

# United States Department of the Interior

BUREAU OF LAND MANAGEMENT  
Montana State Office  
5001 Southgate Drive, P.O. Box 36800  
Billings, Montana 59107-6800  
<http://www.mt.blm.gov/>

In Reply To:

1112 (930.KV) P

May 25, 2004

EMAIL TRANSMISSION – 5/26/04  
Instruction Memorandum No. MT-2004-064  
Expires: 9/30/05

To: State Management Team

From: Associate State Director

Subject: Automated External Defibrillation (AED) Program

DD: 06/25/04

**Purpose.** The purpose of this memorandum is to establish an AED program for offices within the Montana/Dakotas BLM organization that wish to use, or allow the use of, an AED.

**Authority.** The “Cardiac Arrest Survival Act” (HR 2498), the Department of Health and Human Services (HHS), and the General Services Administration Guidelines for Public Access Defibrillation (PAD) Program in Federal Facilities, and Administrative Rules of Montana 37, provide the guidelines that outline all of the elements to be included in a successful AED program.

**Program.** Each office implementing an AED program shall:

- A. create policies, procedures and protocols for an AED program by following guidance in Attachments 1-4,
- B. complete the notification form and submit it to each emergency medical service and local emergency dispatch center servicing the geographic location of the AED,
- C. purchase, deploy and maintain the AEDs,
- D. obtain medical oversight for the Program. The State Office has an agreement with the Deaconess Billings Clinic, Welch Heart Center, for medical oversight of the AED Program for Montana offices. The North Dakota Field Office must obtain medical oversight from a physician licensed in North Dakota,

- E. train individuals in the use of AEDs with a certified training program. Submit a list of trained individuals to the office's designated AED Site Coordinator and the State Safety Specialists (MT-930),
- F. ensure compliance with local, state and federal policy and laws,
- G. coordinate the AED program through the State Safety Specialists, and
- H. review the policy and program annually.

Offices with AEDs shall return their completed, site-specific, written AED Program Plans to MT-930 by June 25, 2004.

Signed by: Martin C. Ott

Authenticated by: Aleta Zahorodny (MT-930)

#### 4 Attachments

- 1-Automated External Defibrillator Policy and Protocol (3 pp)
- 2-Automated External Defibrillator Sample Written Plan (5 pp)
- 3-Emergency Medical Service Notification Form (1 p)
- 4-Automated External Defibrillator Use Report (1 p)

#### Distribution w/attms.

Assistant Field Manager, Glasgow Field Station

Assistant Field Manager, Havre Field Station

(WO-740), Phyllis McKoy, MIB, Room 2044

Deaconess Billings Clinic, Chris Schon, 1020 North 27<sup>th</sup> St., Billings, MT 59101

# **Automated External Defibrillator Policy and Protocol**

## **Purpose:**

To improve the survivability of personnel and visitors suffering from Sudden Cardiac Arrest (SCA) by providing Automated External Defibrillation (AED) in the workplace.

## **Policy:**

1. Create an AED program in the Montana/Dakotas that is coordinated by the State Safety Specialists.
2. At local Field Manager discretion, install AEDs in BLM facilities and high-use recreation areas.
3. The AEDs used for this program will be Welch Allyn AED 10.
4. The AEDs will be maintained and operated as outlined in the Welch Allyn operation and service manuals.
5. Secure medical oversight of the AED program by a licensed physician who will review policy, procedures, and incident use of the AEDs.
6. Designate an AED Site Coordinator for each office.
7. Designate AED Responder Team members.
8. The AED Responder Team members will receive initial training and annual training thereafter, following American Red Cross or American Heart standards and guidelines.
9. The use of the AED by volunteer personnel is protected under the Montana Good Samaritan Act.

## **AED Locations:**

Montana State Office, Billings, Montana (2)  
Interagency Fire Operations Center, Billings, Montana  
Interagency Fire Cache, Billings, Montana  
Pompeys Pillar National Historic Monument, Pompeys Pillar, Montana  
Miles City Field Office, Miles City, Montana  
Miles City Minerals Building, Miles City, Montana  
Miles City Fire Building, Miles City, Montana  
North Dakota Field Office, Dickinson, North Dakota  
Dillon Field Office, Dillon, Montana  
Lewistown Field Office, Lewistown, Montana

Lewistown Fire Dispatch, Lewistown, Montana  
Fort Benton Contact Station, Fort Benton, Montana  
Zortman Fire Station, Zortman, Montana  
Butte Field Office, Butte, Montana  
Holter Lake Recreation Area,  
Log Gulch Recreation Area,  
Malta Field Office, Malta, Montana  
Glasgow Field Station, Glasgow, Montana

**Quality Assurance:**

1. The AED 10 will automatically perform a weekly self-test while in standby mode with battery inserted. If a self-test failure is detected, the system status indicator will display the red DO NOT USE indicator. A monthly inspection will be done by the AED Site Coordinator following the Welch Allyn checklist, attached to the written plan.
2. Any time the AED is attached to a patient, an AED Use Report will be filled out. It shall be forwarded to the State Safety Specialist and physician providing medical oversight.
3. Determine which employees are interested in serving on AED Responder Teams. Ensure their training is current and documented and that all manufacturer's written instructions are followed.
4. Develop a written, site-specific AED Program plan and review it annually.

**Automated External Defibrillator Protocol:**

Cardiac Arrest. The Welch Allyn AED 10 is intended to treat patients in cardiac arrest. Use of the AED is authorized for Trained Operators and emergency responders trained in CPR and use of the AED.

If defibrillation with Welch Allyn AED 10 is indicated, all of the following conditions must be present:

patient lying on a hard, flat surface  
unconscious  
no pulse  
no breathing.

## Quick Guidelines for AED Use

1. Check, Call and Care. Check the scene for safety. Call for local emergency medical service (EMS). Care for the patient following the ABCs of first aid/CPR instruction.
2. Perform CPR until the AED arrives.
3. Turn on the AED and attach electrodes.
4. Allow the AED to analyze heart rhythm and defibrillate as per the AED prompts (up to three shocks in initial sequence).
  - a. If no shock is advised, reassess signs of circulation and continue rescue breathing and chest compressions, if needed.
  - b. If the AED allows three shocks, reassess signs of circulation after third shock. If no signs of circulation, continue CPR for 1 minute. The AED will prompt to reanalyze rhythm and may shock up to three more times.
  - c. If the AED allows only one or two shocks, reassess sign of circulation, or breathing periodically, continue rescue breathing and chest compressions as needed, until arrival of EMS.
5. Maintain patient's airway.
6. Continue to reassess for signs of circulation or breathing periodically, continue rescue breathing and chest compressions, as needed, until arrival of EMS.
7. If patient regains signs of circulation, reassess airway and respiratory effort. Continue to maintain the airway and provide rescue breathing if the patient does not have vigorous respiratory effort.
8. Patient must be transported to the hospital.
9. Leave the AED attached to the patient until EMS arrives and disconnects the AED.
10. The AED data will be downloaded within 24 hours (weekdays) using the AED 10 Infrared Communication Kit. The AED data and a copy of the AED Use Report shall be sent within 24 hours to the physician providing medical oversight and to the State Safety Specialists (MT-930).

## **AUTOMATED EXTERNAL DEFIBRILLATOR WRITTEN PLAN INSTRUCTIONS AND SAMPLE**

These instructions are provided to assist you in completing the AED Program Written Plan. They are a reference only, and should be completed with site-specific information suitable to the individual facility or operation.

1. Specify physical location of the AED.
2. Specify location or geographic location the AED will be utilized.
3. Specify by what means the AED will be transported to the scene of a cardiac arrest.
4. List, by name, individuals trained and authorized to use the AED.
5. Describe how the AED-related information will be coordinated between your organization and your local EMS.
6. Specify how the EMS will be contacted when the AED is utilized.
7. Provide name, address, and phone number of Medical Supervisor for the AED Program.
8. Explain, in detail, how the Medical Supervisor will be involved in the AED Program oversight.
9. Provide name, address, and phone number of Medical Supervisor's designee (if there is one).
10. Identify the AED Site Coordinator for your facility.
11. Describe the maintenance procedure that will be used for your AED Program.
12. Describe the plan for keeping required written records, and where records will be located.
13. Specify all records that will be maintained related to your AED Program.
14. Explain how required reports will be made to the Medical Supervisor and to the State Safety Specialists.

## AED PROGRAM WRITTEN PLAN

**Bureau of Land Management, \_\_\_\_\_ Field Office/Station has established an AED Program.**

**The AED is located at** (street, city, state).

**The AED will be used** within the physical boundaries of the \_\_\_\_\_ Field Office/Station or \_\_\_\_\_ Recreation Site.

**The AED will be transported to the scene of a cardiac arrest** by a BLM employee who is trained in the use of the AED.

**A list of individuals currently trained and authorized to use the AED** is attached as part of this Plan. All team members must have current certification in CPR and AED use.

**The \_\_\_\_\_ Ambulance Service will** be formally advised that we have AEDs on site by sending them a copy of our EMS and PSAP Notification Form.

**Anytime the AED is removed from its location,** 9-1-1 will be called and an ambulance will be requested to respond to the BLM \_\_\_\_\_ Field Office/Station or Recreation Site. The 9-1-1 dispatcher will be advised of all information available related to the ambulance request.

**Medical supervision of the AED program will be provided by** Dr. Scott Sample, D.O., or the on-call physician; Deaconess Billings Clinic (DBC), Welch Heart Center; 1020 North 27<sup>th</sup> Street; Billings, Montana 59101. Telephone: 406-238-2000, 800-736-5355. Fax: 406-238-2066. Website: [www.billingsclinic.com](http://www.billingsclinic.com).

**Deaconess Billings Clinic Administrative Point of Contact is** Chris Schon at 406-238-2061.

**The AED Site Coordinator** for this facility is \_\_\_\_\_.

**The AED will be maintained,** tested, and operated in conformance with the manufacturer's recommendations of best practice (see attached manufacturer's specifications).

**Written records will be kept** of all maintenance and testing performed on the AED. These records will be kept by the AED Site Coordinator at the workplace.

**In addition to records for maintenance and testing of the AED, written records** of initial training and continuing training and/or proficiency evaluations will be kept for each employee who is an AED Responder.

**Required reports of AED use** will be submitted to Dr. Scott Sample, D.O., or the on-call DBC physician and mailed to the State Safety Specialists within 24 hours of the occurrence of the event.

**INDIVIDUALS CURRENTLY TRAINED AND AUTHORIZED  
IN AED USE**

| Name | Date Trained | Name | Date Trained |
|------|--------------|------|--------------|
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |
|      |              |      |              |

---

AED Site Coordinator

---

Date

## Automated External Defibrillators Operator's Checklist Infrequent Use (Non-Rechargeable Battery)

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Welch Allyn AED Serial No. or Facility ID No. \_\_\_\_\_

| Description  | OK as Found | Corrective Action/Remarks |
|--|-------------|---------------------------|
| <b>Defibrillator Unit</b><br>Clean, no spills, clear of objects on top, casing intact  |             |                           |
| <b>Cables/Connectors</b> <ol style="list-style-type: none"> <li>a. Inspect for cracks, broken wire, or damage</li> <li>b. Connectors engaged securely and are not damaged.</li> </ol>  |             |                           |
| <b>Supplies</b> <ol style="list-style-type: none"> <li>a. Two sets of pads in sealed packages within expiration date.</li> <li>b. Hand towel</li> <li>c. Scissors</li> <li>d. Razor</li> <li>e. Alcohol wipes</li> <li>f. Spare battery</li> </ol> |             |                           |
| <b>Power Supply</b> <ol style="list-style-type: none"> <li>a. Verify non-rechargeable (long storage life) battery inserted and within the expiration date.</li> <li>b. Verify that the system ready indicator shows READY.</li> </ol>              |             |                           |

Continued on next page

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

## Cleaning and Disinfecting the Welch Allyn AED 10

Clean and disinfect the Welch Allyn AED 10 regularly and observe the following cleaning and disinfecting guidelines:

- ❖ Clean the unit with the battery in place to keep liquids out of the battery contact area. Make sure liquid does not get into the electrode pads connector.
- ❖ Use a soft cloth. Do not use abrasive materials, cleaners, or strong solvents such as acetone or acetone-based cleaners.

### *Caution*

***Do not immerse any portion of the Welch Allyn AED 10 in water or other liquids. Avoid spilling any liquids on the Welch Allyn AED 10 or its accessories. Liquids may damage the unit or present a fire or shock hazard.***

***Do not autoclave or gas sterilize the Welch Allyn AED 10 or accessories.***

The following are recommended cleaning agents for use on the exterior of the Welch Allyn AED 10:

|                            |            |
|----------------------------|------------|
| Fantastik ®                | T.B.Q. ®   |
| Formula 409 ®              | Warm water |
| Hydrogen peroxide solution | Wex-cide ® |
| INCIDIN ®                  | Windex ®   |
| Liquid soap                |            |

Never use any of the following cleaning agents on the Welch Allyn AED 10:

|                   |                                    |
|-------------------|------------------------------------|
| Acetone           | Glutaraldehyde                     |
| Ammonia cleaner   | Isopropyl alcohol                  |
| Benzene           | Chlorine bleach solution           |
| Butyl alcohol     | Misty                              |
| Denatured ethanol | Staphene                           |
| Enviroquat        | Trichloroethane, trichloroethylene |
| Ether             | Vesphene II                        |
| Freon             |                                    |

**EMERGENCY MEDICAL SERVICE (EMS) AND  
PUBLIC SAFETY ANSWERING POINT (PSAP)  
NOTIFICATION FORM**

In accordance with A.R.M. Section 37.104.605, entities wishing to use or allow the use of an AED shall provide the following information to each licensed emergency medical service and Public Safety Answering Point (PSAP, 911, local emergency dispatch center) in the area where the AED is intended to be used.

Name of Entity Establishing the AED Program

---

Business Address, Physical Address, and Telephone Number of the Entity

---

---

Name, Address, and Phone Number of the Individual Responsible for On-Site Management of the AED Program

---

---

Starting date of the AED Program \_\_\_\_\_

Physical Location of the AED

AED #1 is located at the xxxxxxxxxxxx (e.g., west entrance to the xxxxxxxxxxxx),

AED #2 is located at the xxxxxxxxxxxx (e.g., receptionist's desk in the main office)

---

---

Copy of Written Plan Attached?

Form provided to the following EMS and PSAPs:

XYZ Ambulance  
P.O. Box 2222  
Defibville, USA

Defibville 911  
333 Some St.  
Defibville, USA

Mailed May 20, 2004

Mailed May 20, 2004

# AED USE REPORT

To Be Filled Out Each Time an AED is Attached to a Patient

|                         |                         |
|-------------------------|-------------------------|
| PATIENT NAME: _____     | DATE OF INCIDENT: _____ |
| REPORTING OFFICE: _____ |                         |

|                                      |  |                              |  |
|--------------------------------------|--|------------------------------|--|
| Pulse After Shocking:                | <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, was pulse sustained? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Patient Transported:                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |                              |  |
| If transported, to where and by who? |  |                              |  |

|                        |       |
|------------------------|-------|
| SUPERVISING PHYSICIAN: |       |
| Name:                  | _____ |
| Address:               | _____ |
| Phone No:              | _____ |

|  |  |   |
|--|--|---|
| Patient Age: _____   | Patient Sex:   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Location of Cardiac Arrest: _____<br>_____                 |  |   |
| Estimated Time of Cardiac Arrest: _____ (use 24 hour time) |  |   |
| CPR Initiated Prior to Application of the AED:             | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| Cardiac Arrest Witnessed?                                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| Time First Shock Delivered: _____ (use 24 hour time)       |  |   |
| Total Number of Shocks and Joules Delivered:               | _____ / _____  | _____ / _____   |
|  | _____ / _____  | _____ / _____   |
|  | _____ / _____  | _____ / _____   |
|  | _____ / _____  | _____ / _____   |
|  | _____ / _____  | _____ / _____   |
|  | _____ / _____  | _____ / _____   |

### INSTRUCTIONS:

1. Make one copy of this report for office files.
2. Send one copy of this report to the Medical Director.
3. Send one copy of this report to State Safety Specialists (MT-930).