

Boise State University
Automated External Defibrillator (AED) Program

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I. Introduction

Automated External Defibrillators (AEDs) are a proven method of reducing morbidity and mortality from acute myocardial infarction (heart attack). An AED is a device that attaches to a victim's chest to assess the heart's rhythm and, if needed, automatically recommends whether or not a shock be delivered to correct the heart's rhythm. An adult who has just gone into sudden cardiac arrest (i.e., cessation of a heartbeat, most commonly due to a heart attack) is most likely in urgent need of defibrillation and a metered electrical charge can often restore the heart to healthy function and save a life. To provide a realistic chance of survival, defibrillation must be available soon after cardiac arrest.

II. AED Locations and Emergency Medical System (EMS) Activation

Boise State University currently owns and maintains thirty (30) AEDs that are strategically placed in several campus buildings and University Security vehicles. Please refer to the attached Table 1 for a descriptive listing of AED locations.

In the event of a medical emergency involving a cardiac arrest victim, an AED-trained individual will transport the AED to the scene or call for another person to bring the AED to the scene. The operator or a co-worker should always call for emergency medical personnel by calling "911". All AEDs on campus are located near public or campus phones. Responders' use of the AED should not replace the care provided by emergency medical services (EMS) providers but it is meant to provide a lifesaving bridge during the first few critical minutes it takes for advanced life support providers to arrive. Upon arrival of the EMS providers, patient care should be transferred to those providers.

For every incident where the AED is used on a cardiac arrest victim, a report must be completed and submitted to the *Risk Management and Insurance Department (x3636)* within 24 hours of the incident.

III. AED Operators and Training

Only those who have been trained in the use of AEDs are permitted to use them in emergency situations. Currently, all AED-trained employees at BSU are volunteers except for University Security guards who are required to receive training and operate the AEDs.

All AED responders within this program must complete eight hours of First Aid/CPR that includes a segment of initial AED training. Required annual re-training is four hours of refresher CPR that also includes an AED segment. Only certified or competent instructors (e.g., American Red Cross or American Heart Association) will perform all training and refresher sessions or programs.

The University's desire is to train as many *Building Coordinators* as possible to enhance their duties as emergency monitors in their respective buildings. Employees interested in becoming an AED responders should contact Health, Wellness and Counseling Services.

IV. Post-Incident Reporting

For every incident where the AED is used on a cardiac arrest victim, a report must be completed and submitted to the Risk Management and Insurance Department within 24 hours of the incident. See Attachment A for the post-incident documentation form which will solicit the information necessary for tracking each incident.

V. Program Administration and Responsibilities

The *Campus Environmental Health and Safety Office, Training and Development*, and where applicable, individual departments who own/operate their own AEDs, shall act as the joint-administrators of the BSU AED program.

A. AED Location List or Map, Inspection and Maintenance

- *Campus Environmental Health and Safety (EHS) Office* shall ensure a current AED physical locations list is maintained and ensure the regular inspecting and maintaining of all AEDs placed for public use on campus. AEDs owned and used by other campus entities shall be responsible for their own equipment, inspection and regular maintenance to comply with the manufacturer's recommendations.
Important: After each use of any AED, a complete maintenance check according to the manufacturer's recommendations must be performed.

B. Training

- *Health, Wellness, and Counseling Services* shall promote and coordinate AED initial and refresher training offerings.
- The *University Training and Development Office* ensure that completed AED training records are maintained and that certified employees are notified of certification expirations.

C. Recordkeeping

- *Campus EHS Office* shall ensure location and maintenance records are kept current for the AEDs placed for public access. AEDs owned and used by other campus entities shall be responsible for their own equipment location and maintenance records.
- The *Training and Development Office* shall receive and store all completed AED training records for employees who successfully complete AED training.

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Appendix A

Boise State University

**Automated External Defibrillator (AED) POST-INCIDENT REPORT FORM FOR
CARDIAC ARRESTS**

Page 1 of 2

To be completed immediately after a cardiac arrest occurs at your facility or the AED is put on a patient. Form should be filled out by the main caregiver at the scene and the AED Operator and returned to Risk Management **within 48 hours**.

1. Facility or Building Name:

2. Incident Location:

3. Date of Incident: ____/____/____ Mo. Day Yr.

4. Estimated Time of **Incident** : ____:____ a.m. /p.m.

4a. Estimated Time that **911 Call** was placed: ____:____ a.m. / p.m.
Hr. Min. Hr. Min.

5. Name of Patient: _____

6. Patient Gender: Male[] Female[]

7. Estimated Age of Patient: _____ Yrs.

8. Did the patient collapse (become unresponsive)? Yes[] No[]

8a. If Yes, what were the events immediately prior to the collapse (check all that apply):
Difficulty Breathing [] Chest Pain [] No Signs or Symptoms [] Drowning [] Electrical Shock [] Injury []
Unknown []

8b. Was someone present to see the person collapse? Yes[] No[]
If yes, was that person a trained AED Employee? Yes[] No[]

8c. After the collapse, at the time of Patient Assessment and just prior to the AED pads being applied,
Was the person breathing? Yes[] No[] Did the person have a pulse? Yes[] No[]

9. Was CPR given prior to 911 EMS arrival? Yes[] Go to #9a No[] Go to #10

9a. Estimated time CPR Started: ____:____ a.m. / p.m. Hr. Min.

9b. Was CPR started prior to the Arrival of a Trained AED Employee? Yes[] No[]

9c. Who *Started* CPR? Bystander[] Trained AED Employee[]

10. Was a AED brought to the victim prior to 911 EMS arrival? Yes[] No[]

10a. If No, Briefly describe why and skip to question 17:

10b. If yes, estimated time AED was at patient's side: ____:____ a.m. /p.m. Hr. Min.

TURN TO NEXT PAGE and COMPLETE BOTH PAGES

**Automated External Defibrillator (AED) POST-INCIDENT REPORT FORM FOR
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Page 2 of 2
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Facility or Building Name _____

11. Were the AED Pads put on the patient? Yes [] No []

11a. If Yes, was the person who put the AED pads on the patient a:
Trained AED Employee [] Untrained AED Employee [] Bystander []

12. Was the AED turned on? Yes [] No []

12a. If yes, estimated time (based on your watch) the AED was turned on: ____:____ a.m. / p.m. Hr.
Min.

13. Did the AED ever shock the patient? Yes [] No [] If Yes,

13a. Estimated time (based on your watch) of 1st shock by AED: ____:____ a.m. / p.m.
Hr. Min.

13b. If shocks were given, how many shocks were delivered prior to the EMS ambulance arrival? # _____

14. Name of Person operating the AED: _____

14a. Is this person a trained AED employee? Yes [] No []

15. Was there any mechanical difficulty or failure associated with the use of the AED? Yes [] No []

15a. If Yes, briefly explain and attach a copy of the completed FDA reporting form (required by Federal law).

16. Were there any unexpected events or injuries that occurred during the use of the AED? Yes [] No []

16a. If yes, Briefly explain: _____

17. Indicate the patient's status at the time of the 911 EMS arrival: Hr. Min. _____

17a. Pulse restored: Yes [] No [] Don't Know [] If Yes, Time Pulse Restored: ____:____

17b. Breathing restored: Yes [] No [] Don't Know [] If Yes, Time Breathing Restored: ____:____

17c. Responsiveness restored: Yes [] No [] Don't Know [] If Yes, Time Patient Responsive: ____:____

18. Was the patient transported to the hospital? Yes [] No []

18a. If Yes, How was the patient transported? EMS Ambulance [] Private Vehicle []
Other _____

Report Completed by (please print Name and Date):

Signature

Title - Office Phone

**RETURN TO BSU Risk Management and Insurance Office (x3636) WITHIN 48 HOURS
FOLLOWING INCIDENT.**

TABLE 1
Boise State University
Automated External Defibrillator Program
 (Administered by Risk Management & Insurance and the Campus Environmental Health and Safety Office)

AED Installed Locations as of July 2004

Quantity	Building or Facility	Placement Location Description
1	Health Sciences Riverside	1st Floor to the left of the elevator door.
2	Morrison Center	One (1) on the Performing Arts side, 1st Floor by the Donor Wall at the Donor signature bookstand next to Fire Extinguisher. One (1) on the 1st floor in the main academic hallway, next to the center hall campus phone.
3	Science/Nursing/Education	One (1) in the main Education foyer by the campus phone on the brick wall, to the left of the elevator hall; i.e. hall leading to Sci-Nursing and Subway store. One (1) on the 4th floor in the Elevator Foyer next to the Fire Warden Emergency Phone. One (1) on the 2nd floor to the side of the stairwell entrance (hallway leading to the Biology chairs' office)
1	Business Building	One (1) in the main Foyer to the right of the south hall entrance next to the campus phone on wall (Computing Services office side).
1	Multipurpose Classroom Bldg	1st floor by the northwest entrance, above or next to the fire alarm pull station
2	Library/History/Criminal Justice	One (1) on the 1st floor across from the Circulation Desk next to fire extinguish (right of book security gates). One (1) at the rear, riverside entrance leading to History/Criminal Justice by the hallway fire extinguisher.
1	SMITC	One (1) on the 1st floor, main lobby by the campus and pay phones
1	Administration Bldg	One (1) on the 1st floor, middle entrance (leading to quad) by the campus and pay phones (to left of Veteran's Office)
2	SUB/SPEC Events Center	One (1) underneath main SUB entrance staircase-south side; One (1) in Special Events Center by A/V Tech Office, south side main hallway.
2	Pavilion	One (1) in Lobby 2 near pay phones; One (1) on Mezzanine level by elevator door
1	(NEW) SWIMMING POOL Kinesiology ANNEX	One (1) on the South wall, west end of the main hallway next to wall-mounted campus telephone.
1	Kinesiology Bldg.	One (1) in main 1st floor lobby by campus emergency phone on east side of main entrance.
1	Applied Tech	One (1) in main 1st floor entranceway by the campus wall phone.
1	Athl. Tennis Center (Bubbles)	One (1) at the Tennis Center (Bubbles) Building reception desk area;
1	Micron Engineering Center	One (1) in MEC 2nd floor at the end of the breezeway(south hallway wall).
2	Canyon County	One (1) on second floor south side hallway; One (1) first floor main entrance lobby across from phone
1	Facilities Operations & Maintenance Office	One (1) in the main office entrance area by receptionist counter.
2	University Security	One (1) in a Campus Security Truck; one (1) in Ada Co. Sheriffs Veh. #208 – permanently assigned to BSU
1	Extended Studies	One (1) in the receptionist's first floor main lobby desk cabinet
1	Student Recreation	One (1) in the first floor EQUIPMENT Check Out Service Counter.
1	Health and Wellness	One (1) in the Emergency Room
2	Athletic Trainer Offices	One (1) in Gary Craner's office; one (1) unit: placed in Tammy Pascoe office NOTE: These units are taken to off-site athletic events and are therefore not always available for use at BSU.