deliver a shock.
2. “Lay Rescuer” means any person, not otherwise licensed or certified to use the automated external defibrillator, who has met the training standards and includes trained employees of the AED Services Provider

Basic Information:

Philips HeartStart ONSITE Defibrillator M5066A –CC is an automated external defibrillator (AED). Three were purchased on 6/5/2012 from AED Superstore.

Battery: M5070A; 9 VDC, lithium manganese dioxide. Disposable. Four year battery pack. Recycle appropriately.

HeartStart SMART Pads: Adult SMART Pads Cartridge M5071A ; Infant / Child SMART Pads Cartridge M5072A. Disposable; adhesive pads; provided in a disposable plastic case. Pads in case are designed to fit into carry case. The use pads may be contaminated with body tissue, fluid, or blood. Dispose of them as infectious waste. Recycle the case at an appropriate recycling.

The HeartStart is used to treat ventricular fibrillation, the most common cause of sudden cardiac arrest (SCA), (heart unexpectedly stops pumping).

The HeartStart treats VF by sending a shock across the heart, so it can start beating regularly.

Indications for Use:

A person in SCA:

- does not respond when shaken, and
- is not breathing normally.

If in doubt, apply the pads. Follow the voice instructions for each step in using the defibrillator.

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Basic Steps for Using the Defibrillator

1. Press the green ON/OFF button.
2. Follow the units' voice instructions.
3. Press the flashing orange shock button if instructed.

Care for After Each Use:

1. Check the outside of the unit for signs for damage, dirt, or contamination. If damaged call Philips.
2. Plug the cable connector for a new set of SMART Pads II into the HeartStart (do not open the pads case).
3. Do not remove the battery. The beeping may be stopped by installing a new set of pads. Removing the battery for more than 15 minutes will disturb the exact time and date of the event recording. Once the event data is downloaded from AED, the battery can be removed for five seconds, and then reinstall it to run the battery insertion self-test to check the operation of the defibrillator. When the test is complete, check that the green Ready light is blinking.
4. Return the HeartStart to its storage location so it will be ready for use when needed.

Routine Maintenance of the Philips HeartStart OnSite

- The defibrillator performs an automatic self-test daily; thus eliminates the need for any manual calibration.
- Do not leave the defibrillator without a set of pads connected; the defibrillator will start chirping and the i-button will start flashing.
- As long as the green Ready light is blinking, it is NOT necessary to test the defibrillator by initiating a battery insertion self-test. This uses battery power.
- Monthly checks:
 1. Take the AED from the cabinet; make sure to use the key to turn off the alarm during the inspection.
 2. Visually inspect the status indicator (Ready Light) of the Philips AED on the upper right side of the face of the AED.
 - A blinking green light, also known as Ready Light, indicates that the AED is ready for use by passing its entire daily, weekly, and monthly self-tests, (this is an automated feature).
 - If the status indicator is solid, the HeartStart is in use or running a self-test.
 - If the status indicator is off, the unit is chirping, and the i-button is flashing. A self-test error has occurred, there is a problem with the pads, or the battery power is low. Press the i-button for instructions.
 - If the problem is the battery or the pads, insert the spare supplies into the AED so that it returns to service. If there is no spare battery, notify the

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appropriate staff or supervisor to take the AED out of service until the new parts are replaced.

- Sometimes, cleaning the contacts on the battery and the AED will solve the problem, so try this first if the diagnosis is that the battery is low and needs to be changed.
 - When inserting new battery into the AED, indicate on the checklist the date of battery installation.
 - If the AED needs servicing, report this to the coordinator for follow up. Philips will FedEx, next day air, an AED, and retrieve the disabled AED to determine the problem. There is no fee if the AED is under the five year warranty.
3. Check battery and pads for expiration date.
 4. Examine the AED and the case. If the case is excessively soiled, it can be cleaned with a cloth that has been soaked in any of the following solutions: isopropyl alcohol, soapy water, chlorine bleach solution, or glutaraldehyde-based cleaners.
 5. Test the alarm on the cabinet by using the key to turn on the alarm and open the door part way until the alarm engages. The alarm should be ear piercingly loud, so make sure to turn the alarm off or close the door immediately.
 6. Inspect the AED sign. This sign tells the location of the AED. If it is not present above the AED, inform the Department coordinator.
 7. Record all findings on the checklist.

*The Philips OnSite AED operates in a temperature range of 32°-122° F. If the AED is exposed to temperatures outside that range, the AED should be checked.