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Automated External Defibrillator (AED) Protocols

Description and Definition: Automated external defibrillators (AEDs) may be an important aspect to securing the health and safety of congregants, staff and visitors to the church. To incorporate AED protocols into a church, decisions need to be made regarding the number and placement of AEDs, training staff on CPR and AED use, and maintaining the AED devices. This document will help guide those decisions and should be adapted to meet the specific needs of an individual church.

Goal of the Intervention and Evidence to Support the Intervention Works: Every year, on-site AEDs save 3.6 lives per 1 million people¹. 383,000 Americans are treated by Emergency Management Systems (EMS) for sudden cardiac arrest outside of a hospital every year²—93.6% of them die³. Although the group most likely to survive are those whose collapse is witnessed and in a shockable rhythm (ventricular tachycardia or fibrillation), less than 4% were treated with an AED prior to EMS arrival⁴. Treatment with an on-site AED reduced the time to first shock from 11 to 4.1 minutes and led to a neurologically-intact survival rate of 49.6%—compared to 14.3% without an AED⁵.

Community members are often the first to respond to emergencies, and training everyone on emergency interventions is valuable to participants⁶. Recognizing that a problem exists, calling 911, and early CPR with defibrillation is as important—if not more important, than the work of the trained professionals at the hospital⁷. Educating community members, promoting the use of early defibrillation, and having accessible working equipment will improve the quality of care and increase survival rates for cardiac arrest. The AED will analyze a heart rhythm and prompt the user to deliver a shock, if necessary. After the rescuer turns the AED on, voice prompts will walk them through all the instructions.

Resources Needed: AED, AED Coordinator, Medical Provider oversight, accessories per Manufacturer's recommendations.

Intervention Information:

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Follow-Through with Participants: [AED Training Drill](#)

Links and Resources:

American Heart Association's List of AED Providers:

http://www.heart.org/HEARTORG/CPRECC/WorkplaceTraining/AEDResources/Automated-External-Defibrillator-AED-Companies_UCM_323134_Article.jsp

AED Laws by State: http://www.heartsafeam.com/pages/faq_aed_laws

References:

- ¹Berdowski, J., Blom, M.T., Bardai, A., Tan, H.L., Tijssen, J.G.P., & Koster, R.W. (2011). Impact of onsite or dispatched automated external defibrillator use on survival after out-of-hospital cardiac arrest. *Circulation*. <http://circ.ahajournals.org>.
- ²American Heart Association [AHA]. (2012). Implementing an AED program. www.heart.org.
- ³Merchant, R.M. & Asch, D.A. (2012). Can you find an AED if a life depends on it? *Circulation Cardiovascular Quality Outcomes* 5(2), 241-243.
- ⁴McNally, B., Robb, R., Mehta, M., Vellano, K., Valderrama, A.L., Yoon, P.W., Sasson, C., Crouch, A., Perez, A.B., Merritt, R., Kellermann, A. (2011). Out-of-hospital cardiac arrest surveillance: Cardiac arrest registry to enhance survival (CARES), United States, October 1, 2005-December 31, 2010. *MMWR Surveillance Summary* 60(8), 1-19.
- ⁵Berdowski, J., et al. (2011). Impact of onsite or dispatched automated external defibrillator use on survival after out-of-hospital cardiac arrest. *Circulation*. <http://circ.ahajournals.org>.
- ⁶Garcia, E.A., Likourezos, A., Ramsay, C., Hoffman, S., Niles, C., Pearl-Davis, M., Podolsky, S., & Davidson, S.J. (2010). Evaluation of emergency medicine community educational program. *Western Journal of Emergency Medicine* 11(5), 416-418.
- ⁷International Life Saving Federation [ILSF]. (2013). AED: The shocking solution to premature cardiac death protecting hearts and brains too good to die. www.ilsf.info/aboutaeds.

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Frequently Asked Questions about AEDs

What is an AED?

The automated external defibrillator (AED) is a computerized medical device that can check a person's heart rhythm and recognize a rhythm that requires a shock. If a shock is needed, it can determine the appropriate energy level and advise the rescuer when to deliver the shock. The AED uses voice prompts, lights and text messages to tell the rescuer what steps to take. AEDs are very accurate and easy-to-use. With a few hours of training, anyone can learn to operate an AED safely. There are many different AED brands, but the same basic steps apply to all of them.

When should an AED be used?

When a victim is unconscious, not breathing and without a regular pulse.

What is the American Heart Association's (AHA) position on the placement of AEDs?

The AHA supports placing AEDs in targeted public areas, such as sports arenas, [churches](#), gated communities, office complexes, doctor's offices, shopping malls, etc. When AEDs are placed in the community or in a business or facility, the AHA strongly encourages that they be part of a defibrillation program, including:

- Persons that acquire an AED [notify the local EMS office](#).
- A licensed provider or [medical authority](#) provides medical oversight to ensure quality control.
- Persons responsible for using the AED are [trained](#) in CPR and how to use an AED.

Why is notifying the local EMS office important?

It's important for the local EMS system to know where AEDs are located in the community. In the event of a sudden cardiac arrest emergency, the 911 dispatcher will know if an AED is on the premises and will be able to notify the EMS system as well as the responders already on the scene. Here is a link to a [sample letter to local EMS](#).

Why should a licensed provider or medical authority be involved with those who purchase an AED?

This is a quality control mechanism. The licensed provider will ensure that all designated responders are properly [trained](#) and that the AED is properly [maintained](#). He/she also can help establishments develop an [emergency response plan](#) for the AED program.

Why should AED operators receive CPR training?

Early CPR is an integral part of providing lifesaving aid to people suffering sudden cardiac arrest. CPR helps to circulate oxygen-rich blood to the brain. After the AED is attached and delivers a shock, the typical AED will prompt the operator to continue CPR while the device continues to analyze the victim.

If AEDs are so easy-to-use, why is formal training encouraged before use?

An AED operator must know how to recognize the signs of a sudden cardiac arrest, when to activate the EMS system and how to perform CPR. It is also important for operators to receive formal training on the AED model they will be using so that they become familiar with the device and are able to successfully operate it in an emergency. Training also teaches the operator how to avoid potentially hazardous situations and increases confidence in the operator.

Can anyone buy an AED?

AEDs are manufactured and sold under guidelines approved by the Food and Drug Administration (FDA). The FDA may require someone who purchases an AED to present a [provider's prescription](#) for the device.

What legislation is currently in effect to protect first responders who use an AED?

All states provide some level of immunity to AED users through Good Samaritan laws. Eighty percent of states have laws protecting rescuers from civil liability, regardless of whether they are trained to provide CPR or use an AED (CDC, 2012). Click the link to see [AED laws for your state](#), as well as to read your state's Good Samaritan Act.

How much does an AED cost?

The price of an AED varies by make and model, with most priced between \$1,500-\$2,000.

What steps should an organization take when purchasing an AED?

Any person or entity wanting to purchase an AED may first need to obtain a [prescription](#) from a medical provider. Before the AED is placed for use, an AED training program that includes the elements below should be implemented:

- [Training](#) of all users in CPR and the operation of an AED
- [Provider oversight](#) to ensure appropriate maintenance and use of the AED
- [Notifying local EMS](#) of the type and location of AED(s)

Can AEDs be used on children?

Children over age 8 can be treated with a standard AED. For children under 8, the AHA recommends using the pediatric attenuated pads (purchased separately). See the link for [AED Pediatric use](#).

Which AED model does the AHA recommend?

The AHA does not recommend a specific device. All AED models have similar features, but the slight differences between them allow them to meet a variety of needs. The AHA encourages potential buyers to consider all models and make a selection based on the buyer's particular needs. The local EMS system can help you with this decision. See the list of [AHA approved vendors](#).

How can I enroll in a CPR or AED class?

The American Heart Association offers CPR and AED training through its network of Training Centers. To locate a Training Center near you, call 1-877-AHA-4CPR or use our online class finder. See the link for [Training Promotion](#).

What kind of AED training is available?

The AHA has developed a new Heartsaver AED course that integrates CPR and AED training. The course takes less than four hours to complete.

Why is it important to register your AED?

Registering your AED enables the manufacturer to contact you for device recalls and allows them to survey for potential adverse events. It also allows your device to be in the AED Registry for public places. In 2005, more than 25% of AEDs were affected by FDA advisories, mostly recalls to the device, batteries, pads or cables (CDC, 2012).

What happens with sudden cardiac arrest?

The heart muscle suddenly stops pumping effectively and the lower chambers (ventricles) begin to quiver, preventing blood from flowing throughout the body, including the brain. Lack of blood to the brain causes the victim to lose consciousness, fall to the ground and stop breathing. Rapid CPR and AED use are needed to save this person's life.

How does an AED work?

There is a built-in computer that checks the person's heart rhythm through adhesive electrodes and calculates if a shock is needed. A recorded voice tells the responder if they should shock by pressing the shock button. The shock stuns the heart and stops all activity. Most of the time, the heart will resume beating effectively.

What is the Chain of Survival?

1. Call 911
2. Early CPR by witnesses or responders
3. Early AED use by trained responders
4. Early transport to EMS and hospital personnel

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Implementing an AED Program

- 1. Get medical oversight.** Some AED manufacturers require a provider's prescription to purchase an AED. See link for [sample Prescription Form](#). The responsibilities of the provider may include signing-off on or making recommendations on training plans/policies/procedures, evaluating data recorded on an AED during a medical emergency, as well as helping assess each AED use to recommend any improvements. See link for [AED Medical Advisor Form](#).
- 2. Work with local EMS.** On the initial AED acquisition as well as the addition of new AEDs, the local Emergency Management Services (EMS) system should be contacted and advised that your church now has an AED unit. Please see the link for a [sample letter to EMS](#). Many states require this notification, as well as follow-up with EMS after any AED use. Please check the link for [state AED laws](#).
- 3. Choose an AED.** There are several companies that make AEDs. The American Heart Association does not recommend any one model over another. Please see the link to [AHA's list of AED providers](#). In order to purchase, you may need a prescription form signed by your medical provider. See link for [AED Medical Authorization/Prescription Form](#).
- 4. Contact Technical Support.** Before you make a purchasing decision, it's a good idea to call the Technical Support number for the brand you are considering. You should evaluate the response you receive, whether the call goes to voice-mail, how long you are on hold, and if a representative is able to help you. After your purchase, be sure to contact them to register your AED device.
- 5. Make sure program support is available.** Some AED manufacturers will provide support to set up your program, train staff and others interested, and provide on-going support. Depending on the size of your AED support and maintenance team, you may or may not need outside assistance.
- 6. Place the AED in a visible and accessible location.** Use a 3-minute "drop to shock" response time as a guide to help you determine how many AEDs you will need, and where to place them. They should be clearly visible in an easily-accessed location. See link for [AED Number and Placement](#).

7. Develop a training plan. All staff should be trained in CPR and AED use. This training should also be offered to anyone else who is interested. Training increases the comfort level and confidence of rescuers. Many AED manufacturers offer training, as does the AHA (both in classroom settings and online). Please see links for [AED Training](#), [Training Roster](#), and [AED Training Drill](#).

8. Raise awareness of the AED program. Use every available opportunity to announce your AED program and promote training. Newsletters, bulletin inserts and posters will reinforce the message that your church is committed to health and safety. Please see the link for [AED location sign](#) and [Training Promotion](#).

9. Implement an on-going maintenance routine. One person needs to be designated as the AED Coordinator, and will be responsible for the maintenance. Please see the link for [AED Coordinator Responsibilities](#). A trained backup person should also be selected to perform the Coordinator's duties if he/she is not available. A weekly visual inspection should be performed to ensure the device is in working order. On a monthly basis, the Coordinator should complete the checklist to assess each device and its accessories. Your manufacturer should provide you with a checklist as well as recommendations for maintenance. Please see the link for [AED Maintenance for a sample checklist](#).

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AED Coordinator Responsibilities

1. Determine the appropriate [number of AEDs](#) needed.
2. Determine the appropriate placement of each AED.
3. Coordinate staff [training](#) and recertification, if needed.
4. Coordinate training for all others who are interested.
5. Perform weekly visual inspection of each AED.
6. Perform monthly [maintenance checklist](#).
7. Monitor the effectiveness of the program and report any issues to the faith community nurse.
8. Communicate with the medical provider on issues related to the AED's use, including [post-event reviews](#).
9. Maintain communication with the manufacturer for any recalls affecting AED equipment or accessories.
10. Incorporate the AED into the church's crisis management plan.
11. Monitor state AED laws and assure compliance. See link for [state AED laws](#).
12. Following use, retrieve patient recorded data from the device following manufacturer's recommended procedure; send that data to the medical provider; clean the device; and replace all electrodes used or opened.

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AED Medical Advisor

I, _____ (name) _____ (title), licensed to practice medicine in the State of _____, agree to serve as the AED Medical Advisor for the _____ church located at _____.

I endorse the protocols for use by the American Heart Association AED trained responders, and agree to provide medical oversight of the AED program.

Signed: _____ Date: _____

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AED Medical Authorization/Prescription Form

Date: _____

Company/Agency/Site: _____

Location/Address: _____

AED Program Coordinator: _____

Phone: _____ Fax: _____ E-mail: _____

Program Manager/AED Management Service: _____

Phone: _____ Fax: _____ E-mail: _____

AED Program Plan/Operational Protocols in place? Yes No

CPR/AED Training Completed? Yes No

Local EMS Notified? Yes No

Medical Authorization/Direction

I hereby authorize the above site to acquire/order _____ AED(s).

Provider Name (PRINT): _____

Provider Signature: _____

State: _____ License Number: _____

Phone: _____ E-mail: _____

Post-incident AED Data Analysis will be performed by:

Provider/Service: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

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Example Letter to Local EMS Announcing New AED Program

Dear: *(Insert name)*

We are pleased to inform you that our church has initiated an AED Program at our location. We sincerely appreciate the outstanding emergency medical care that *(insert name of local EMS service)* provides to our community and are well aware of your excellent response time. However, we also know that in the event of a sudden cardiac arrest, the victim must receive CPR and early defibrillation as soon as possible in order to have the best chance of survival.

Our AED Program, including training, planning and the acquisition of a *(insert brand name)* AED was created to enhance our emergency medical preparedness, and also help reduce premature cardiac death in our community. We recognize the importance of our role in our community's EMS system and we are proud to work with *(insert name local EMS service)* to help save lives in our area.

We cordially invite any officials and/or EMS professionals from your service to visit our facility and inspect our new emergency preparedness program and offer suggestions on how we can best work with EMS to help reduce premature cardiac death. Please call me to arrange a mutually convenient time for your visit. We also invite you to be a part of our training drills at the church.

Thank you for your years of dedicated service and protection to the people in our community. We look forward to working with and supporting *(insert name of local EMS service)* in this vital mission.

Sincerely,

AED Coordinator

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Number and Placement of AEDs

Early defibrillation is the key to survival during a cardiac arrest incident. The faster CPR and defibrillation can be administered, the more positive the outcome. This makes the distance from the patient to the AED an important variable. To determine the number of AEDs needed in your facility, follow these guidelines from the American Heart Association: from the point of collapse, the patient needs to be treated within 3 minutes to increase survival rate. This is called the “*drop to shock*” time. A victim’s chance of survival decreases 7 to 10% with every minute that passes without defibrillation (AHA, 2012).

Using the size of the facility, number of levels, stairs and elevators, determine what the maximum distance from the AED to the patient can be to assure timely treatment. Remember to factor in these variables: time for the victim to be assessed; time for the 911 call to be made; time for CPR to be started; and the number of available and trained responders. The average time from the 911 call to when a person receives the first shock if an AED is present on-site, is 4 minutes. While longer than the 3-minute goal, the average is 11 minutes without an on-site AED. The proper number and placement of AEDs will help get this response time down to, or eventually below, the 3-minute goal for retention of neurologic function.

Despite the life-saving potential of AEDs, they are of no value if they cannot be located and brought to the victim. Remind your congregants regularly where to find the AEDs in your building. They are usually mounted on the wall and walked past daily, yet never sufficiently registered in memory to be recalled when needed. See the link, [Do You Know Where Your AED is?](#)

Be sure to check the link to the [state AED laws](#), as some states mandate the location within a building (usually a clearly-visible or central location).

AEDs should be:

- Well-marked with signage
- Placed in highly-visible, easy-to-access areas
- Near points of travel, such as stairs or elevators
- Close to potential responders
- Adjacent to telephones or occupied offices

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Protocol for AED Use

The witness or first person on the scene will:

1. Call 911. Verify the scene is safe using universal precautions.
2. Assess the victim to verify victim is unconscious, not breathing, pulse-less and the AED is indicated.
3. Request someone get the AED device.
4. Start CPR.
5. When the AED arrives, open and turn it on.
6. Remove victim's clothing from chest.
7. Apply electrode patches to upper-right and lower-left in accordance with the pictures on the AED packaging. Shave chest with razor, if needed. Wipe chest if it is wet. Do not place the pads over the nipples, medication patches or visible-implanted devices.
8. Plug the pad connector into the AED.
9. Follow the AED voice prompts to analyze heart rhythm.
10. If advised, clear the patient and press the shock button. The AED will then reanalyze the patient and advise to shock, if appropriate. There is no limit to the number of shocks that can be given, if advised, in stacks of 3 consecutive shocks with one minute of CPR between each stack. The AED will lead you through this process.
11. Resume CPR when advised.
12. Send someone to meet EMS and bring them to the scene.
13. Continue to follow voice prompts and continue CPR until EMS arrives.

14. When EMS arrives, pass on the following information: victim's name and any known medical information, timeline of the event, information about the care provided by responders, and any other information pertinent to the event.
15. Following the event, the AED Coordinator should communicate to the medical provider the incident data from AED within 24 hours, clean the AED, and replace any used supplies/accessories. See link for [AED Event Report form](#).
16. Encourage all involved to debrief and request additional support or counseling as needed.

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AED Event Report Form

Event Information:

Company/Agency/Site: _____

Location/Address: _____

Date of Event: _____ Time of Event: _____

Patient Age: ____

Sex: Male ___ Female ___

Event: Witnessed___ Not Witnessed___

Name(s) of On-site Responder(s):

1. _____ CPR/AEDTrained? Yes ___ No ___

2. _____ CPR/AEDTrained? Yes ___ No ___

3. _____ CPR/AEDTrained? Yes ___ No ___

4. _____ CPR/AEDTrained? Yes ___ No ___

Was CPR given before the AED arrived? Yes___ How long? ___/min. No___

Were shocks advised/given? Yes___ How many? ___ Not indicated___ No___ (why?)

Were any problems/adverse effects encountered on the scene?

Was CPR continued after the AED was utilized? Yes___ No___ Not Needed ___

On-Scene Outcome—Did the victim...

Regain a heartbeat? Yes___ No___

Resume breathing? Yes___ No___

Regain consciousness? Yes___ No___

If spontaneous breathing returned:

Was the airway maintained after the AED was used? Yes__ No__ Not Needed __

Responding EMS Service:

Estimated Response Time ___/min.

Receiving Hospital: _____

Patient Outcome (if known):

Discharged Alive __ DOA at ER __ Died in ER__ Died within 24 hrs. __

Died after 24 hrs. __

Other: _____

To be completed by medical direction provider only:

Time AED powered on: _____

Time pads attached to patient: _____

Initial rhythm: _____

Shock advised: _____

Time delivered: _____

Resulting rhythm: _____

CPR rate and rhythm (*if indicated*): _____

Impression regarding appropriateness of AED function: _____

Impression regarding appropriateness of responder action: _____

Provider completing this report:

Name: _____

Date: _____

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AED Pediatric Considerations

AEDs are safe to use on children.

The child must be unconscious, not breathing, and without a pulse for an AED to be used.

If the child is **7 years old or younger** or weighs **less than 55 pounds**, **child/infant electrode pads** must be used as they deliver a lower level of energy. The pads can be placed one on the front and one on the back to prevent them from touching each other, which would cause an electrical arc. It is also acceptable to use the traditional upper-right and lower-left as long as the pads do not touch each other.

If the child is **8 or older** or weighs **more than 55 pounds**, he/she should be treated with **standard adult AED pads**. The pads should be placed on the upper-right and lower left of the chest.

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Training for Use of AED

Having an AED hanging on the wall will not save a life; having non-medical personnel prepared with the skills and courage to use the AED may save lives. For most people, responding to a cardiac arrest will be the most daunting emotional situation they will ever experience. That said, it is critical to incorporate motivation, validation, confidence and attitude into AED preparation to ensure positive results. This type of thorough preparation requires customized, detailed planning and on-going oversight.

Most AEDs provide verbal instructions to operate the device and also can perform cardiopulmonary resuscitation (CPR). This leads people to believe that anyone can effectively save a life with an AED—and no training is necessary. It would be difficult to say this statement is not true, but the truth is that AED effectiveness increases dramatically when training occurs. AED training should be offered to all congregants. Most AED manufacturers, the American Heart Association, the American Red Cross and most local emergency medical services offer training. To request training information from the AHA, call 1-888-CPRLINE or visit www.heart.org/cpr and enter your zip code. See link for [AED Training Roster](#).

Be sure to also check the link for the [state AED laws](#), as some states require training for anticipated rescuers, or make it a requirement for civil immunity.

Training drills should be completed with church staff on a regular basis. Please see the link for [AED Training Drill](#).

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AED Emergency Response Drill

Planning Checklist

- Identify which team members will participate in the planning session.
- Hold an emergency medical care drill planning session.
- Determine the date and time for the scheduled drill.
- Determine who will evaluate the drill.
- Determine the nature of the “*incident*” and its location.
- Brief the “*patient(s)*” on the behaviors and “*symptoms.*”
- Identify who will participate in the drill.
- Determine who will be designated as the “*team leader.*”
- Make the AED unit available along with all the appropriate forms.
- Conduct the drill as scheduled.
- Evaluate the drill with all participants.

What was done properly? _____

What could have been done better?

Evaluation Checklist

Date: _____ Time: _____

Team Leader: _____

Participants:

Evaluator: _____

1. Did the “*incident*” occur at the scheduled time and place?

Yes No

Comments:

2. Did the “*patient*” perform as instructed?

Yes No

Comments:

3. Did the appropriate person assume command at the scene?

Yes No

Comments:

4. Were the responding emergency team members assigned to specific duties and tasks appropriately?

Yes No

Comments:

5. Was the scene assessed for hazards? Were they eliminated/controlled?

Yes No

Comments:

6. Was responsiveness/consciousness determined?

Yes No

Comments:

7. Was EMS/911 "*called*" immediately?

Yes No

Comments:

8. Was an AED on-scene or immediately sent for?

Yes No (How long after drill began? ___/min.)

Comments:

9. Was the airway properly assessed? Maintained?

Yes No

Comments:

10. Was breathing properly assessed? Were breaths properly provided?

Yes No

Comments:

11. Was circulation properly assessed? Were chest compressions initiated?

Yes No

Comments:

12. Was a team member assigned to “document” the event?

Yes No

Comments:

13. Was CPR stopped after the AED was powered on?

Yes No

Comments:

14. Was the “patient’s” chest properly “exposed”? Yes No

If needed, “cleaned”? Yes No

If needed, “shaved”? Yes No

15. Were the AED pads properly placed?

Yes No

Comments:

16. Were the AED voice prompts properly followed?

Yes No

Comments:

17. After shocks were delivered or if “no shocks advised,” were ABCs properly assessed?

Yes No

Comments:

18. If needed, was CPR continued?

Yes No

Comments:

19. If breathing and heartbeat returned, was the airway maintained?

Yes No

Comments:

20. Was oxygen available on-scene? Was it administered properly?

Yes No

Comments:

21. Were any additional emergency supplies/equipment needed?

Yes No

Comments:

22. Did the response team members provide on-going verbal support to the “patient”?

Yes No

Comments:

23. Were any inappropriate comments made to either the victim or other team members?

Yes No

Comments:

24. Was EMS involved in the drill? Yes No

If yes, were there any problems with the "hand-off"? Yes No

Comments:

25. Did the team leader maintain control of the scene/team?

Yes No

Comments:

26. Was the AED and all equipment recovered, cleaned and stored properly after the incident/drill?

Yes No

Comments:

27. Was a post-drill evaluation session done?

Yes No

Comments:

28. Which team members participated in the evaluation session?

29. Were the positive aspects of the drill reinforced?

Yes No

Comments:

30. Were the deficiencies analyzed in a positive, constructive manner?

Yes No

Comments:

31. Were the goals and a time-frame for the next drill set?

Yes No

Comments:

Evaluator's comments:

(Include plans or suggestions to improve team emergency medical care performance.)

Evaluator's signature: _____

Date: _____

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Maintenance for AED

One staff person or specifically-appointed individual needs to be designated as the AED Coordinator. The Coordinator will be responsible for performing routine, scheduled maintenance on the AED device—usually monthly or as indicated by the AED manufacturer. See link for [AED Coordinator Responsibilities](#). See link for an example of an [AED Maintenance Checklist](#). Upon the initial AED acquisition or any additional AED placements in your facility, the local Emergency Management Services system should be contacted and advised that your church now has an AED. Please see link for [sample letter to local EMS](#).

Regular maintenance should include checking the status indicator, verifying the supplies are present and undamaged, and checking expiration dates. The manufacturer's recommendations for maintenance and testing should also be followed. Be sure to check the link for [state AED laws](#), as most states require AED owners to maintain and test the device according to the manufacturer's specifications. In some states, this is required as a condition of civil immunity.

Following each use:

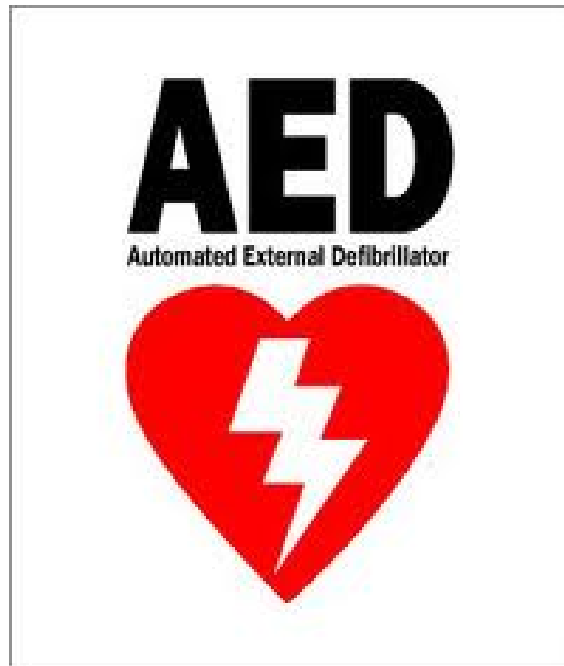
- The AED needs to be cleaned
- All used or opened supplies should be thrown away
- Check supplies, accessories and spares for expiration dates and damage
 - Check operation by removing and reinstalling the battery, as well as running a battery insert test
 - Download data from the AED to a computer, then erase the AED's memory to ensure adequate capacity for the next use

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Do You Know Where Your AED Is?



Answer:

An AED hanging on the wall
does not save lives!



Trained AED responders who know what to
do in the event of an emergency save lives!



Get trained so you can help save lives!

Contact AED Coordinator, _____
to sign-up for the next training session.

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Periodic Maintenance Checklist

AED Location:						
AED Model Number:						
AED Serial Number:						
Scheduled Maintenance Frequency						
Date						
AED Condition - No Dirt, Damage, Contamination						
Status Indicator Self-Test Passed						
Adult Pads - Sealed, Undamaged, Unexpired						
Infant/Child Pads - Sealed, Undamaged, Unexpired						
Ancillary Supplies (Hand Towel, Scissors, Razor, Pocket mask)						
Data Cards - Undamaged						
Other: _____						
Inspected By (Initials)						
Comments						
Corrective Actions						