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AED PROGRAM DESIGN GUIDELINES™

A FRAMEWORK FOR THE PLACEMENT, RETRIEVAL AND USE OF AEDS IN NON-MEDICAL SETTINGS

Effective as of September 2017

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Readiness Systems, LLC
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AED Program Design Guidelines

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About Readiness Systems

Readiness Systems helps organizations be ready, get compliant and reduce risk for their AED programs. The firm designs and documents complete AED programs and ensures organizations have policies in place that properly organize AED program people, systems, equipment and activities. Readiness Systems helps clients accurately understand the AED program rules (industry standards + AED laws) so they can properly follow the rules.

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AED Program Design Guidelines™

September 2017

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AED Program Design Guidelines

A Framework for the Placement, Retrieval and Use of AEDs in Non-Medical Settings

Section 1. General Information

1.1. Scope. These AED Program Design Guidelines (Guidelines) describe suggested design, administrative and operational components needed to support effective and reasonable rapid defibrillation programs involving the placement, retrieval and use of automated external defibrillators in non-medical settings.

1.2. Purpose. These Guidelines provide those responsible for public and private emergency medical response programs with minimum criteria needed to assess current AED Programs or to design, implement, operate and maintain new AED Programs intended to prepare for and respond to unconscious, pulseless and non-breathing individuals who may be experiencing sudden cardiac arrest prior to the arrival of professional emergency medical services personnel.

1.3. Application. These Guidelines apply to public and private AED Program Entities. Application of these Guidelines is limited to AED Programs, AED Program Sites and areas of AED Program Sites owned or controlled by an AED Program Entity.

1.4. Not Legal Advice. These Guidelines are provided for informational purposes only and are not intended to be, do not constitute and should not be relied upon as legal advice or legal services. Readiness Systems does not offer or provide legal advice or legal services.

1.5. General Limitations. Due to the widely variable nature of AED Programs and AED Program Sites, these Guidelines do not purport to address all possible AED Program design, administrative and operational considerations. Reasonable judgment should be exercised when applying these Guidelines to specific AED Programs. These Guidelines are not intended to establish a legal standard of care and deviation from these Guidelines does not indicate or imply that an AED Program is acting below a reasonable level of conduct.

1.6. AED Program Limitations. Defibrillation programs in non-medical settings cannot reasonably be expected to perform to the same standards as professional emergency medical response systems, and people who volunteer to help suspected sudden cardiac arrest victims may not be trained healthcare professionals. As a result, even well designed and operated AED Programs may not function as intended every time they are needed. These Guidelines recognize the underlying nature and limitations of AED Programs by describing a program design, administrative and operational approach that seeks to increase the likelihood of success but cannot assure it.

1.7. Relation to CPR/ECC Guidelines. These Guidelines specifically address the design and operational framework surrounding the placement, retrieval and use of AEDs in non-medical settings. These Guidelines are intended to be used in conjunction with published cardiopulmonary resuscitation (CPR) and emergency cardiac care (ECC) science and guidance.

1.8. Effective Date. This version of the AED Program Design Guidelines is effective as of September 2017.

Section 2. Definitions

2.1. Automated External Defibrillator (AED). An automated or semi-automated medical device capable of cardiac rhythm analysis and Defibrillation after electronically detecting the presence of ventricular fibrillation.

2.2. AED Operator. A person authorized by an AED Program to use an AED.

2.3. AED Program. A set of policies that organize an AED Program Entity's people, systems, equipment and activities to prepare for and respond to suspected sudden cardiac arrest emergencies prior to the arrival of professional emergency medical services personnel. AED Programs are also sometimes referred to as "Public Access Defibrillation (PAD) Programs", "Early Defibrillation Programs" or "Community-Based AED Programs."

2.4. AED Program Entity. The public or private entity that is responsible for or operates the AED Program Sites associated with an AED Program. An AED Program Entity may be a public agency, department, office, board, or commission or other governmental organization, or a private corporation, partnership, group, or business or other private organization.

2.5. AED Program Personnel. Persons associated with the AED Program Entity who are involved with the design, administration and operation of the AED Program.

2.6. AED Program Site. A land area containing one or more buildings or other structures, or portions of buildings or other structures, that is included in the AED Program. An AED Program Entity may be responsible for or operate one or more AED Program Sites.

2.7. AED Program Design Guidelines (Guidelines). Suggested design administrative and operational components needed to support an effective and reasonable AED Program involving the placement, retrieval and use of automated external defibrillators in non-medical settings.

2.8. AED Responder. A person authorized by an AED Program to access or retrieve an AED in response to suspected sudden cardiac arrest emergencies and to serve in other supporting AED response roles including, but not limited to, opening doors, calling elevators, guiding emergency medical services personnel and managing bystanders.

2.9. AED Response Team. All AED Responders and AED Operators associated with an AED Program.

2.10. AED Response Time Objective. The maximum desired elapsed period from the time a suspected sudden cardiac arrest collapse is first reasonably recognized to the time defibrillation therapy is first delivered.

2.11. AED Response Zone. A defined physical area of an AED Program Site within which a minimum of one (1) AED is placed.

2.12. AED Training. The transfer of knowledge and skills designed to enable a person to recognize a potentially unconscious, pulseless and non-breathing individual who may be experiencing sudden cardiac arrest and initiate the retrieval and use of an AED.

2.13. Defibrillation. The discharge of an electrical current through the heart muscle for the purpose of restoring a blood circulating cardiac rhythm.

2.14. Formal AED Training. AED Training that complies with the intent of applicable state and local training requirements. Formal AED Training may or may not lead to documented evidence of course completion (e.g., course completion card, certificate of course completion, etc.) and may be delivered by any of the following methods:

2.14.1. Live, instructor-led training;

2.14.2. Self-directed learning via books and printed materials, multimedia instruction (e.g., video, CD-ROM, DVD) or Internet-based instruction;

2.14.3. Blended instruction combining online learning with hands-on practical skill demonstrations;

2.14.4. Real-time training via AED voice-prompts, graphic pictograms and text prompts.

2.15. General AED Training. Information provided as part of, or separate from, the AED Program that builds general awareness about AED programs, AEDs and their benefits and AED locations, and includes specific guidance about how to respond to a suspected SCA emergency and use an AED.

2.16. Primary AED Responder. An AED Response Team member who receives Formal AED Training within the AED Program and who voluntarily responds to suspected sudden cardiac arrest emergencies as a Good Samaritan.

2.17. Secondary AED Responder. An AED Response Team member who receives General AED Training and who voluntarily responds to suspected sudden cardiac arrest emergencies as a Good Samaritan.

2.18. Sudden Cardiac Arrest (SCA). The sudden, abrupt loss of heart function. Most sudden cardiac arrests occur when the electrical impulses in the heart become chaotic (ventricular fibrillation). This irregular heart rhythm (arrhythmia) causes the heart to suddenly stop beating normally.

Section 3. AED Program Design Guidelines

3.1. AED Program Site Information.

3.1.1. Scope. This Guideline addresses the documentation of AED Program Site information.

3.1.2. AED Program Site Information Guideline. The AED Program should document, at a minimum, the following AED Program Site information.

3.1.2.1. The total number of AED Program Sites;

3.1.2.2. For each AED Program Site:

3.1.2.2.1. Address;

3.1.2.2.2. Primary and secondary contacts;

3.1.2.2.3. Building owner and manager, if appropriate;

3.1.2.2.4. Type of business;

3.1.2.2.5. Total AED Program Site size in acres;

3.1.2.2.6. Number of buildings, or portions of buildings, occupied by the AED Program Entity;

3.1.2.2.7. Number of floors, or portions of floors, in each building occupied by AED Program Entity;

3.1.2.2.8. Approximate size in square feet of each occupied floor area;

3.1.2.2.9. Approximate total staff and daily visitors in each building;

3.1.2.2.10. Normal operating hours;

3.1.2.2.11. Local emergency medical services providers;

3.1.2.2.12. The manufacturer and model of each placed AED.

3.2. Legal and Regulatory Environment.

3.2.1. Scope. This Guideline addresses the legal and regulatory environment applicable to the AED Program.

3.2.2. Background. AED laws exist in every state, the District of Columbia and some local jurisdictions. However, the structure, content, complexity and scope of these laws vary widely creating confusion and often making compliance difficult or impossible. This Guideline recognizes the risks inherent in the current AED law environment and incorporates an approach that seeks to mitigate these risks by documenting an AED Program's reasonable compliance with the purpose and intent of application legal and regulatory requirements.

3.2.3. Legal and Regulatory Environment Guideline.

3.2.3.1. For each AED Program Site, the AED Program should document all applicable legal and regulatory requirements including, but not limited to, those relating to:

3.2.3.1.1. AED medical device regulation and oversight including, but not limited to, FDA device clearance and prescription requirements;

3.2.3.1.2. AED Program mandates;

3.2.3.1.3. Medical direction or oversight;

3.2.3.1.4. Training;

3.2.3.1.5. Equipment inspection and maintenance;

3.2.3.1.6. Agency notification and registration;

3.2.3.1.7. Written policies, procedures and protocols;

3.2.3.1.8. Good Samaritan immunity;

3.2.3.1.9. Scope of persons authorized to or prohibited from serving as AED Operators.

3.2.3.2. The AED Program should document reasonable compliance with the purpose and intent of all applicable legal and regulatory requirements.

3.3. AED Program Personnel.

3.3.1. Scope. This Guideline addresses AED Program Personnel associated with the AED Program.

3.3.2. AED Program Personnel Guideline. The organizational structure of an AED Program should include one or more AED Program Personnel generally having responsibility to perform the functions described in this Guideline:

3.3.2.1. AED Program Administrative and Operational Functions:

3.3.2.1.1. Review and approve the AED Program design.

3.3.2.1.2. Review and approve completed AED Program documentation.

3.3.2.1.3. Ensure ongoing resources and support for the AED Program.

3.3.2.1.4. Authorize resources and budget needed to implement and operate the AED Program.

3.3.2.1.5. Coordinate activities between the AED Program and the AED Program Medical Director.

3.3.2.1.6. Coordinate AED Program activities between and among internal personnel.

3.3.2.1.7. Serve as the central point of contact for anyone within or outside the AED Program seeking information about the AED Program.

3.3.2.1.8. Procure AEDs in the numbers and at the times specified for the AED Program.

3.3.2.1.9. Install, or have installed, AEDs in the AED placement locations specified for the AED Program.

3.3.2.1.10. Ensure monitoring, testing, maintenance and replacement of AEDs, batteries, electrodes and accessories occurs as specified for the AED Program.

3.3.2.1.11. Purchase necessary supplies and accessories.

3.3.2.1.12. Fulfill external agency notification and registration functions specified for the AED Program.

3.3.2.1.13. Ensure that designated employees are trained as specified by the AED Program.

3.3.2.1.14. Ensure, to the extent possible, that information used in development of the AED Program is accurate.

3.3.2.1.15. Ensure, to the extent possible, that communications systems designated for use in the AED Program are operational.

3.3.2.1.16. Coordinate post-SCA event activities including the review of incidents involving the application, use, attempted use or non-use of an AED.

3.3.2.2. AED Program Medical Direction Functions:

3.3.2.2.1. Issue or obtain a prescription authorizing the AED Program to purchase AEDs, if required.

3.3.2.2.2. Properly determine and set user-configurable AED options, if required.

3.3.2.2.3. Review and approve the medical components of the AED Program, if required.

3.3.2.2.4. Report SCA events to outside agencies, if required.

3.4. AED Response Time.

3.4.1. Scope. This Guideline addresses the AED Response Time Objective adopted for each defined AED Response Zone.

3.4.2. Background. AED response time includes time allocations for SCA recognition, notification to retrieve an AED, retrieval of an AED and use of an AED. AED Programs should be designed with the goal that all of these actions will occur within the AED Response Time Objective adopted for each defined AED Response Zone. The AED Response Time Objective described in this Guideline is a performance goal, it is not a guarantee. AED Programs cannot reasonably be expected to meet AED Response Time Objectives every time an SCA event occurs. This is because available resources and many variables can impact actual response time.

3.4.3. AED Response Time Guideline. The AED Response Time Objective for each defined AED Response Zone should have the goal of delivering defibrillation therapy within five (5) minutes or less from the time SCA is first reasonably suspected. This Guideline applies only to potential SCA events occurring within defined AED Response Zones.

3.5. AED Response Zones.

3.5.1. Scope. This Guideline addresses the characteristics and definition of AED Response Zones associated with an AED Program.

3.5.2. Background. An AED Program will have one or more AED Program Sites. Each AED Program Site will have one or more AED Response Zones. This Guideline describes those factors (e.g., speed, time, obstacles, distance and various other characteristics) to be considered in determining the physical area of an AED Program Site that can be effectively covered by one AED within established AED Response Time Objectives. Depending upon AED Program Site characteristics, these Guidelines recognize that AED Response Zone coverage may not extend to all areas of each AED Program Site.

3.5.3. AED Response Zone Guideline. The AED Program Entity should define and designate one or more AED Response Zones for each AED Program Site using the following criteria:

3.5.3.1. Ideally, AED Response Zone coverage should extend to all areas of each AED Program Site. Areas of an AED Program Site may be reasonably excluded from AED Response Zone coverage based on factors including, but not limited to, the following:

3.5.3.1.1. Low population density,

3.5.3.1.2. Unreasonable implementation or operating expense;

3.5.3.1.3. Legal constraints;

3.5.3.1.4. Dangerous conditions;

3.5.3.1.5. Proximity of emergency medical services resources.

3.5.3.2. The following criteria may be considered in defining the actual physical coverage area for each AED Response Zone:

3.5.3.2.1. Standard age-based rapid walking speeds;

3.5.3.2.2. Actual horizontal and vertical dimensions and layout of the physical space;

3.5.3.2.3. The density of people moving through or congregating in the physical space;

3.5.3.2.4. Physical barriers and obstructions that may deter, delay or prevent access;

3.5.3.2.5. Interior doorways and access points;

3.5.3.2.6. The distance between buildings, if multiple buildings are to be included within a single AED Response Zone;

3.5.3.2.7. Mechanical and electronically controlled access points;

3.5.3.2.8. Personnel monitored access points;

3.5.3.2.9. Stairwells and stairwell doors;

3.5.3.2.10. Elevators;

3.5.3.2.11. Escalators;

3.5.3.2.12. AED storage, access and retrieval policies.

3.5.3.3. AED Quantities. The AED Program should acquire and place at least one AED in each designated AED Response Zone.

3.6. AED Placement Locations.

3.6.1. Scope. This Guideline addresses the placement location for each placed AED.

3.6.2. AED Placement Location Guideline. The AED Program should designate an AED placement location for each AED placed within each AED Response Zone designated pursuant to section 3.5.3. AED placement locations should be selected to reasonably ensure AED Response Time Objectives can be met.

3.7. Deployment Plan and Timeline.

3.7.1. Scope. This Guideline addresses the AED deployment plan and timeline associated with the AED Program.

3.7.2. Background. The total number of AEDs needed for an AED Program is based on the number and size of AED Response Zones defined to ensure reasonable AED response time coverage throughout AED Program Sites. These Guidelines recognize that an AED Program may be unable to acquire all required AEDs at the time of program inception. This Guideline describes factors that may be considered for deploying the targeted number of AEDs over a defined period of time.

3.7.2.1. Deploying the targeted number of AEDs over time will necessarily result in some AED Program Sites or AED Response Zones being without AED coverage and some AED Response Zones having AED response times that may exceed the AED Response Time Objective described in these Guidelines.

3.7.2.2. From a public health and site safety perspective, it is reasonable for an AED Program to deploy the targeted number of AEDs over time rather than not deploying any AEDs.

3.7.3. Deployment Plan and Timeline Guideline. The AED Program may develop and document a reasonable AED deployment plan and associated timeline that includes the following information:

3.7.3.1. The total number of AEDs targeted for the AED Program and each AED Program Site;

3.7.3.2. The identified AED placement locations for each AED;

3.7.3.3. The number of AEDs to be acquired at AED Program inception (initial AEDs);

3.7.3.4. The number of AEDs to be acquired after AED Program inception (phased deployment AEDs);

3.7.3.5. AED Program Sites owned or controlled by the AED Program Entity, or areas within an AED Program Site, that are excluded from AED Response Zone coverage pursuant to section 3.5.3.1.

3.7.3.6. Dates on which initial and phased deployment AEDs are likely to be deployed to specific AED Placement Locations;

3.7.3.7. Any revisions to the AED Deployment Plan and Timeline.

3.7.3.8. The AED Program's rationale for determining the rank order of AED Placement Locations to receive AEDs on specified dates, including but not limited to consideration of:

3.7.3.8.1. The number and characteristics of people present in each AED Response Zone;

3.7.3.8.2. The types of activities occurring in each AED Response Zone;

3.7.3.8.3. Expected AED response times in contiguous AED Response Zones;

3.7.3.8.4. A reasonable assessment of the proximity of emergency medical services resources;

3.7.3.8.5. Site complexity and/or available infrastructure to implement and operate the AED Program;

3.7.3.8.6. History of SCA.

3.8. Equipment.

3.8.1. Scope. This Guideline addresses the equipment and accessories to be placed within each AED Response Zone and at each AED placement location.

3.8.2. Equipment Guideline. The following equipment and accessories should be available at each AED placement location:

3.8.2.1. One AED cleared for sale by the U.S. Food and Drug Administration;

3.8.2.2. One single-page text/pictogram guide showing AED users how to operate the AED;

3.8.2.3. One set and, optionally, one additional set of adult electrodes approved by the manufacturer for use with the AED;

3.8.2.4. One pediatric set of electrodes approved by the manufacturer for use with the AED if persons 8 years of age or less than 55 pounds are regularly expected to be present in the AED Response Zone;

3.8.2.5. One installed and, optionally, one spare AED battery approved by the manufacturer for use with the AED;

3.8.2.6. One mouth barrier device;

3.8.2.7. One razor;

3.8.2.8. One pair of scissors;

3.8.2.9. One pair of gloves;

3.8.2.10. Ten 4x4 gauze pads;

3.8.2.11. One carrying case;

3.8.2.12. One AED data storage device, if applicable.

3.8.3. AED User's Guide. A minimum of one AED User's Guide provided by the AED manufacturer should be available at the AED Program Site or online for each make and model of AED deployed.

3.9. AED Storage, Security and Access.

3.9.1. Scope. This Guideline addresses AED storage, security and access policies adopted by the AED Program.

3.9.2.AED Storage, Security and Access Guideline.

3.9.2.1. Each placed AED should be secured and protected from theft using one or more of the following methods:

3.9.2.1.1. Placement under the control or visual supervision of one or more individuals stationed with or near each AED during most hours in which employees or visitors are permitted in the AED Program Site;

3.9.2.1.2. Placement within an unlocked storage cabinet which emits an audible alarm when opened capable of being heard throughout significant portions of the AED Response Zone associated with the AED;

3.9.2.1.3. Placement within an unlocked storage cabinet that automatically detects and immediately reports when the cabinet door is opened and the AED is removed;

3.9.2.1.4. Placement within a locked storage location accessible to an identifiable number of AED Program Site personnel capable of quickly and reliably retrieving the stored AED in the event it is needed.

3.9.2.1.5. Placement within an area monitored by real-time video surveillance.

3.9.2.1.6. Other documented security and theft protection methods.

3.9.2.2. The AED Program should generally authorize any willing person to retrieve an AED. Any AED access limitations should be documented by the AED Program and clearly identify:

3.9.2.2.1. Those persons excluded from accessing an AED; and

3.9.2.2.2. The rationale for the exclusion.

3.9.2.3. The AED Program should include an AED storage and access method for each placed AED that permits prompt removal and retrieval.

3.9.2.4. If the AED Program utilizes AED storage methods that restrict removal, e.g., electronic or mechanical locking mechanisms, the AED Program should ensure that the AED can be quickly removed and retrieved from its restricted storage environment.

3.10. Equipment Inspection, Servicing and Replacement Program.

3.10.1. Scope. This Guideline addresses the inspection, servicing and replacement of AED hardware and AED accessories for an AED Program.

3.10.2. Background. The delivery of defibrillation therapy requires that AED hardware be in proper working order, AED batteries be within useful life and have a sufficient amount of stored energy and AED electrodes be within useful life. This Guideline describes operational activities needed to ensure the operational readiness of all AEDs placed throughout the AED Program.

3.10.3. Inspection and Replacement Program Guideline. The AED Program should establish an equipment inspection, servicing and replacement program that reasonably incorporates the following tasks to be performed at intervals no greater than monthly:

3.10.3.1. AED hardware:

3.10.3.1.1. Inspect for damage or foreign substances and service or replace in accordance with manufacturer recommendations;

3.10.3.1.2. Check visual status indicator and service or replace in accordance with manufacturer recommendations;

3.10.3.2. AED batteries:

3.10.3.2.1. Inspect for damage or foreign substances and service or replace in accordance with manufacturer recommendations;

3.10.3.2.2. Check visual status indicator, if applicable, and service or replace in accordance with manufacturer recommendations;

3.10.3.2.3. Check for energy level and recharge or replace in accordance with manufacturer recommendations;

3.10.3.2.4. Check for expiration date and replace, at a minimum, when the expiration date is within 90 days of the inspection date;

3.10.3.2.5. Recharge or replace after use in accordance with manufacturer recommendations.

3.10.3.3. AED electrodes:

3.10.3.3.1. Inspect packaging for damage and replace in accordance with manufacturer recommendations;

3.10.3.3.2. Check visible cables for damage and replace in accordance with manufacturer recommendations;

3.10.3.3.3. Check for expiration date and replace, at a minimum, when the expiration date is within 90 days of the inspection date;

3.10.3.3.4. Discard and replace after use.

3.10.3.4. Any other maintenance required by manufacturer or by law.

3.10.4. The inspection program should include a written, computer-based or comparable method to initiate, document and track inspection results and AED status.

3.11. AED Response Team.

3.11.1. Scope. This Guideline addresses the AED Response Team associated with the AED Program.

3.11.2. Background. To be effective, AED Programs should be designed to increase the chances an AED will be rapidly retrieved and used when needed. A sufficient number of persons should be authorized to act in defined response roles in order to achieve this objective. These Guidelines recognize that the larger the pool of potential responders, the more likely rapid defibrillation will occur. Thus, these Guideline contemplate that AED Response Teams may be comprised of persons formally affiliated with the AED Program Entity, e.g., employees and consultants, as well as persons not formally affiliated with the AED Program Entity, e.g., guests, visitors and other bystanders.

3.11.3. AED Response Team Guideline. The AED Program should establish and document an AED Response Team program that, at a minimum, meets the following requirements:

3.11.3.1. AED Response Team authorization:

3.11.3.1.1. Primary AED Responders should be authorized to serve as AED Responders and AED Operators.

3.11.3.1.2. Secondary AED Responders should be authorized to serve as AED Responders and may be authorized to serve as AED Operators.

3.11.3.2. AED Response Team coverage:

3.11.3.2.1. If the AED Program authorizes Secondary AED Responders to act as AED Operators, then at least one Primary AED Responder should be available within each AED Response Zone during eighty-five (85) percent of normal operating hours.

3.11.3.2.2. If the AED Program does not authorize Secondary AED Responders to act as AED Operators, then at least one Primary AED Responder should be available within each AED Response Zone during ninety-five (95) percent of normal operating hours.

3.11.3.3. The AED Program should generally authorize as Secondary AED Responders all employees and staff of the AED Program Entity whose primary location is within an AED Response Zone. The AED Program may generally authorize as Secondary AED Responders all visitors, guests and other bystanders whose location is within an AED Response Zone. Any limitations on who is authorized to serve as a Secondary AED Responder should be documented by the AED Program and clearly identify:

3.11.3.3.1. Those persons excluded from serving as Secondary AED Responders; and

3.11.3.3.2. The rationale for the exclusion.

3.12. AED Training.

3.12.1. Scope. This Guideline addresses AED training associated with the AED Program.

3.12.2. AED Training Guideline. The AED Program should establish and document an AED Training program that, at a minimum, meets the following requirements:

3.12.2.1. Formal AED Training:

3.12.2.1.1. A sufficient number of Primary AED Responders to meet AED Response Team coverage requirements set forth in section 3.11.3.2. should receive Formal AED Training prior to or concurrent with the placement of AEDs.

3.12.2.1.2. New Primary AED Responders should receive Formal AED Training prior to being recognized as Primary AED Responders.

3.12.2.1.3. The AED Program should include a written procedure to:

3.12.2.1.3.1. Recognize and document current and past authorized Primary AED Responders;

3.12.2.1.3.2. Recognize and document when an individual is no longer authorized as a Primary AED Responder;

3.12.2.1.3.3. Identify, train and authorize new Primary AED Responders;

3.12.2.1.3.4. Ensure the total number of Primary AED Responders meets or exceeds the minimum number described in section 3.11.3.2.

3.12.2.2. General AED Training:

3.12.2.2.1. Substantially all existing employees at each AED Program Site should receive General AED Training prior to the placement of AEDs.

3.12.2.2.2. Substantially all new employees at each AED Program Site should receive General AED Training within a reasonable time of starting employment.

3.12.2.2.3. General AED Training should include the information described in section 3.13.2.1.1.

3.12.2.3. Training documentation:

3.12.2.3.1. For each Primary AED Responder, the AED Program should document, track and monitor, at a minimum, the name of the trainee, the date of initial Formal AED Training and, if applicable, the date refresher training is required.

3.12.2.3.2. For all Secondary AED Responders, the AED Program should document

3.12.2.3.2.1. The methods used to deliver General AED Training throughout the organization

3.12.2.3.2.2. The dates on which General AED Training is delivered.

3.12.2.3.2.3. The target audience of each General AED Training communication.

3.12.2.3.2.4. Documentation of delivery to each individual Secondary AED Responder is not required.

3.13. AED Program Communications.

3.13.1. Scope. This Guideline addresses AED Program communications.

3.13.2. AED Program Communications Guideline. The AED Program should include AED Program communications that, at a minimum, include the following components:

3.13.2.1. Internal AED Program Communications. The AED Program should include internal AED Program communications that include:

3.13.2.1.1. Formal AED Training information about:

3.13.2.1.1.1. Formal AED Training opportunities;

3.13.2.1.1.2. The names and work locations of Primary AED Responders.

3.13.2.1.2. General AED Training, which should include information about:

3.13.2.1.2.1. The purpose and capabilities of AEDs;

3.13.2.1.2.2. The AED Program and its benefits;

3.13.2.1.2.3. The presence and location of AEDs;

3.13.2.1.2.4. How to recognize an individual who may be experiencing sudden cardiac arrest;

3.13.2.1.2.5. How to respond in the event of a suspected sudden cardiac arrest emergency;

3.13.2.1.2.6. How to quickly retrieve and use an AED.

3.13.2.1.3. Internal AED Program communications should be provided to substantially all employees on at least a semi-annual basis.

3.13.2.1.4. AED Location Signage.

3.13.2.1.4.1. The AED Program should post readily visible signage, similar in form to that shown in Figure 1 (minimum size should generally be 20"H x 10"W), at each commonly used entrance of each AED Program Site advising that AEDs are present;

Figure 1

3.13.2.1.4.2. The AED Program should post readily visible signage, similar in form to that shown in Figure 2 (minimum size should generally be 14"H x 10"W) or Figure 3 (minimum size should generally be 6"W x 8"H x 5"D), within five (5) feet of each AED indicating the presence and location of each AED.

Figure 2

Figure 3

3.13.2.2. External AED Program Communications. If legally required, the AED Program should use good faith efforts to notify appropriate state and local agencies of the presence and location of each AED.

3.13.2.3. AED Program Event Communications. The AED Program should include AED Program event related communications that include the following:

3.13.2.3.1. Event communications systems and methods. The AED Program should implement AED Program event communications systems and methods that, at a minimum, are capable of:

3.13.2.3.1.1. Promptly initiating an AED Response Team response to the location of a suspected SCA victim;

3.13.2.3.1.2. Promptly initiating the rapid retrieval of an AED to the location of a suspected SCA victim;

3.13.2.3.1.3. Promptly notifying local emergency medical services agencies of the existence and location of a suspected SCA emergency.

3.13.2.3.2. Written event protocol. The AED Program should develop a written event protocol that identifies actions to be taken in the event of a suspected SCA emergency. The event protocol should, at a minimum, identify:

3.13.2.3.2.1. How to promptly activate the AED Program and initiate an AED Response Team response to the location of a suspected SCA victim;

3.13.2.3.2.2. How to ensure the prompt retrieval of an AED to the location of a suspected SCA emergency;

3.13.2.3.2.3. How to promptly notify local emergency medical services agencies about the existence and location of a suspected SCA emergency;

3.13.2.3.2.4. AED access, retrieval and use policies for the AED Program Site;

3.13.2.3.2.5. AED placement locations.

3.13.2.4. AED Program Post-Event Communications. The AED Program should:

3.13.2.4.1. Promptly notify the AED Program medical director, if it has one, and other appropriate authorities of each SCA emergency as required and permitted by law;

3.13.2.4.2. Promptly notify appropriate state and local agencies of each SCA emergency as required and permitted by law;

3.13.2.4.3. As appropriate and permissible, notify employees that an SCA event occurred, how the AED Program performed and the status of the SCA victim.

3.14. Documentation.

3.14.1. Scope. This Guideline addresses general documentation requirements associated with the AED Program.

3.14.2. Documentation Guideline. At a minimum, the AED Program should develop and retain the following key AED Program documentation:

3.14.2.1. Program design attributes that demonstrate reasonable compliance with these Guidelines;

3.14.2.2. Ongoing records of AED Program operations, such as, but not limited to, maintenance, training, agency notifications and SCA events.

3.14.2.3. Key AED Program policies and procedures including, for example:

3.14.2.3.1. Copies of relevant and current laws and regulations.

3.14.2.3.2. AED prescription policy and documentation.

3.14.2.3.3. Sudden cardiac arrest event policies.

3.14.2.3.4. Agency notification forms, as required.

3.14.2.3.5. Post-event reporting policies and forms.

3.14.2.3.6. Training policies and tracking forms or methods.

3.14.2.3.7. Equipment inspection and maintenance policies and associated inspection forms or methods.

3.14.2.3.8. AED storage, access and use policies.

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