



**DEPARTMENT OF PUBLIC SAFETY
POLICIES & PROCEDURES**



POLICY NUMBER	
OPR:04	
EFFECTIVE DATE: 02/02/2009	ORIGINAL ISSUED ON: 02/02/2009
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SUBJECT: AUTOMATED EXTERNAL DEFIBRILLATOR

1.0 PURPOSE

The purpose of this policy is to establish guidelines for the use of department issued Automated External Defibrillators (AED) to aid individuals suffering from cardiac arrest.

2.0 POLICY

It is the policy of the DPS to provide personnel with guidelines and training in the use of Automated External Defibrillators. Personnel shall follow the guidelines set forth in this policy when operating the devices in the field and during training. For the purpose of NMAC 7.27.8, this policy/procedure shall serve as the Medical Director approved AED protocol.

3.0 APPLICABILITY

This policy applies to all DPS Law Enforcement Program personnel.

4.0 REFERENCES

- A. American Heart Association (AHA) Heartsaver AED Standards**
- B. American Safety and Health Institute (ASHI)**
- C. Health Insurance Portability and Accountability Act (HIPAA)**
- D. NMAC 7.27.8 New Mexico Department of Health Cardiac Arrest Targeted Response Program**
- E. 24-10C-1 Cardiac Arrest Response Act, NMSA 1978**

5.0 DEFINITIONS

- A. Automated External Defibrillator (AED)** – Portable electronic device that automatically detects potentially life-threatening pulse less cardiac arrhythmia and treats them through the use of electrical shock.
- B. Cardiopulmonary Resuscitation (CPR)** – Emergency medical procedure for a victim of cardiac arrest and in certain circumstances respiratory arrest.
- C. Cardiac Arrhythmia** – Abnormal electrical activity in the heart that affects the heart beat. Some arrhythmias are not considered harmful, while others can be life-threatening.
- D. Defibrillator** – Device that delivers a therapeutic dose of electricity to the heart, which can reverse pulseless ventricular tachycardia or ventricular fibrillation.

6.0 PROCEDURE

The AED unit will allow an operator to deliver a measured electric shock to a pulseless patient. The software present in the AED will analyze the rhythm present in the patient and direct the operator to deliver a shock if necessary. The care provided by the AED operator

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shall not supersede the care given by trained Emergency Medical Service (EMS) personnel, but will enable the operator to deliver early defibrillation to patients who require it.

A. General Guidelines

1. All employees who are assigned an AED will be required to attend and successfully pass a DPS approved course on CPR and the use of an AED. Courses will be taught according to American Heart Association guidelines and will incorporate the AED manufacturer guidelines. All operators will at a minimum receive a certification by the American Heart Association, Heartsaver AED with Pediatrics. The Training and Recruiting Bureau will maintain certification records for all officers.
2. Operators will receive updates and re-certification as necessary. This includes updated training for different models of AED devices acquired by DPS before issuance of such devices.

B. Operational Guidelines for AED

1. Depending on availability AED devices will be distributed throughout the state and placed in district offices, ports of entry, and patrol units as they become available. The Training and Recruiting Bureau shall be responsible for issuing all AED units. All units shall be assigned to an employee who will be responsible for monthly inspection and upkeep of the unit and its supplies. This includes units assigned to stationary locations like district offices or ports of entry. Even though units are assigned to particular personnel, any DPS employee trained in its use may utilize the unit.
 - a. All units assigned to stationary locations will be placed in a conspicuous location inside of an alarmed box. A key will not be needed to open the box, but one will be required to turn off the alarm.
2. District commanders and supervisors are responsible for ensuring that AED devices assigned to their district are managed in the most effective manner to ensure availability during emergencies. Supervisors shall ensure the widest deployment of AED units possible for their area of responsibility. If there are more patrolman in the district than AED units available, supervisors should schedule AED-equipped officers in a manner to ensure optimal coverage and improve the ability to respond to calls. Items to consider include the availability of an AED-equipped officer on every shift. Supervisors should ensure that AED units do not remain in patrol units of officers on leave or on extended special assignments. If an AED unit is re-assigned to another officer the Training and Recruiting Bureau shall be notified as soon as possible.
3. Telecommunications personnel shall maintain a listing of all on-duty AED-equipped/trained officers in their district.

C. AED Unit Inspections

1. Personnel assigned an AED shall be responsible for conducting a monthly inspection. District commanders will ensure that an individual is assigned to conduct monthly maintenance on all units located at offices or ports of entry in their district when the officer assigned the AED is unavailable. The units should be inspected for general mechanical integrity along with the following:
 - a. Availability of defibrillator pads in sealed bags.
 - b. Battery charge.
 - c. Ensuring the presence and proper condition of all accessories and supplies.

- d. Completing a monthly inspection log.
2. Personnel will conduct monthly inspections of their assigned AED units by the fifth day of each month. They will document the monthly inspections on the attached "AED Inspection Form." The same form will be used to document all twelve monthly inspections by calendar year. Once the monthly maintenance is completed officers will inform their immediate supervisors who will be responsible for sending a monthly report to the Training and Recruiting Bureau via e-mail. Individuals are required to maintain their logs throughout the year. By the last day of January each year the district commander will collect all monthly inspection forms from the previous year and forward them to the Training and Recruiting Bureau.
3. If at any time an AED is found to be malfunctioning, it shall be taken out of service and a supervisor notified. The AED Program Director shall be contacted for instruction on further action to be taken in order to return the AED to service.
4. All AED operators are reminded that personal and medical information about a patient is considered confidential and needs to be handled accordingly. Refer to *OPR:37 Release of Public Information*, for additional guidance.

D. Procedure for AED

1. The AED is only to be used by personnel who have been trained in its operation. When responding to medical emergencies officers should adhere to the following procedure:
 - a. Assess scene safety.
 - b. Determine if patient is pulseless.
 - c. Call for EMS or ensure EMS is en route.
 - d. Check for adequate breathing.
 - e. Deploy AED if the patient is not responsive and pulseless.
 - f. Turn on AED by opening plastic cover.
 - g. Follow voice prompts.
 1. Make sure pads cable is connected to AED. Place pads following voice prompt instructions. "Peel one pad from plastic liner. Place one pad on bare upper chest. Peel second pad from bare plastic liner and place other pad on bare lower chest as shown."

NOTE: IF PATIENT IS UNDER EIGHT YEARS OF AGE OR WEIGHS LESS THAN 55 POUNDS, PEDIATRIC ATTENUATED DEFIBRILLATION ELECTRODES SHOULD BE USED. HOWEVER, THERAPY SHOULD NOT BE DELAYED IN ORDER TO DETERMINE AN EXACT AGE AND WEIGHT.

 2. Voice prompts will advise that AED is analyzing rhythm. "Do not touch patient, analyzing rhythm."
 3. If a shock is advised the AED will give appropriate prompt. "Shock advised, charging."
 4. AED will prompt for individuals to stand clear and may give a countdown to shock or advise to push flashing button to deliver shock.

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- a. When AED gives the “stand clear” prompt the operator will make a head-to-toe check of the patient to make sure all individuals are clear of patient contact before pushing the shock button.
5. After the completion of the initial AED shock it will give prompts to initiate CPR at a ratio of 30 compressions to every two breaths.
6. Give CPR for two minutes and listen for AED voice prompts.
7. After two minutes the AED will again analyze the patient’s rhythm.
8. If the AED determines that another shock is appropriate it will again give voice prompts to the operator and initiate the shock.
9. The operator will then give two more minutes of CPR.
10. This process will continue until one of the following occurs:
 - a. The AED detects a non-shockable rhythm.
 - b. The pads are disconnected (re-connect if possible).
 - c. Emergency medical services personnel arrive on the scene.
 - d. The patient regains signs of circulation such as spontaneous adequate breathing or returns to responsiveness.
11. If a patient converts to a non-shockable rhythm the AED will give a voice prompt to begin CPR. Continue CPR until the AED indicates otherwise, EMS arrives or the patient regains signs of circulation.
12. If the patient regains signs of circulation, assess for respiration, place patient on his/her side, and leave AED pads in place. Standby for EMS personnel to arrive.
13. Upon the arrival of EMS, the operator shall transfer care of the patient to them and provide them with any necessary information.

E. After Action Procedures

1. After the incident the responding officer will ensure that necessary components are checked and supplies replaced so that the AED is prepared for use in another emergency.
 - a. Be sure to replace or resupply the following items:
 1. Used AED pads with new ones (check expiration date of pads).
 2. Barrier device. Replace single patient use only mask or clean pocket mask with 10% bleach solution. Replace the filter and one-way valve in the pocket mask.
 3. Any other supplies used in the emergency.
 - b. Check the battery gauge to make sure the AED unit has sufficient battery life.
2. Reporting procedures.
 - a. Any use of the AED device will be documented on an offense/incident report by the responding officer.

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- b. Officers will also complete the "AED Use Reporting" form, which can be found as Attachment A.
- c. A copy of both reports shall be forwarded to the AED Program Director.
- d. The AED Program Director shall be notified as soon as practical so data of the incident can be downloaded from the AED.

F. Supervisory Responsibilities

1. District supervisors will have the following responsibilities for AED units assigned to personnel under their command:
 - a. Ensuring maximum coverage with available AED units.
 - b. Compiling monthly inspection forms and forwarding them to the Training and Recruiting Bureau.
 - c. Forwarding all AED Use Reporting forms and accompanying offense/incident reports to AED Program Director.

G. AED Program Director

The AED Program Director will be appointed by the chief from qualified DPS employees. The director may be either a commissioned or civilian employee. The AED Program Director will be responsible for the following duties:

1. Coordinate AED training for department personnel.
2. Answer operational and technical questions from the field.
3. Act as a point of contact in reference to dysfunctional AED units.
4. Review all AED use incidents and forward them to the medical director.
5. Consult with the department's medical director as necessary.

7.0 ATTACHMENTS

A. AED Use Reporting Form

B. AED Monthly Inspection Form

8.0 APPROVAL

APPROVED BY: s/John Denko
DPS Cabinet Secretary

DATE: February 2, 2009