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# Automated External Defibrillator (AED) Program and Procedures

UNC Greensboro

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# **1. General Program & Administration**

The University of North Carolina Greensboro consistent with NC General Statute section 143B-370.1, has established the following program to address AEDs on campus.

## **1.1 Program Statement**

The purpose of the UNCG AED program is to establish procedures to ensure that AED placement, use, maintenance and training meet the requirements set forth in applicable state law and regulation.

## **1.2 Program Administration Roles and Responsibilities**

Within the AED program, there are three primary roles: Program Administrator, Program Medical Advisor, and Unit Coordinator, each of which has unique responsibilities outlined in more detail below.

### **A. AED Program Administrator**

The Office of Environmental Health & Safety serves as the AED Program Administrator and is responsible for administrative oversight of the University's AED Program, in consultation with the AED Program Medical Advisor.

Responsibilities include:

- Develop and maintain a written program for the University AED program.
- Assist Unit Coordinators with the establishment of protocols necessary for an effective AED program.
- In cooperation with the AED Program Medical Advisor, review departmental request for AED purchases.
- Conduct annual inspections to verify that AED owners are in compliance with the AED program and maintaining inspection records.
- Identify and communicate relevant federal and state laws and regulations
- Conduct annual reviews of departmental AED programs.

### **B. AED Program Medical Advisor**

The Gove Student Health Center Medical Director, or their designee, serves as the AED Program Medical Advisor and is responsible for medical direction for the University's AED program.

Responsibilities include:

- Develop and/or approve all medical aspects of the program.
- Approve for use at the University type(s) of AED unit(s) that satisfy North Carolina state law.
- Select and/or approve ancillary medical equipment and supplies for the University's AED program.
- Provide written authorization (prescription) for acquisition and placement of each AED unit.

- Review and approve type(s) and frequency of AED training provided to University personnel that will satisfy North Carolina state law and applicable guidelines.
- Perform a medical review each time an AED unit is used at the University.
- In cooperation with the AED Program Administrator, perform annual review of all components of the University AED program

### **C. AED Unit Coordinator**

The AED Unit Coordinator, in consultation with the AED Program Administrator, is responsible for the day-to-day management of the AED program within her/his division/building/department. A Unit AED Program may include the operation of more than AED, depending on the scope of the Unit.

Responsibilities include:

- In coordination with the AED Program Administrator, develop and maintain written protocols (Appendix B) that satisfy North Carolina state law and appropriate regulations.
- Ensure AED units are properly maintained and tested in accordance with manufacturer's guidelines.
- Ensure required department personnel are trained in accordance with guidelines established by the AED Program Medical Advisor.
- Ensure that adequate AED-related supplies and recommended ancillary medical equipment are kept on-hand.
- Maintain required personnel training and unit maintenance and testing records related to the department's AED program.
- Ensure that the AED Program Medical Advisor and/or AED Program Administrator is notified of any use of the department's AED unit.
- Participate in annual program reviews.

### **1.3 Unit AED Written Program and Protocols (Appendix B)**

The AED Program Administrator, in conjunction with AED Unit Coordinators, will establish a written protocol that covers the scope of their particular program and that at a minimum includes the following components:

- A description of how the Unit will coordinate with the AED Program Medical Advisor.
- Identification of authorized AED and ancillary equipment.
- Location and/or assignment of AED units within the department.
- Identification of, training and/or certification requirements for personnel.
- Procedures for
  - maintenance and replacement of AED and ancillary equipment;
  - use of AED's;
  - contacting emergency personnel;
  - interfacing with other health care providers;
  - post event debriefing;
  - recordkeeping; and

- a quality assurance program that addresses medical review of AED use, recordkeeping and methods of program evaluation.

## **1.4 Training**

Only employees identified by the AED Unit Coordinators will be required to be trained. A department may choose to train additional staff in addition to the AED Unit Coordinator. UNCG has created a bystander information page on the Environmental Health and Safety website for additional information about AED use and training information. Nothing herein, however prevents the AED Program Director and Medical Advisor from mandating training if it is determined by those individuals that such training would be appropriate. *I*

## **2. Purchase Request and Placement of AED's**

### **2.1 Request for Purchase of AED (Appendix A)**

Prior to purchasing an AED, a written request must be submitted for approval to the AED Program Administrator (Appendix A). All AED purchase requests will be evaluated using the risk-based criteria for placement of AEDs outlined in section 2.2. A request for purchase must be approved by the AED Program Administrator prior to the purchase of any AED and ancillary supplies. All purchases will be made in accordance with the State Term Contract 465B-Automated External Defibrillator (AEDs) and Accessories. Costs associated with the purchase, installation and on-going maintenance of approved AEDs and ancillary supplies is the responsibility of the authorized department requesting the device(s).

### **2.2 Criteria for Placement of AEDs and Ancillary Supplies**

The American Heart Association recommends placement, when practical, of AEDs in sufficient workplace locations to allow initiation of resuscitation and use of the AED within as brief a period as possible following suspected cardiac arrest (3-5 minute response time). All University police vehicles are outfitted with AEDs and average response on contiguous campus is within these guidelines. Depending on site security and other factors, the physical location of AEDs may be in public spaces or secure spaces within buildings. UNCG will use a risk-based approach to evaluate AED placement which includes evaluation of the following criteria:

- Response Time - 3-5 minutes from first responders in normal conditions?
- At risk populations - does the proposed location regularly host events where a significant (>250) population of older/at risk adults would attend?
- Intense Physical Activities - Does the proposed location have populations who are frequently engaged in at least moderately strenuous physical activity regardless of age?
- Other High-Risk Considerations – Are there other factors that would cause risk to be greater than the general population?
  - Note that these considerations may result in the recommendation that employees in a particular location or position complete training regarding AEDs.
- Wherever mandated by regulatory requirements.

### **3. Required UNCG AED Locations**

Per the requirements of this program, the following locations are found to meet the placement risk criteria and are thus required to have AED's and meet the requirements of this program and the AED Policy.

Locations include:

- University police vehicles
- Gove Student Health Center
- Athletic Facilities
  - Baseball Facility
  - Softball batting cages
  - Fleming Gymnasium
  - Coleman first floor hallway
  - Athletic Training Room
- Elliot University Center Information Desk
- Kaplan Student Wellness Center
- UNCG Auditorium Box Office
- Taylor Theater Box Office
- Bryan Building
- 915 Northridge Building

### **4. Program Review**

The AED Program Administrator will annually conduct a review of all components of the University's AED program and make appropriate recommendations for improvements or remediation.

## **Appendix A: AED Request Form**

**The University of North Carolina at Greensboro  
Departmental AED Request Form**

Pursuant to the University of North Carolina at Greensboro's Automated Defibrillator (AED) Policy, departments and administrative units that acquire an AED are responsible for operating and maintaining the device in conformance with the University of North Carolina at Greensboro's AED Program.

AED owners must:

- Designate an individual who will be responsible for the management of the program for the department (Departmental AED Program Coordinator);
- Submit an AED Request Form to the AED Program Administrator for approval prior to purchase;
- Ensure that inspections and maintenance are conducted in a timely manner and in accordance with the UNC-Greensboro program and service manuals provided by the manufacturer;
- Be financially responsible for all AED equipment and unforeseen costs associated with maintaining the unit;
- Purchase and replace batteries, pads, and other ancillary supplies as needed;
- Provide or arrange for training and refresher training for staff;
- Maintain on-site records of inspection, maintenance, and staff training; and
- Notify the AED Program Administrator within 24 hours of incident or possible use.

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**Department or Administrative Unit AED Information**

Department/Unit Name: \_\_\_\_\_

AED Program Coordinator: \_\_\_\_\_

Program Coordinator Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

AED Location(s) (Building/Room): \_\_\_\_\_

Number of AED(s) being requested: \_\_\_\_\_ Training Provider: \_\_\_\_\_

Training Plan: \_\_\_\_\_

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The Department or Administrative Unit agrees to the above responsibilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AED Program Administrator Approval Comments:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(AED Program Administrator)

**Please return to the Environmental, Health and Safety Office. For questions or assistance, contact the office at 336-334-4357.**

## **Appendix B: AED Written Protocol Form**



**Department AED Protocol**

Instructions:

This form serves as the “written AED protocol” as identified in the UNCG AED program. This form must be completed by the Department AED Program Coordinator in conjunction with EHS prior to the installation of any AED.

Department: \_\_\_\_\_

Date Implemented: \_\_\_\_\_

**Section 1. Department AED Program Coordinator Contact Information:**

The AED Program Coordinator is the designee for submitting any AED Post Incident Usage Reports to EHS and Student Health Services, and must be trained in the use of AED’s.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Section 2 Technical Information**

\*This section will be completed by EHS once the units have been purchased.

Model(s) and Serial Number(s)

- 1. Manuf. /Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_
- 2. Manuf. /Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_
- 3. Manuf. /Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Section 4 Location

Location of the AED unit(s) within the building is at the discretion of the AED Coordinator with final approval by EHS. Consult with EHS staff prior to plan submission if assistance in determining location is desired. Guidelines to consider when determining AED location include: Located at or near:

- Main entrance/lobby/reception areas
- Near emergency phones/elevators/stair towers
- First aid/Security stations
- Main building corridors
- Areas of risk (i.e. gyms, public gathering spaces)

1. Building Name: \_\_\_\_\_

AED location (please be specific):  
\_\_\_\_\_

2. Building Name: \_\_\_\_\_

AED location (please be specific):  
\_\_\_\_\_

3. Building Name: \_\_\_\_\_

AED location (please be specific):  
\_\_\_\_\_

\*NOTE\* Attach a copy of the floor plan with the location marked. If you need assistance with getting a copy of your floor plan, EHS can provide this to you.

Section 5 Training

Attach a current list of CPR/AED trained employees in the building.

A list of CPR/AED trained employees in the building must be maintained and updated regularly. Specify the employee name, job title, and date of latest training.

\*Training must be based on the guidelines of either The American Red Cross or The American Heart Association

Location where AED/CPR training records will be maintained:  
\_\_\_\_\_

Section 6 Maintenance Plan (Monthly Inspections)

Records must be maintained for the current and previous two years.

Maintenance plan is the responsibility of the AED Program Coordinator identified in this protocol. Monthly Inspections must be documented (EHS will provide log) and must include the following criteria:

- Date of the Inspection
- Inspector Name
- Is the unit intact and in good condition: Yes/No
- Is the battery functioning and present: Yes/No
- Are the AED Pads Present: Yes/No
- Are the AED Pads within their expiration period: Yes/No
- Comments if any of the above answers are “No”

\* Unit must be taken out of service if any of the inspection items are not correct.

Person responsible for the monthly inspection of the AEDs in this Work Unit Plan:

Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_

Location where monthly inspection records will be stored for the AEDs in this Work Unit Plan:

\_\_\_\_\_

Section 7 Communication Plan for Out of Service Units

In the event that an AED is temporarily taken out of service, building occupants and others must be notified.

Follow these three steps when an AED is “Out of Service” and the location of the nearest “In Service” AED within the building (if applicable).

1. Ensure that the AED Departmental Program Coordinator for the AED is notified that the unit is out of service so that the necessary notifications can be made and replacement unit ordered.
2. A temporary “Out of Service” sign must be placed in the AED location. The sign should include a description of the nearest functioning AED in the building (if applicable), reminder to call 911 and the signature/date of the AED Work Unit Coordinator.
3. Notify EHS that the AED is unavailable.

Section 8 Signatures/Approval

This section must not be left blank.

Departmental AED Coordinator Name (Please Print): \_\_\_\_\_

Departmental AED Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AED Program Administrator Name (Please Print): \_\_\_\_\_

AED Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_