

PUBLIC ACCESS DEFIBRILLATION (PAD) PROCEDURES AND POLICY

INTRODUCTION:

As recognized by the New York State Department of Health, “Public Access Defibrillation” is designed to encourage greater acquisition, deployment, and use of automated external defibrillators (AED) in the community, and has been successful in saving many lives all across New York State.

The purpose of this PAD Program is to reduce the number of “out of hospital” deaths associated with sudden cardiac arrest.

*Only personnel who have successfully completed the required training will be permitted to provide the care that is outlined in these protocols.

INDICATIONS:

If not responsive and not breathing

- Adult Mode: For patients older than 8 years of age (or showing signs of puberty)
- Child Mode: For patients 1-8 years of age (or showing signs of puberty)

TRAINING:

Training must be ongoing in order to instill and maintain knowledge and skills regarding cardiopulmonary resuscitation (CPR) and AED use. Personnel trained in AED response and use should have biennial (every two years) updates to ensure the ability to adequately operate the equipment, should the need arise. An approved NYS DOH training program shall be utilized.

EQUIPMENT MAINTENANCE AND CHECKOUT PROCEDURES:

The agency should assign weekly maintenance checks of the equipment. Personnel performing equipment inspection will fill out a Maintenance Checklist (or some form of log) to be kept on file by the PAD Site Coordinator. The PAD Site Coordinator is to be immediately contacted if any equipment needs replacement or maintenance.

All AEDs shall have certain medical supplies provided with them. These supplies shall include: A set of AED pads in sealed package, pocket mask with one-way valve, examination gloves, razors, and absorbent gauze or hand towels.

If the AED is used during an emergency, the unit will be pulled from service and an event report generated from the device.

* Always refer to the manufacturer guidelines when maintaining/ operating the AED device

QUALITY ASSURANCE / QUALITY IMPROVEMENT (QA/QI):

As part of the QA / QI process, a report will be created by the PAD Site Coordinator and sent to the Physician Emergency Health Care Provider as soon as possible.

The PAD Site Coordinator will complete and submit the appropriate Westchester Regional EMS Council AED Use Report Form to wremSCO@wremSCO.org.

In addition to the reporting requirements, QA/QI will also include an Event Audit with the responding personnel, to discuss the incident, the outcome, and any possible changes or improvements that could be made to the process.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) MAINTENANCE CHECKLIST:

Date _____ Location _____

Inspection Performed by _____

Criteria	Status	Corrective Action/ Comments
AED		
Placement visible, unobstructed and near phone.		
Verify battery installation		
Check the status/service indicator light		
Note absence of visual/audible service alarm		
Inspect exterior components and sockets for cracks		
SUPPLIES		
Two sets of AED pads in sealed package (for older models/ one set for newer models)	Exp _____ Exp _____	
Pocket mask with one-way valve		
Examination gloves		
Razors		
Absorbent gauze or hand towels		