



**Baltimore County Sheriff's Office
Towson, Maryland**

**Sheriff
R. Jay Fisher**

General Order

Subject: Automated External Defibrillation	Effective Date 3/15/11	Number B-15
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Purpose:

The purpose of this directive is to establish policy and procedures for the use of the Automated External Defibrillator.

Contents:

- I. Definitions**
- II. Policy**
- III. Procedures**

I. Definitions

Automated External Defibrillation - An Automated External Defibrillator (AED) is an advanced medical device used by first responders and emergency medical services to deliver an electrical shock through the chest wall to the heart. The AED has built-in computers, which allow the device to determine if the patient's heart rhythm is eligible for shock.

II. Policy

It is the policy of the Baltimore County Sheriff's Office to ensure that members are properly trained in the utilization of the Automated External Defibrillator (AED).

III. Procedures

Early CPR and defibrillation are key factors in saving victims of cardiac arrest, as defibrillation is most effective within the first five to seven minutes from the onset of sudden cardiac arrest. As first responders, members of the Sheriff's Office, in many instances, can respond and arrive before any other form of advanced medical life support employees.

The following procedures are guidelines for use of the AED as established and set forth by the National Safety Council.

A. Training

- 1.** Entrance level Deputy Sheriffs will receive training for AED use through the National Safety Council AED and CPR training program through the Baltimore County Police Academy or Maryland Police and Corrections Training Commission (MPCTC) Police Academy.

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2. Sworn members will complete subsequent refresher training as determined by the approved AED training program during In-Service Training at the Baltimore County Police Academy. Additionally, lateral transfers will receive familiarization on the AED at the Office by the AED Coordinator.

B. Transportation

1. The Baltimore County Sheriff's Office AED will remain secured in the Desk Sergeants Area.
2. The AED should always be kept in a closed intact case with no signs of damage that would interfere with its use.
3. Members who utilize the AED will transport the unit to and from a medical situation in a secure manner.
4. There are additional AEDs deployed throughout the Courthouse (on the First through Fifth floors, near the elevators). These AEDs are not the property of the Sheriff's Office but are to be utilized in an emergency. All protocols listed in this General Order will be followed if **any** AEDs are utilized.

C. Deployment

1. Emergency Communications Center (911) will be notified *immediately* and ambulance requested when the AED is deployed.
2. AED usage will be restricted to trained members and will be used only when the patient is in cardiac arrest (not breathing/no pulse).
3. Use of the AED will be in accordance with the Maryland Medical Protocols of the National Safety Council.
4. Upon returning the AED to the Desk Sergeants Area, the AED Deployment Log will be filled out by the member. The log is maintained in the Desk Sergeant's Area with the AED.

D. Members Shall

1. Check the patient for consciousness/responsiveness.
2. If unresponsive, place the patient on their back and open airway.
3. If not breathing, deliver two (2) slow breaths.
4. Check the patient's pulse (circulation).
5. If no pulse, begin CPR.

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6. If the patient has not responded, stop CPR and attach AED electrodes (pads) as displayed on AED. Ensure no one is touching patient.
7. Stand clear of the patient and press the analyze button on the AED.
8. Follow the prompts from the AED. If shock is advised ensure no one is in contact with the patient, then announce, "I'm clear, you're clear, everyone is clear," prior to shocking.
9. The patient can be shocked up to nine times with the AED to obtain recovery. If the individual does not recover, CPR shall continue after the nine shocks have been delivered until properly relieved.
10. Utilize pediatric AED electrodes for patients under the age of 8.
11. If the patient recovers, monitor the airway, breathing and circulation (ABC's).
12. If the patient does not recover, continue CPR until EMS personnel arrive.

E. Reporting Procedures

When the AED unit is used, the following documentation and procedures must be followed:

1. Complete an Event Report, Form 10 titled Cardiac Arrest (block 11).
2. Complete a Maryland Facility AED Report Form for Cardiac Arrests (see Appendix I). The reports shall be filled out immediately following the incident. If the member has a question about the form, he/she should contact the AED Coordinator for assistance.
3. The AED Coordinator is responsible for ensuring that the reports are forwarded to the Maryland Institute for Emergency Medical Services System (MIEMSS) within 48 hours following the incident. (MIEMSS FAX # 410-706-4366)
4. The AED Coordinator shall be appointed by the Sheriff.
5. The original forms shall be kept on file at the Baltimore County Sheriff's Office in a secure and locked cabinet or room.

F. Maintenance

1. The AED will be visually inspected for readiness on every shift by the Desk Sergeant. Under normal operating conditions, the AED will show a readiness display of "OK" in black letters on the LCD screen.

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2. The AED will be thoroughly inspected monthly using the assigned Maintenance Check Sheet by the AED Coordinator.
3. The Physio-Control Lifepak 500® shows two problem codes on the LCD screen. A red wrench symbol (service required) or a red battery symbol (low battery) will appear if a problem with the unit exists.

If the AED indicates a problem code, contact the AED Coordinator for direction. The AED will be removed from service until a replacement can be obtained or the unit is repaired. The AED is designed to automatically conduct a self-test once within a 24-hour period.

4. Completed inspection sheets and related incident reports for AED use will be retained for a period of five (5) years.

G. Quality Assurance

Documentation of all necessary equipment maintenance, repairs, inspections, etc. is required. Additionally, documentation of all authorized AED user personnel must be maintained. For quality assurance purposes, the following records must be maintained:

1. A Maryland Institute for Emergency Medical Services Systems (MIEMSS) AED program certification #367-R must be obtained and displayed with the AED. Renewal of certification must be completed every three (3) years.
2. A log showing the dates of performance of manufactured recommended maintenance and repairs, as well as the name of company performing the maintenance or repair.
3. A log of dates and frequency of routine safety inspection of the AED.
4. Documentation of all personnel initial and subsequent In-Service Training in CPR and AED usage will be maintained by the Chief Deputy.
5. Documentation of AED deployment including dates and location.
6. All logs are to be maintained in the Desk Sergeant's Area with the AED.

Distribution

Sworn Members


R. Jay Fisher
Sheriff

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Appendix 1**

CONFIDENTIAL

For Official Use Only
M-CAPD # _____
Facility CA Form # _____
MAIS Form # _____

MARYLAND FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

To be completed immediately after a cardiac arrest occurs at your facility or the facility AED is put on a patient. Form should be filled out by the main caregiver at the scene & the Facility AED Operator and returned to MIEMSS within 48 hours. Please Return Completed Form with your AED Summary Report and copy of FDA Incident Form (if applicable) to:

Maryland Institute for Emergency Medical Services Systems (MIEMSS)
653 West Pratt Street Baltimore MD 21201 Attention: Epidemiology / M-CAPD Study
Fax: (410) 706-4366

1. Facility Name: _____

2. Incident Location: _____
Street address

_____ *City* _____ *State* _____ *Zip Code* _____ *County*

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

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

5. Name of Patient: _____
First Middle Last

6. Patient Gender: Male [] Female [] 7. Estimated Age of Patient: _____ Yrs.

8. Did the patient collapse (become unresponsive, i.e., no breathing, no coughing, no movement)? 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 Facility AED pads being applied,
 Were there signs of circulation (breathing, coughing, movement)? Yes [] No []
 Was pulse checked? Yes [] No []
 If yes, 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 Facility AED brought to the patient's side prior to 911 EMS arrival? Yes [] No []

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

10b. If Yes, Estimated Time (based on your watch) Facility AED at patient's side: ____ : ____ a.m. / p.m.
Hr. Min.

TURN OVER and COMPLETE BOTH SIDES

Facility Name _____

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Appendix 1 (cont'd)**

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11. Were the Facility 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 Facility Employee Untrained AED Facility Employee Bystander

12. Was the Facility AED turned on? Yes No

12a. If Yes, Estimated Time (based on your watch) Facility AED was turned on: _____ a.m. / p.m.
 Hr. Min.

13. Did the Facility AED ever shock the patient? Yes No

If Yes,
 13a. Estimated time (based on your watch) of 1st shock by facility 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 Facility AED: _____
 First Middle Last

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

14b. Highest level of medical training of person administering the Facility AED:
 Public AED Trained First Responder AED Trained EMT-B CRT/EMT-P
 Nurse/Physician Other Health Care Provider No Known Training

15. Was there any mechanical difficulty or failure associated with the use of the Facility 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 Facility 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: _____
 17d. Signs of circulation: Yes No Don't Know If Yes, Time Circulation Returned: _____

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 Date

 Signature Date

 Title Office Phone

Make/Model of the Facility AED that was used? _____
 Manufacturer Make Model #

Was a Rural Health Grant funded AED used at the scene? (i.e., Was there a MR-AED sticker on the AED?) Yes No
 If yes, by whom? Police Mobile Unit Emergency Roadside Assist Public Access Facility

**RETURN TO MIEMSS WITHIN 48 HOURS FOLLOWING INCIDENT: FAX (410) 706-4366
 QUESTIONS? CONTACT MIEMSS Office of Epidemiology at PHONE: (410) 706-4193**

Facility Name _____