University of Wisconsin-River Falls  
Public Access Defibrillation Program  
Policy and Procedure

POLICY

1. Philips Heartstart Automatic External Defibrillators (AED’s) will be maintained on the premises of the University of Wisconsin-River Falls (UWRF).
2. The AEDs shall be used in emergency situations warranting its use by individuals specifically trained in the use of the device. This should include an emergency response plan and specific protocols for use of the AED.

PROCEDURE  Location, Maintenance and Testing of AED

1. The AED’s shall be located:
   University of Wisconsin-River Falls
   410 South Third Street
   River Falls, WI  54022
   (715) 425-3133 (University Police)
   a. One AED Machine (see attached for serial numbers) will be located at each of the locations (see attached for locations).
   b. A sign will be posted at the entrance of the facility and near the AED indicating that an AED machine is on the premises.

2. The type of device, planned intended use area, plan for maintenance and testing, and location of the device on the premises shall be confirmed in writing before implementation of the plan or immediately after any revisions of the plan to:
   a. Jeff Rixmann, River Falls Area Ambulance
      175 E. Cedar St.
      River Falls, WI  54022
      (715) 425-0370
   b. Dr. Greg Goblirsch, River Falls Medical Clinic (program Medical Director)
      1687 E. Division St.
      River Falls, WI  54022
      (715) 425-6701

3. Maintenance and testing is conducted as recommended by the manufacturer.
   a. All documentation of the maintenance and testing to date is maintained at the UWRF University Police Department.
   b. Documentation shall record the date and type of maintenance/testing and the signature of the person performing the maintenance/testing.

CPR & AED TRAINING

1. Initial training in CPR and AED use is done according to the American Heart Association.
2. Ongoing training in CPR and AED use is done according to schedules determined by UWRF Risk Management.
3. Records of training for this facility shall be kept at the UWRF Risk Management Office.
INTENDED USE AREA
1. The intended use area for the AED will be inside the building and any area outside the building within one block. Anyone properly trained in the use of an AED may request to use it in the above intended area.

PROTOCOL FOR USE OF AED
1. Determine unresponsiveness of victim and activate Emergency Response Plan.
   a. If victim is unresponsive, dial 9-911.
   b. Assess the victim for Airway, Breathing and Circulation (ABC’s)
   c. Initiate CPR, if required, while the AED is brought to the victim’s side
   d. Designate one person to wait at facility entry to direct EMS to victim’s location.
2. Upon AED arrival, place AED near head of victim and close to AED operator.
3. Prepare to use AED.
   a. Turn power ON.
   b. Bare and prepare chest for AED use
   c. Attach AED electrodes to victim. Note: For patients 1-8 years old, use pediatric electrodes, not adult. The AED cannot be used for patients under 1 year.
   d. Stop CPR while the device analyses the heart rhythm
   e. Follow the machine prompts for further action. If a shock is indicated, be sure all rescuers are “clear” before pressing the shock button.
4. Upon EMS arrival, EMS shall take charge of victim.
   a. Provide victim information, if available: name, age, medical history, time of incident
   b. Provide total number of shocks given by public access AED prior to EMS arrival.
5. (Future Reference) Persons involved with AED use should ensure delivery of AED to River Falls Area Ambulance or Dr. Greg Goblirsch for data download.

AFTER USING AED
1. A Critical Incident Stress Debriefing (CISD) will be held, if necessary, for those personnel involved in the response. Contact River Falls Ambulance for further information.
2. The program Medical Director shall be notified of AED use. This may include a follow-up report and a quality improvement review by the Medical Director.
3. The AED should be checked and placed back into readiness state according to manufacturer’s recommendations.

PLACING AED BACK INTO SERVICE
1. Readiness status will be assured following any AED use by University Police or designee.
   a. Clean AED per manufacturer’s recommendations
   b. Restock AED’s pads and check or change battery
   c. Restock disposable gloves and/or CPR microshield as necessary
   d. Document readiness
2. Records of readiness verification shall be kept at the University Police Department.

ROUTINE VERIFICATION OF READINESS
1. Readiness status will be assured and documented at the University Police Department. Documentation will be completed by the University Police Chief or designee.
# AED Emergency Use

## Summary of Event

**Instructions:**
1. Complete within 24 hours of the event.
2. Please print clearly.
3. Sign and date the completed report.
4. Submit to University Police (27 South Hall)

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>Date: (   /   / 20__)</th>
<th>Time: AM / PM</th>
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<tr>
<th>Location of Event:</th>
<th>Was the event witnessed?</th>
<th>Yes / No Name(s) of witnesses with phone number:</th>
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<tr>
<th>AED Oversight Physician:</th>
<th>AED Program Coordinator</th>
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<tr>
<th>Names of Trained Rescuers:</th>
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**Please circle correct answer:**

- Emergency Response Plan Activated? Yes / No
- 911 Notified? Yes / No
- Pulse Taken at Initial Assessment? Yes / No
- CPR Administered before AED arrival? Yes / No

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<tr>
<th>Names of CPR Rescuers:</th>
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**Please circle correct answer:**

- Were shocks given? Yes / No
- Total Number of Shocks Given: _______
- Did the Patient:
  - Regain a Pulse? Yes / No
  - Resume breathing? Yes / No
  - Regain Consciousness? Yes / No

<table>
<thead>
<tr>
<th>Was the procedure for transferring patient care to the local EMS agency executed? Yes / No (If No explain)</th>
<th>Any Problems encountered? (If yes, please explain) Yes / No</th>
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<th>Name of Person completing this form:</th>
<th>Date:</th>
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<th>Name of University Police Officer who reviewed the incident:</th>
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<th>Person responsible for Verification of Readiness for AED Unit:</th>
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