



# *Environmental Health & Safety*

Oklahoma State University



## **AUTOMATED EXTERNAL DEFIBRILLATOR (AED) MANAGEMENT PROGRAM**

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Reviewed June 2019

# Status

<b>Contact(s)</b>	<b>Implementation Date</b>	<b>Comments</b>
Gerald Petre, EHS	June 2018	Manual created
Gerald Petre and Sharlie Doty, EHS	June 2019	Reviewed, Minor grammatical and punctuation revisions

**Contents**

Status ..... 1

Purpose ..... 1

Definitions ..... 1

Scope and Applicability..... 1

Duties and Responsibilities..... 1

    AED Coordinator ..... 1

    AED Owner ..... 2

    Departmental AED Point of Contact..... 2

Authorized AED’s ..... 2

In Case of an Emergency..... 2

Returning AED to Service after Use ..... 3

Forms ..... 3

Campus AED Inventory Registration ..... 4

AED Monthly Self-Readiness Check Sheet..... 5

## Purpose

Oklahoma State University is committed to the safety of all students, faculty, staff, and visitors to campus. The purpose of the Automated External Defibrillator (AED) management program is to ensure that all AEDs on campus are maintained properly and are readily available to deliver potentially lifesaving defibrillation to victims of Sudden Cardiac Arrest (SCA). AEDs are intended to provide a bridge during the critical minutes between the onset of SCA and the arrival of Emergency Medical Services (EMS) personnel.

## Definitions

An **Automated External Defibrillator** (AED) is an FDA approved medical device that is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia and is capable of determining, without intervention by an operator, whether defibrillation should be performed; and upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.

**AED owner** is any University department acquiring or possessing an AED.

**Cardiopulmonary Resuscitation** (CPR) is a procedure to support and maintain breathing and circulation for a person who has stopped breathing (respiratory arrest) and/or whose heart has stopped (cardiac arrest).

**Emergency Medical Services** (EMS) is typically an ambulance service that provides acute medical care and transports patients to a medical facility for more advanced treatment.

**Sudden Cardiac Arrest** (SCA) is a condition in which the heart suddenly and unexpectedly stops beating, stopping blood flowing to the brain and other vital organs. SCA usually causes death if not treated within minutes.

## Scope and Applicability

This AED Management Program was created by the Environmental Health and Safety Department (EHS), to identify all available AEDs on campus and to ensure they are properly maintained. All University departments are expected to comply with requirements contained herein.

Any University department possessing AED(s) that are unwilling or unable to comply with requirements of this program, including financial support requirement, may be required to remove their AED from use. University departments wishing to dispose of defective or obsolete AEDs shall dispose through proper channels as e-waste.

## Duties and Responsibilities

### AED Coordinator

A Fire and Life Safety Specialist in Environmental Health and Safety (EHS) shall serve as the University AED Coordinator. The AED Coordinator shall be responsible for all the following tasks:

- Provide guidance, monitoring, and periodic reevaluation for this program.
- To provide oversight and technical assistance to all departments possessing AEDs.
- Maintain an inventory of University-owned AEDs and their locations.
- Inform emergency services of the location of all University-owned AEDs.
- Conduct and document semi-annual and annual inspections to verify that departments are in compliance with this program.

- Act as a liaison between AED owners and manufacturers to assist with AED maintenance and compliance issues.
- Maintain inspection records and AED tracking database.

### **AED Owner**

The Dean or Department Head is responsible for the following:

- Designate a departmental AED point of contact that would be responsible for maintaining the AED.
- Ensure operation and maintenance of each AED in complete accordance with regulatory requirements, manufacturers' recommendations and this program.
- Ensure payment of all costs for purchase, installation, and maintenance associated with the AED.

### **Departmental AED Point of Contact**

Duties of the departmental AED point of contact shall include the following:

- Place the AED in a conspicuous and unobstructed location that is conducive to rapid access by responders.
- Notify employees in their departments of AED locations.
- Ensure that inspections and maintenance on AED(s) is conducted in a timely manner in accordance with manufacturer recommendations and this program.
- Maintain an AED Monthly Self-Readiness Check Sheet for each departmental AED, indicate date each AED is checked, and the initials of the person who performs the status check.
- Purchase and replace batteries, pads, and other supplies as needed.
- Tag each AED as University property and clearly mark to identify it as belonging to the specific department.
- Register the existence and location of any new or existing AED with the AED Coordinator utilizing the Campus AED Inventory Registration form. Send the completed form to the AED Coordinator through campus mail or by email to fls@okstate.edu.

### **Authorized AEDs**

EHS recommends the acquisition and use of the following AED:

- Zoll AED Plus, this unit and its pads are compatible with the equipment used by all emergency responders in the Stillwater area.

### **In Case of an Emergency**

When personnel on campus are notified of a medical emergency, they should call the appropriate emergency number to report the emergency:

- 911 from an on campus phone,
- 744-6523 from a cell phone, or use the Orange Shield app.

The caller should provide authorities with the following information:

- Type of emergency,
- Physical street address of facility,
- Location of emergency,
- Phone number they are calling from,
- Further information as requested.

Someone should meet and direct emergency responders to the incident location.

## **Returning AED to Service after Use**

The following activities will need to be completed to return the unit to service:

- Check and replenish supplies as appropriate.
- Clean and disinfect the device.
- Check the device and housing for cracks or other damage.
- Return the AED to its designated location with appropriate supplies.

## **Forms**

Campus AED Inventory Registration form

AED Monthly Self-Readiness Check Sheet



## Campus AED Inventory Registration

(Send this to Environmental Health and Safety Department to help us track availability and readiness of AEDs on campus.)

<b>Manufacturer:</b>
<b>Model #:</b>
<b>Serial #:</b>
<b>Pad Expiration:</b>
<b>Location:</b>
<b>Departmental Point of Contact:</b>

Send completed form to:

AED Coordinator  
Environmental Health and Safety  
002 University Health Services  
Stillwater, OK 74078  
Email to [fls@okstate.edu](mailto:fls@okstate.edu)



## AED Monthly Self-Readiness Check Sheet

MODEL #		SERIAL #	
MANUFACTURER		LOCATION	

YEAR	DATE	CONDITION	*BATTERY	PADS EXPIRATION	**PADS SEALED	INITIALS
Sample	5/21/18	Good	✓	6/10/2019	✓	
JAN						
FEB						
MAR						
APR						
MAY						
JUN						
JUL						
AUG						
SEP						
OCT						
NOV						
DEC						

\* Does AED indicate that unit is ready for use, i.e. Green ✓.

\*\* Visually inspect package for expiration date and no damage to package.

Initials	Printed Name	Signature