Norwich Fire Department

11 Firehouse Lane
P.O. Box 376
Norwich, VT 05055-0376

Phone: 802-649-1133
Chief: Neil R. Fulton Emergency: Dial 911

MEMORANDUM TO:	PUBLIC ACCESS AED USERS
FROM:	NEIL FULTON
SUBJECT:	NEW AHA AED GUIDELINES
DATE:	JANUARY 4, 2007

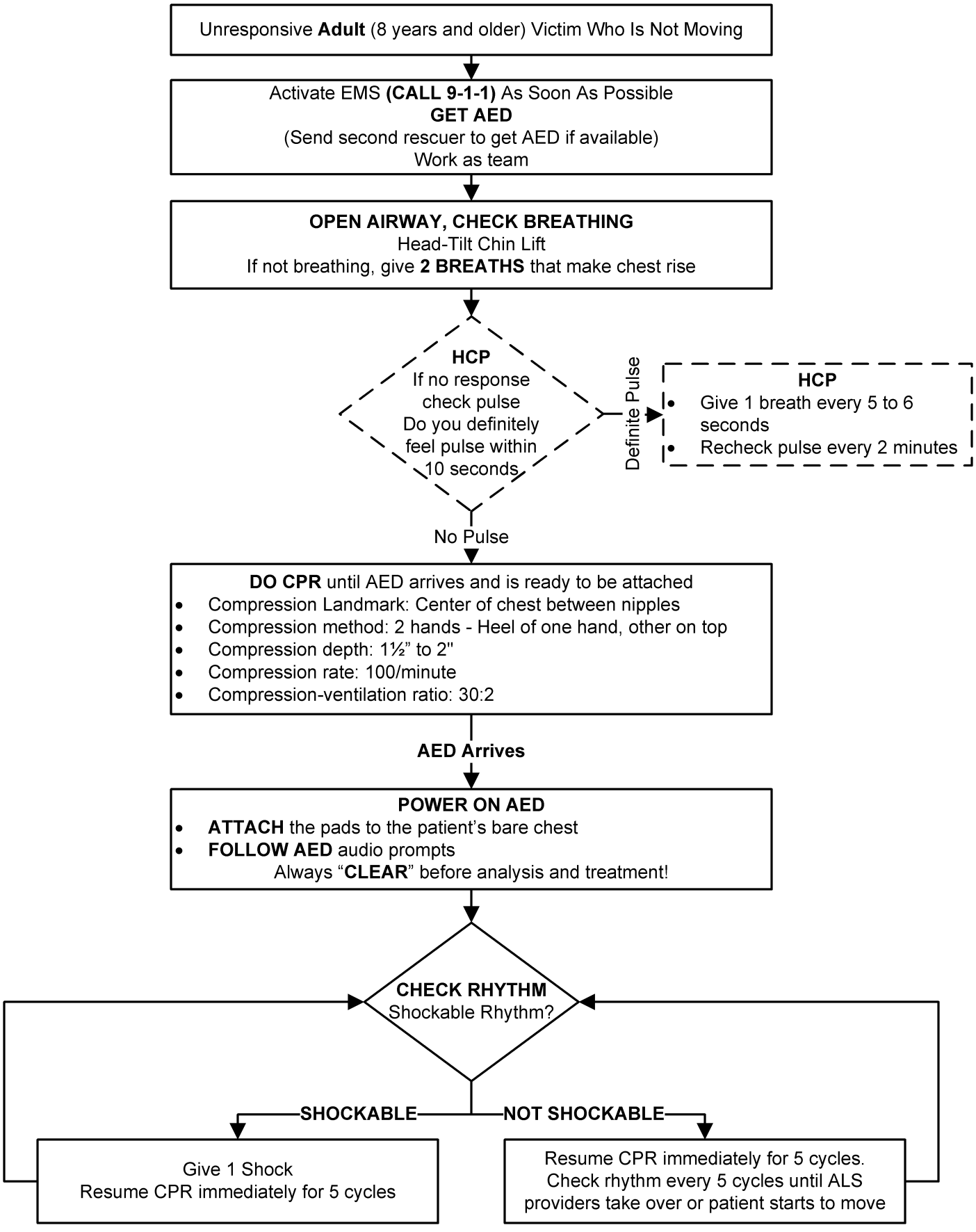
Attached are new protocols for use of public access AEDs in Norwich. Included in this package are the following:

- Adult PAD Protocol
- Child PAD Protocol
- AED Weekly Checklist
- PAD Use Report Form
- Automated Defibrillation Use Notification Form
- An Act Relating To The Use Of Heart Defibrillator Machines With Appropriate Training.

The American Heart Association has adopted new guidelines for CPR and AED use. The *2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation* contain major changes in the administration of CPR and the use of AEDs. It is important that anyone that is expected to use the AED be trained in the new protocols. In addition your AED should be programmed for the new protocols. If you have a ZOLL AED Plus we can do the reprogramming. There are two new stickers required for the face of the ZOLL AEDs to conform to the new guidelines.

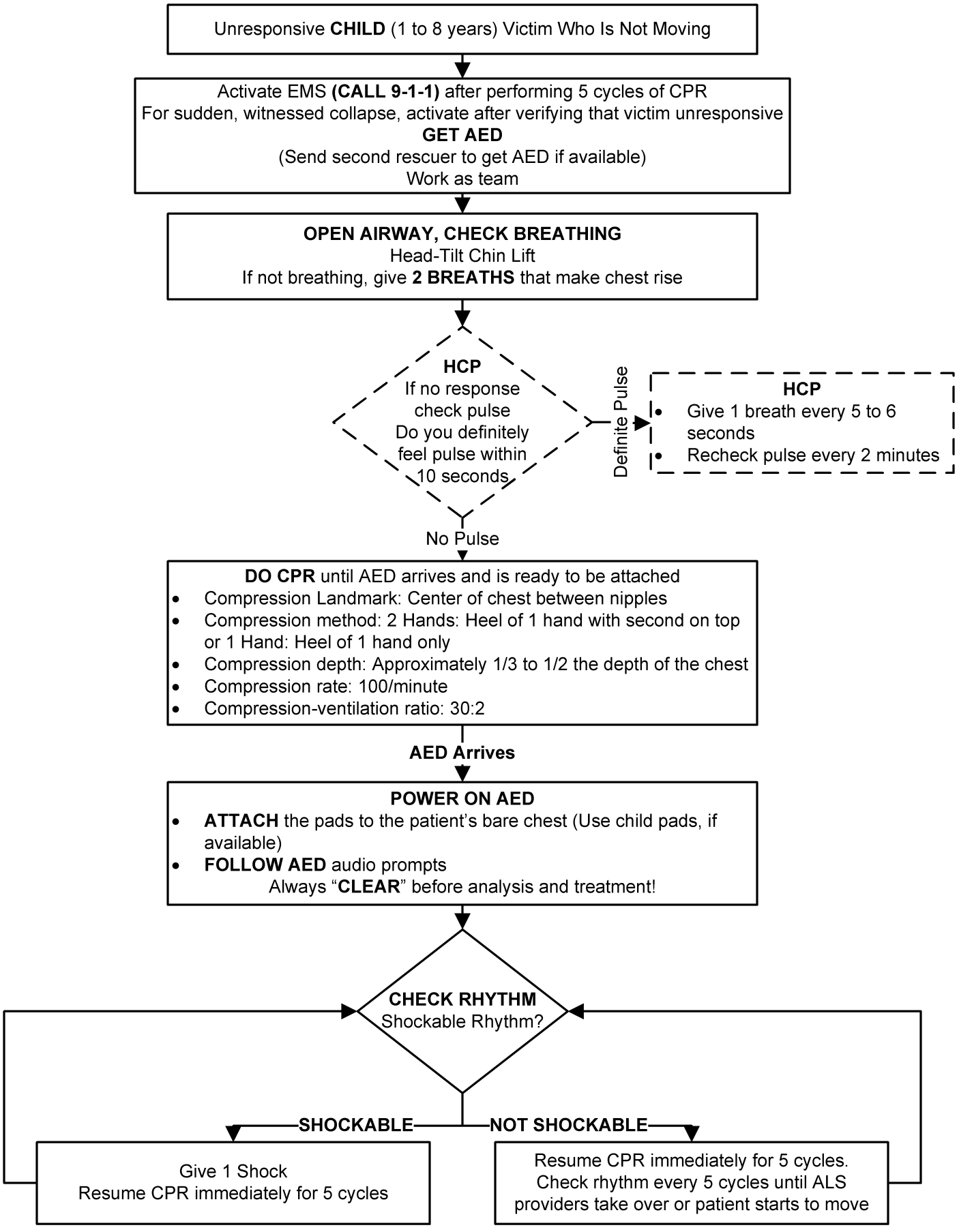
If you have any questions please call me at 802-649-8498.

ADULT
NFD Automated External Defibrillation (AED)
Protocol for Public Access Defibrillation (PAD)



HCP – Steps preformed by health-care provider but not lay rescuer.

CHILD
NFD Automated External Defibrillation (AED)
Protocol for Public Access Defibrillation (PAD)



HCP – Steps preformed by health-care provider but not lay rescuer.

NFD AED
WEEKLY MAINTENANCE CHECKLIST

Check the following (Date)													
Is the unit clean, undamaged, free of excessive, wear?													
Are there any cracks or loose parts in the housing?													
Verify electrodes are connected to the unit and sealed in their package. Replace if expired.													
Are all cables free of cracks, cuts and exposed or broken wires?													
Turn the unit on and off and verify the green check indicates ready for use.													
Batteries within expiration date. Replace if expired.													
Check for adequate supplies.													
Inspected By:													

Cleaning the Unit

- After each use, clean and disinfect the unit with a soft, damp cloth using 90% isopropyl alcohol, or soap and water, or chlorine bleach and water mixture (30 ml/liter water).
- Do not immerse any part of the unit in water.
- Do not use ketones (MEK, acetone, etc.) to clean the unit.
- Avoid using abrasives (e.g., paper towel) on the display window or IrDa port.
- Do not sterilize the device.
- Do not reuse the electrodes.

Public Access Defibrillation (PAD) AED Report Form

IN THE EVENT OF AED USE COMPLETE THE FOLLOWING - Please type or print legibly

Organization Name _____

Location of Incident _____

Date of Incident | Time of Incident | Patient Age | Patient Sex

Incident Timeline

PLEASE COMPLETE TIMES, EVEN IF ESTIMATED

Time from Arrest to CPR | Shock Indicated | Time from Arrest to 1st AED Shock

Time from Arrest to ALS | Total # of shocks

Any additional equipment used on location (i.e. BVM, supplemental Oxygen, etc) ? If so, what:

Patient Outcome On Scene

☐ Remained Unresponsive ☐ Became Responsive ☐ Spontaneous Return of Pulse ☐ Spontaneous Return of Pulse **AND** Respirations

Transport

Ambulance Agency

Hospital Transported to

Patient Outcome At Hospital

☐ Dead on Arrival in the Emergency Dept ☐ Died in the Emergency Dept. ☐ Died within 24 hours of Admission ☐ Died More Than 24 hours After Admission

☐ Discharged Alive ☐ Other

Any adverse events regarding the incident (i.e. equipment failures, burns to skin under pads, etc.)

Please send this completed form to:

NORWICH FIRE DEPARTMENT/ PAD PROGRAM

P.O. Box 376, Norwich, VT 05055

Automated Defibrillation Notification
Vermont Department of Health

Name of Organization: _____

Mailing Address: _____

City/State/Zip: _____

Contact Person Name: _____

Contact Person Telephone: _____

Contact Person E-mail: _____

Brand of Automated Defibrillator(s) Purchased: _____

Number of Automated Defibrillator(s) Purchased: _____

Specific location of the Automated Defibrillator(s): _____

_____

_____

Name of Vermont licensed Consulting Physician: _____

Consulting Physician's Address: _____

_____

Date the defibrillator placed in operation: _____

Have potential users of the Automated Defibrillator been trained? Yes ___ No ___
If yes; American Heart Association curriculum _____ (number)
American Red Cross curriculum _____ (number)

As the contact person for this organization, we will maintain the automated defibrillator(s) under our control in accordance with the applicable standards of the manufacturer and will notify emergency medical services responders through the 9-1-1 system whenever an automated defibrillator is used:

_____ _____
Signed Date

Return this form to: Vermont Department of Health, EMS Office
Box 70, 108 Cherry St.
Burlington, VT 05402

800-244-0911 or 802-863-7310 fax:802-863-7577 www.state.vt.us/health/ems

Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

AN ACT RELATING TO THE USE OF HEART DEFIBRILLATOR MACHINES WITH APPROPRIATE TRAINING.

(S.283)

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. LEGISLATIVE INTENT

(a) The use of automated external defibrillators (AEDs) addresses an important public health problem in Vermont. It is the intent of the legislature to allow and encourage availability and training in the use of AEDs for purposes of saving victims of cardiac arrest. The legislature encourages access to AEDs and the dissemination of relevant educational information to businesses, fire and police departments, and other public and private organizations throughout the state.

(b) It is the intent of the legislature that response to medical emergencies by fire and police departments be a secondary responsibility, and only for the purpose of providing timely emergency care for which they are trained, until the arrival of the rescue squad or first responder.

Sec. 2. 18 V.S.A. § 907 is added to read:

§ 907. AUTOMATED EXTERNAL DEFIBRILLATORS
(a) "Automated external defibrillator (AED)" means a medical device approved by the United States Food and Drug Administration, that:

(1) is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia;

(2) is capable of determining whether defibrillation should be performed on an individual;

(3) upon determination that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart; and

(4) then, upon action by an operator, delivers an appropriate electrical impulse to the patient's heart to perform defibrillation.

(b) No person may operate an AED unless the person has successfully completed a training course in the operation of the AED approved by the American Red Cross, the American Heart Association, or by the department, in cardiopulmonary resuscitation and use of a defibrillator. The department of health may provide periodic training bulletins and other information to persons owning and using the AED. The training course in cardiopulmonary resuscitation (CPR) and in the use of an AED shall be either a course offered by the American Heart Association or the American Red Cross. A person using an AED shall be certain that emergency personnel have been summoned by calling 911. This prohibition and training requirement shall not apply to a health care provider, as defined in section 9432(8) of this title, if the person has received appropriate training in the use of the AED as part of his or her education or training.

(c) Any person who owns or leases an AED shall:

(1) maintain a relationship with a physician to provide technical assistance and consultation regarding the selection and location of an AED, training of potential operators, protocols for use, and individual case review;

(2) notify the department of the existence, location, and type of device it possesses; and

(3) maintain and test the device in accordance with the applicable standards of the manufacturer and any rule adopted by the department.

(d)(1) Any person, other than a person defined as a health care provider by section 9432(8) of this title, who acts in good faith and has complied in all material respects with the requirements of subsections (b) and (c) of this section and who renders emergency care by the use of an AED, acquires an AED, or is a licensed physician providing technical assistance to a person acquiring an AED, shall not be liable for civil damages for that person's acts or omissions unless those acts or omissions were grossly negligent or willful and wanton.

(2) This subsection shall not relieve an AED manufacturer, designer, developer, distributor, installer, or supplier of any liability under any applicable statute or rule of law.

Approved: May 17, 2000