

AED Program Questionnaire

Organization: Contact: Title:
Address: Email:
City, ST, Zip: Phone: Fax:

AED Program Coordinator Phone: Email:
Number of currently certified CPR/AED Certified Rescuers: Via: AHA Red Cross Other
Do you monitor and review CPR / AED Training Certification?
Who performs the CPR / AED Training Certification?
If CPR/AED Certification has not occurred, enter training date scheduled?

AED(s) Location(s): (Please list additional placements separately) Are AED Wall Cabinets Used? Yes No

(The AHA recommends a 3-minute response time from collapse of patient to use of an AED)
Are AEDs assessable before, during & after normal hours?
If AEDs are not assessable before, during & after normal hours please list reason(s):

Have your AEDs been updated for the 2010 AHA CPR/AED Protocol Changes?
Have Policies & Procedures for AED use been prepared?
Are Policies and procedures updated annually?
Have these policies & procedures been communicated to staff?
Are policies and procedures routinely reviewed with staff?
Are AED practice drills performed on a regular basis?
Have signs been posted disclosing location(s) of AED(s)?
Have AED routine maintenance responsibilities been assigned and carried out?

Prepared by: Title: Date:

See back for Protocols for AED use. These Protocols should be part of the AED policies and procedures communicated to staff.

An AED program should be established, implemented, documented and routinely communicated to your staff. This program includes:

- Designating an AED Coordinator and team
- Identification of Trained Rescuers
- Location of AED(s)
- Emergency Response Procedures
- Routine AED practice drills
- Post Event Review
- AED Maintenance Responsibilities

Protocols for AED Use: The following protocols regarding AED use are critical and constant.

1. An AED Coordinator should be appointed to oversee policies, procedures, training, and maintenance.
2. Emergency response should be contacted immediately via a "911" phone call.
3. Staff emergency response team members should be certified in CPR and AED use.
4. An AED should be used only when the victim is not conscious, not responding, and not breathing or not breathing normally.
5. An AED should be used on children under the age of 8 years who are unconscious, unresponsive, and not breathing or breathing normally. Ideally, reduced energy electrodes (key for FRx AED model) should be used for children under the age of 8 years. **If you are alone**, perform two minutes of CPR on a child/infant who has not reached puberty before calling 911 and getting the AED.
6. As the prescribed physician, I should be contacted within 48 hours of the use of the AED. I can be contacted through Aventric Technologies/HeartAED by calling 248-336-2594x232.

Excerpts from Executive Summary: 2010 American Heart Association Guidelines for Cardiac Resuscitation and Emergency Cardiovascular Care *Circulation 2010; 122;S640-S656*

"Integration of AEDs into a system of care is critical in the Chain of Survival in public places outside of hospitals. To give the victim the best chance of survival, three actions must occur within the first moments of a cardiac arrest: Activation of the EMS system, provision of CPR, and operation of a defibrillator."

"Early recognition of sudden cardiac arrest in adults is based on assessing responsiveness and the absence of normal breathing. Victims of cardiac arrest may initially have gasping respirations or even appear to be having a seizure. These atypical presentations may confuse a rescuer, causing a delay in calling for help or beginning CPR. Training should focus on alerting potential rescuers to the unusual presentations of sudden cardiac arrest."

"Encourage Hands-Only (compression only) CPR for the untrained lay rescuer. Hands-Only CPR is easier to perform by those with no training and can be more readily guided by dispatchers over the telephone." *"Editor's note: Rescue breaths should be included for infants, pre-puberty children, and for cardiac arrests caused by drowning, asphyxiation or drug overdose."*

"Initiate (30) chest compressions before giving rescue breaths (C-A-B rather than A-B-C). Chest compressions can be started immediately, whereas positioning the head, attaining a seal for mouth-to-mouth rescue breathing, or obtaining or assembling a bag-mask device for rescue breathing all take time."

"Training should focus on ensuring that chest compressions are performed correctly. The recommended depth of compression for adult victims has increased to a depth of at least 2 inches."

"The 1-shock protocol for VF has not been changed. Evidence has accumulated that even short interruptions in CPR are harmful. Thus, rescuers should minimize the interval between stopping compressions and delivering shocks and should resume CPR immediately after shock delivery."

Sincerely,


Dr. Juan Rojas MD