

LLE INST6060C  
24 February 2006

**LLE INSTRUCTION 6060C**

**SUBJECT: PUBLIC ACCESS DEFIBRILLATION (PAD) PROTOCOLS**

- REFERENCES:**
- a. New York State Department of Health Bureau of Emergency Medical Services Policy Statement No. 98-10, *Public Access Defibrillation*, 9/04/98,
  - b. University of Rochester *Statement of Safety Policy*
  - c. LLE Instruction 6550
  - d. American Heart Association *BLS for Healthcare Providers*, 2001

- ENCLOSURES:**
- (1) Notice of Intent to Provide Public Access Defibrillation
  - (2) Public Access Defibrillator Medical Director Contract
  - (3) Public Access Defibrillator Event Form

**1. Purpose:** To establish a public access defibrillation (PAD) program at LLE. This program institutes protocols used to operate automated external defibrillators (AED) and establishes an internal program to train and certify personnel in their use.

**2. Definitions:**

- a. Automated External Defibrillator (AED). A machine that automatically recognizes shockable chaotic heart rhythms and delivers a shock to the outside of the patient's chest.
- b. American Heart Association (AHA). The organization responsible for establishing policy and maintaining certification programs dealing with the training of individuals in administering CPR and using AED's.
- c. Cardiopulmonary Resuscitation (CPR). Artificial support of breathing and circulation.
- d. Defibrillation. An electrical current applied to the outside of a patient's chest to stop all electrical activity, often enabling the heart to restart in a coordinated fashion.
- e. Emergency Health Care Provider (EHCP). An individual or hospital knowledgeable and experienced in emergency cardiac care to participate in a collaborative agreement.
- f. Emergency Medical Services system (EMS). The complete chain of human and physical resources that provides patient care in cases of sudden illness or injury.

- g. Emergency Medical Technician (EMT). A person trained and certified by the state to provide basic medical services before and during transportation to a hospital.
- h. Medical Emergency Response Team (MERT). Those who have acquired certification through outside agencies recognized by New York State. These individuals are ordinarily fully protected through certification procedures. This has included personnel with CPR, First-Aid, First-Responder, and EMT qualifications.
- i. Public Access Defibrillation (PAD). Authorized by provisions of NYS law, this is a program designed to encourage greater acquisition, deployment, and use of automatic external defibrillators in public areas to reduce the numbers of deaths associated with sudden cardiac arrest (SCA).
- j. Qualified AED Operator. A user of AEDs who has CPR certification and has completed the additional qualification of AED instruction.
- k. Sudden Cardiac Arrest (SCA). When the heart suddenly ceases circulating blood or stops beating entirely. It is a clinical diagnosis, confirmed by unresponsiveness, and absence of detectable pulse and respirations.

3. **Background:** Heart disease remains the number one killer in America. Early defibrillation saves lives. The primary obstacle for early defibrillation is getting the defibrillator and an operator to the victim within a few minutes.

Most sudden cardiac arrest victims are in ventricular fibrillation (VF). VF is an abnormal, chaotic heart rhythm that prevents the heart from pumping blood. VF causes more cardiac arrests than any other rhythm (about 80% to 90% of cases). Defibrillate of a victim must start immediately to stop VF and allow a normal heart rhythm to resume. The sooner defibrillation is provided with the AED, the better the victim's chances of survival. If defibrillation is provided within the first 5 minutes of a cardiac arrest, the odds are about 50% that you can save the victim's life. But with each passing minute during a cardiac arrest, the chance of successful resuscitation is reduced by 7% to 10%. After 10 minutes there is very little chance of successful rescue.

The LLE program, with regards to emergency medical responses, relies on several, basic-life-support qualified individuals in-house. Situations deemed serious enough to require hospital care must utilize outside agencies such as ambulance support through Monroe County 911 initiation.

This instruction formalizes protocol procedures as required by reference (a).

4. **Procedures and Protocols:**

- a. General: After appropriate protocol, an AED is attached to the patient with two adhesive pads and connecting cables. These adhesive pads have two functions: to capture and transmit the rhythm to the microprocessor and to deliver the electric shock. A fully automated defibrillator only requires that the operator attach the defibrillatory pads and turn on the device. The device then analyzes the rhythm and, if appropriate, the device will charge its capacitors and deliver a shock.

- b. Organization: The Notice of Intent to Provide PAD, enclosure (1) has been completed and has been forwarded to the Regional EMS Council. Through the completion of the Public Access Defibrillator Medical Director Contract, enclosure (2) LLE has enrolled in Public Access Defibrillation Program in the Monroe-Livingston region under the medical direction of the EMS Medical Director for the region. The Office of Prehospital Care located at Strong Memorial Hospital, Rochester, New York is a collaborator in this program.
- c. Training: All LLE personnel who are qualified in CPR will be trained and certified to use AEDs. The training and certification will be conducted by the American Heart Association through the University of Rochester Medical Center's Medical Emergency Response Team (MERT). The LLE AED contact will schedule the training and certification. Certification must be completed every two years and in-house training will be completed biannually.
- d. Locations: AED's are located in the LLE Lobby, the LLE East Lobby, outside the second floor freight elevator entrance, outside the EP Control Room, and near the EP Shipping and Receiving.
- e. AED Application Procedures
  - (1) When a victim is found to be unconscious, LLE's medical emergency procedures will be initiated; the receptionist will contact the LLE MERT members, 911 will be called immediately, and the AED will be brought to the patient while the trained responder checks for breathing and pulse.
  - (2) If the victim is unconscious, not breathing, has no pulse, but has an open airway CPR will be performed until the AED is turned on and the pads installed on the victim's chest. NOTE: the victim must be at least 12 years of age and weigh at least 90 pounds to use the AED.
  - (3) The AED qualified individual will continue to perform CPR and defibrillation until relieved by the ambulance personnel.
  - (4) Following the use of the AED, a Public Access Defibrillation Event form, enclosure (3) and the AED electronic data will be sent to the Monroe-Livingston QA/QI Coordinator located in the Office of Prehospital Care at the University of Rochester Medical Center.
- f. Maintenance: AED's will be maintained in accordance with the manufacture's requirements by the LLE AED Contact. Checks of each AED battery, its audible response, and the containment cabinet security will be performed monthly by the LLE AED contact and documented on the check-off list by the inspector.

## 5. Responsibilities & Organization:

- a. LLE Safety Officer
  - (1) Provide overall direction of the PAD AED program.
- b. LLE AED Contact
  - (1) Provide safety training and procedural guidance.

- (2) Perform periodic maintenance inspections.
- (3) Interface with the University's MERT.
- (4) Prepare and maintain a list of AED operators.
- (5) Maintain a list of area collaborators involved in the LLE program.

c. Qualified AED users

- (1) Ensure that AEDs are operated in accordance with the above procedures.
- (2) Maintain qualification through biannual training.

**8. Approval:**

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Robert L. McCrory, Director

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services

Notice of Intent to Provide  
Public Access Defibrillation(PAD)

Name of Entity Providing PAD	Laboratory for Laser Energetics University of Rochester	Business Phone 275-1002
Business Address	250 East River Road	Fax No.
City	Rochester St NY Zip 14623	275-5960

Type:  Corporation  Not for Profit  Municipality  School  Other \_\_\_\_\_

Location:  Business/Office  Industrial Setting  School  Stadium  Construction Site  Airport  
 Nursing Home  HMO/MCO Clinic  Adult Residence  Physician Office  Other Research

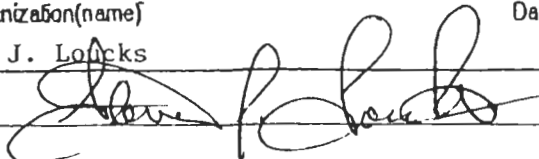
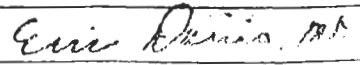
Name of Emergency Health Care Provider (MD or Hospital)	Dr. Eric Davis	Business Phone No. 273-3961
If a Hospital Provide Name of Contact		Fax No.
Address	601 Elmwood Avenue, Box 4-9200	
City	Rochester	ST. NY Zip 14642

Name of 911 or Emergency  
Ambulance Dispatch Agency: Monroe County 911

Name of PAD Training Course: American Hospital Association

Mfg. of AED Units Survivalink	Number of PAD/AED Providers in Organization 1	Number of AED Units 3
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Authorization Names & Signatures:

<sup>DEPUTY DIRECTOR</sup> CEO of Organization(name) Steven J. Loncks	Date	EHC Provider (name) Dr. Eric Davis	Date
Signature 		Signature 	

Send this form and your Collaborative Agreement to the Regional EMS Council listed in the attachment.

**Public Access Defibrillator  
Medical Director Contract**

The following organization, Laboratory for Laser Energetics, wishes to be included in the Public Access Defibrillation Program in the Monroe-Livingston region, under the medical direction of Dr Eric Davis, who is the EMS Medical Director for the region. The organization is complying with all NYS regulations, as listed in Policy 98-10 of the Department of Health as follows:

- All potential users have attended an approved PAD (Public Access Defibrillation) training course.
- A set of written protocols has been developed including the following elements
  - training requirements for all users of the AED within the organization
  - procedures to be used for notification of 911 for ambulance dispatch
  - location of AED(s)
  - maintenance and regular checking of equipment
  - documentation requirements for each AED use - including completion of written PAD event form to be faxed or mailed to the Medical Director's office. Also data from the AED's memory should be sent to the Medical Director's office within 48 hours of AED use. This may be done by downloading through use of a phone modem or by delivery of the datacard for incorporation into the regional database, depending on the capabilities of the AED device being used by the organization.

A copy of the above protocols must be on file at the Medical Director's office.

- Agreement has been made to participate in the regional quality improvement program, including the forwarding of above required information to the Medical Director's office, and compliance with recommendations made by the Medical Director or his staff.
- Written notice to the local 911 center has been made concerning availability of an AED (Automatic External Defibrillator) at the above organization. In addition, the Medical Director has approved the type of AED device that the organization will be using.
- A copy of the application and any other required paperwork has been submitted to the Medical Director's office for forwarding to the Regional EMS Council.

In return, Dr Davis and his staff will provide oversight, review and guidance as needed in the PAD program.

Eugene Kowaluk  
Name of Contact Person

Eugene Kowaluk  
Signature of Contact Person

250 East River Road (Brighton), Rochester, New York 14623-1299  
Organization Address

275-5101  
Organization Phone Number

Eric Davis, MD  
Medical Director Signature

\_\_\_\_\_  
Date

