



Risk Management and Safety

Automated External Defibrillator (AED) Policy

Approved by: _____ Date: _____ Dr.
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UNLV

UNIVERSITY OF NEVADA LAS VEGAS

Automated External Defibrillator (AED) Policy

Last Updated August 2007

I. Purpose

This policy is designed to provide guidance in the purchase, placement and administrative management of a University based AED program.

II. Personnel Assignments

A. Medical Director

Florence Harris, M.D. (702) 895-3370

Responsibilities:

- Provide medical direction for use of the AED's.
- Write medical prescriptions for the AED's.
- Review and approve guidelines for emergency procedures related to the use of AED's and CPR.
- Evaluate the post-event review forms and digital files downloaded from the AED.
- Provide annual review of AED program.

B. Program Administrator

Risk Management & Safety (702) 895-4226

Responsibilities:

- Select employees for AED training and distribute AED-trained employee lists as required.
- Coordinate training of emergency responders.
- Document equipment, accessory maintenance and locations.
- Maintain files of specifications/technical information sheets for each approved AED model assigned or utilized by the University.
- Revise procedures as required.
- Monitor effectiveness of the system program.
- Communicate with the Medical Director on issues related to medical emergency response program, including post-event reviews.

C. Dispatch/Public Safety

911 from Campus phone or (702) 895-3668

Responsibilities:

- Receive emergency medical calls from internal AED locations
- Contact 911 response team (EMS).
- Deploy University Response Team trained employees to emergency location.
- Assign someone to meet responding EMS aid vehicle and direct EMS personnel to site to medical emergency.

III. Equipment

Any AED unit installed in a UNLV facility is to be in conformity with units previously installed by RM&S.

A. Additional resuscitation equipment provided:

- Each AED unit will have one set of defibrillation electrodes located in the case. One resuscitation kit will be connected to the handle of the AED. This kit contains two pair latex-free gloves, one razor, one set of trauma shears, and one facemask barrier device.

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

- RM&S is to be informed of changes in availability of emergency medical response equipment. If equipment is withdrawn from service, RM&S is to be informed and then notified when equipment is returned to service.
- Dispatch/Public Safety will be responsible for informing
- teams of changes in availability of emergency medical equipment.
- RM&S will complete monthly equipment maintenance checks.

IV. Training

Any UNLV employee that would like to be CPR/AED certified will have the opportunity to obtain this training through RM&S.

Good Samaritan Reference

The State of Nevada has statutes in place to protect citizens that aid in an emergency situation. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects a rescuer from being sued and found financially responsible for the victim's injury.

- Nev. Rev. Stat. 41.500 (1963)
- Nev. Rev. Stat. 41.500 8 (2000) (AED User Limited Liability)
- Nev. Rev. Stat. 41.506 (2000) (Gen. Stat)

V. After AED Use:

- A copy of the AED Program Incident Report Form (see Appendix A) will be sent, within 1 business day to RM&S, Mail Stop 1042, or faxed 705-895-4690.
- The responding Public Safety Officer will document the event using the Public Safety Incident Report Form and will forward a completed copy of the form to RM&S on the following business day.
- Following the use of emergency response equipment, all equipment will be cleaned, decontaminated, disinfected.
- Take the AED out service, and notify RM&S so that battery and fibrillation pads may be replaced.

Appendix A

UNLV AED Program Post Incident Report Form Patient

Name: _____ Address: _____

DOB: _____ Age: _____

Time of Incident: _____ Location of Incident: _____

Time of Arrival at patient's side: _____

Witnessed Arrest: YES or NO Approximate time in minutes between incident and arrival of trained AED user: Skin color upon arrival (pale, blue, etc.)

_____ Emesis (vomit)? YES or NO Signs of

trauma? YES or NO Bystander CPR? YES or NO If yes, Bystander Name(s):

_____ Position patient was found in

(lying, sitting): _____ Shockable rhythm? YES or NO If

YES, total number of shocks delivered: _____

Transfer care to: _____ Time: _____

Verbal report given? YES or NO If yes, to whom? _____

Follow up at hospital? YES or NO Comments: _____

EMS Follow up? YES or NO Comments: _____

Police Incident Report Number: _____

Name of person completing report: _____

Signature of person completing report: _____

Date: _____