Villanova University
Automated External Defibrillator (AED) Program
Policy and Procedure Manual

Subject: Automated External Defibrillator (AED)

Number: S28
Effective: May 07
Revised: June 2015

Villanova University
AED Policy
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I. **Purpose**

This policy provides for the purchase, usage, and placement of automated external defibrillators (AED’s) in University facilities or vehicles. This document describes the policies and procedures to be used in governing the public access to defibrillator units at Villanova University. It is the goal of this program to provide a rapid response by volunteers to the sudden cardiac arrest (SCA) of faculty, staff, students, and guests of Villanova University. It is the intent of this document to provide the guidelines for the operation of the AED program.

II. **Goal**

The goal of the program is to actively participate in the Chain of Survival (Early Access, Early CPR, Early Defibrillation, and Early Advanced Care) by providing early activation of the emergency medical services system, early CPR, and/or early defibrillation to any victim of sudden cardiac arrest at Villanova University during hours of operation.

III. **Reference**

42 Pa.C.S. § 8331.2 specifies Good Samaritan civil immunity for use of automated external defibrillators and 42 Pa.C.S. § 8332 specifies nonmedical Good Samaritan civil immunity.

IV. **Scope and Application**

This policy applies to all University personnel, contract personnel, students, and visitors in applicable University facilities and/or University operations.

V. **Definition**

An AED is a device that is designed to analyze a heart rhythm and advise trained or “lay” personnel when to push a button on the unit to deliver a potentially lifesaving shock (defibrillation) to a victim of sudden cardiac arrest.
VI. Policy

Any department or facility of Villanova University may request to purchase an AED for the purpose of providing rapid defibrillation to persons who may be experiencing a sudden cardiac arrest. In order to purchase or maintain an AED, the department must satisfy the requirements specified in this policy.

VII. Responsibilities

A. AED Committee

1. Review submittals of the “AED Request Form” (Appendix A), provide written approval to the requesting department or unit, and provide assistance in “Plan” (Appendix E) preparation.

2. Provide assistance to departments during the implementation process, assess the overall effectiveness of the personal access to defibrillation units, and fulfill other reporting requirements.

3. Provide copies of standardized forms for AED requests, equipment maintenance, and usage documentation to requesting departments as well as those offices or individuals outlined in this policy.

4. Provide standardized signage to departments participating in the AED Program.

5. Select a standard AED model for use by University departments.

6. In the event of AED usage, perform a quality assurance assessment and provide follow-up and feedback as needed.

B. Medical Director

1. Review the AED Program policy (this document) and revise as necessary.
2. Participate with the AED Committee in the selection of the standard AED model for the University and provide the authorization required by the AED supplier for the purchase of the AED(s) as necessary.

3. Provide medical direction for the use of AED’s.

4. Review all incidents involving the use of an AED.

5. Provide post-incident debriefing support.

C. Department

1. Assess the need for an AED within the department or facility.

2. Submit an “AED Request Form” to the AED Committee.

3. Assign an AED Coordinator to manage the departmental AED program.

4. Schedule AED Training with Public Safety prior to AED arrival.

5. Post readily visible signs at appropriate building locations that specify the AED location.

6. Ensure compliance with all components of this policy.

7. If the department, for any reason, chooses to no longer participate in the AED program or maintain their AED, they must submit, in writing, a letter of explanation to the AED Committee and complete the closeout procedure (i.e. remove AED, signs, etc.)
D. **AED Coordinator**

1. Serve as a liaison between the department and the AED Committee.

2. Facilitate departmental AED training as outlined in the “Training” section of this policy.

3. AED Coordinator and/or his designee will ensure routine maintenance of the AED(s) as recommended by the manufacturer and maintain records associated with such maintenance.

4. Immediately notify the Department of Environmental Health & Safety and/or the Department of Public Safety, of any suspected defect or damage to the AED unit.

5. Following the use of an AED, notify the Department of Environmental Health & Safety, and assist the AED Committee, the Department of Public Safety, and Villanova EMS with the completion of usage documentation.

E. **Villanova EMS**

1. Appoint a representative to serve as liaison between Villanova EMS and the AED Coordinators with respect to matters related to the AED program.

2. Provide AED training as outlined by the American Red Cross, the American Heart Association, or through an equivalent course of instruction approved by the Pennsylvania Department of Health.

3. Within 24 hours of AED usage, acquire incident-related information from the AED and provide such information to the Medical Director for review.
VIII. **Training**

A. Training will be offered at cost to departments wishing to acquire an AED. The AED Coordinator will work with the AED Committee to determine the minimum number of people to be trained in AED usage, and will coordinate such training with Villanova Public Safety.

B. Upon successful completion of the required training, Villanova EMS shall provide original training documents to the department and copies of such documents to the AED Committee.

C. Villanova EMS shall provide subsequent training and re-certification to departmental personnel at intervals not exceeding two years.

IX. **Equipment**

The term “equipment” includes the AED unit, its casing, associated signage, and all accessories including, but not limited to, the carrying case, the battery pack, electrode pads, and operating instructions. Such equipment shall be purchased and maintained by the department, and kept in a state of readiness (i.e. available for use at all times).

A. **Maintenance**

1. The AED performs a series of self-diagnostics on a daily, weekly, and monthly basis to ensure the integrity of the battery and all internal components. If the unit detects a problem during a self-diagnostic, it will sound an audible alarm. The Department of Public Safety and/or the Department of Environmental Health & Safety should be notified immediately of any such alarm.

2. Public Safety will periodically audit departments with AED’s to ensure accurate and proper reporting of the unit’s self-diagnostics and other preventative maintenance measures as outlined in the department’s “Plan.”
3. Villanova EMS will perform a monthly AED check following the procedure checklist (Appendix B). The procedure checklist will be initialed at the completion of the monthly check. A copy of the procedure checklist will be forwarded to Public Safety and Environmental Health & Safety.

4. If the OK icon is NOT present on the readiness display, contact the AED Program Coordinator or designee immediately.

X. Reporting Procedures

It is the responsibility of the AED Coordinator to notify the Department of Public Safety and/or the Department of Environmental Health & Safety (as outlined above) of any usage, malfunction, vandalism, damage, or theft of the AED or any of its components (e.g. casing, signage, etc).

XI. Recordkeeping

A. The Department is responsible for maintaining original copies of departmental training documentation as well as maintenance documentation. Additionally, each department shall maintain all material received from the AED manufacturer including, but not limited to, the warranty, operating manual, and any other published literature regarding the use, storage, and maintenance of the AED.

B. The Department of Environmental Health & Safety shall maintain:

1. Copies of all “AED Request Forms” and associated “Plan(s)”;
2. Copies of departmental training documentation;
3. Copies of AED maintenance logs;
4. Copies of all reports associated with AED usage; and
5. A listing of all campus AED locations including the make/model of the unit, its serial number, and the name and contact information of the departmental AED Coordinator.
C. The Department of Public Safety shall maintain an original copy of any incident report involving the use of an AED.

XII. Post-Incident Procedure(s)

In the event an AED is used, the below-listed departments shall perform the following actions:

A. The Department of Public Safety shall transfer the AED to Villanova EMS and immediately complete an incident report and provide copies to the Department of Environmental Health & Safety, the Manager for Risk Management & Insurance, Villanova EMS, and the Medical Director.

B. Villanova EMS shall download all incident-related information from the AED and forward such information to the Medical Director. Villanova EMS shall return the AED in working order (including obtaining replacement electrode pads) to the department.

C. The Medical Director shall analyze all available information, perform a quality-assurance assessment of the incident, and report back to the AED Committee.

D. The department shall notify Environmental Health & Safety of the incident and assist in the completion of any necessary paperwork. Upon receipt of the AED from Villanova EMS, the department shall return the AED to its original location and ensure its security (i.e. locked in its casing; no apparent damage to casing).

E. During normal business hours, the Medical Director as well as the University Counseling Center shall be available for post-incident debriefing and support.
XIII. Exceptions

This policy is not intended to cover situations in which the University employs or uses personnel with specific education, certification and/or licensure to deliver emergency care. Personnel such as EMT’s, EMT-Paramedics, Registered Nurses and other Health Care Professionals may have an AED that they have been authorized to use by virtue of their specific training or medical protocols and may have other reporting requirements mandated by regulations or statues.

XIV. AED Committee

This document describes the policies and procedures to be used in governing the public access of defibrillator units at Villanova University. It is the intent of this document to provide the guidelines for the operation of the Villanova University AED program.

Michael Duncan, Medical Director

Alice Lenthe, Environmental Health & Safety Representative

John Shuter, Public Safety Representative

Richard Finfrock, Villanova EMS Representative
## Appendix A – AED REQUEST FORM

<table>
<thead>
<tr>
<th>Requestor’s Name:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Date:</td>
<td></td>
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</tbody>
</table>

### Department:

<table>
<thead>
<tr>
<th>Account/Index #:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
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</table>

### Request Details:

<table>
<thead>
<tr>
<th>Justification:</th>
<th></th>
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<tbody>
<tr>
<td>Location for AED:</td>
<td></td>
</tr>
</tbody>
</table>

AED Coordinator:

Please assign an AED Coordinator for the requested location.

Please list people working in the area of the AED in addition to the AED Coordinator that will attend training:

______________________________________________________________________________
______________________________________________________________________________

Please fax the completed AED request form to the Department of Environmental Health & Safety at 9-7998.

Please note: Your request will be reviewed by the AED Committee and an AED Committee member will contact you regarding your request.

AED request form/2015

AED Request #______________
# VILLANOVA UNIVERSITY
Automated External Defibrillator (AED) Policy
Appendix B - AED Maintenance Checklist

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
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</tbody>
</table>

Criteria:

- Check Defibrillator for obvious signs of exterior damage.
- Display indicates unit OK
- Electrodes plugged into connector
- Expiration Date of electrodes
- Spare set of electrodes in place
- Battery Install Date
- Battery Expiration Date

**Responder Kit Includes:**

- Gloves
- Gauze
- Scissors
- Mouth Barrier
- Antiseptic Cloth
- Pediatric Electrodes in place
- Expiration Date
Appendix C – AED Locations

An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest (SCA). It is only to be applied to victims who are unconscious, not breathing normally and showing no signs of circulation, such as normal breathing, coughing and movement. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

<table>
<thead>
<tr>
<th>Dept/Unit</th>
<th>Building</th>
<th>Location</th>
<th>Model</th>
<th>Year/Serial#</th>
<th>Staff Contact</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Athletics</td>
<td>Stadium SE</td>
<td>Weight room</td>
<td>Lifepak CR Plus</td>
<td></td>
<td>Jeff Pierce</td>
<td></td>
</tr>
<tr>
<td>2  Athletics</td>
<td>Jake Nevin</td>
<td>Training Room</td>
<td>Lifepak CR Plus</td>
<td>32929689</td>
<td>Scott Stansbury</td>
<td></td>
</tr>
<tr>
<td>3  Athletics</td>
<td>Pavilion</td>
<td>Swimming Pool</td>
<td>Lifepak CR Plus</td>
<td></td>
<td>Mischa Jemionek</td>
<td></td>
</tr>
<tr>
<td>4  Athletics</td>
<td>Jake Nevin</td>
<td>Sports team</td>
<td>Lifepak CR Plus</td>
<td>32929710</td>
<td>Daniel Jarvis</td>
<td></td>
</tr>
<tr>
<td>5  Athletics</td>
<td>Jake Nevin</td>
<td>Sports team</td>
<td>Lifepak CR Plus</td>
<td>32929714</td>
<td>Liz Ebbeler</td>
<td></td>
</tr>
<tr>
<td>6  Athletics</td>
<td>Jake Nevin</td>
<td>Sports team</td>
<td>Lifepak CR Plus</td>
<td>32929718</td>
<td>Matthew Douma</td>
<td></td>
</tr>
<tr>
<td>7  Athletics</td>
<td>Jake Nevin</td>
<td>Sports team</td>
<td>Lifepak CR Plus</td>
<td>32955095</td>
<td>Pat McCloskey</td>
<td></td>
</tr>
<tr>
<td>8  Athletics</td>
<td>Jake Nevin</td>
<td>Sports team</td>
<td>Lifepak CR Plus</td>
<td>33485854</td>
<td>Walter List</td>
<td></td>
</tr>
<tr>
<td>9  Athletics</td>
<td>Jake Nevin</td>
<td>Sports team</td>
<td>Lifepak CR Plus</td>
<td>6451829</td>
<td>Valerie Tinklepaugh</td>
<td></td>
</tr>
<tr>
<td>10 Public Safety</td>
<td>Vehicle</td>
<td>Vehicle</td>
<td>Lifepak 500</td>
<td>1336829</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Public Safety</td>
<td>Vehicle</td>
<td>Vehicle</td>
<td>Lifepak CR Plus</td>
<td>073263</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Dining Services</td>
<td>Connelly Center</td>
<td>Information Area</td>
<td>Lifepak CR Plus</td>
<td>073267</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Dining Services</td>
<td>Connelly Center</td>
<td>Information Area</td>
<td>Lifepak CR Plus</td>
<td>073313</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Dining Services</td>
<td>Donahue</td>
<td>Second Storey</td>
<td>Lifepak CR Plus</td>
<td>073322</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Conference Services</td>
<td>Hotel</td>
<td>Front Desk</td>
<td>Philips Heart start</td>
<td>A035-0088</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 VEMS</td>
<td>Amb. Vehicle 8529</td>
<td>Mobile</td>
<td>Zoll AED Plus</td>
<td>NA/X04D032202</td>
<td>Matt O'Malley</td>
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</tr>
<tr>
<td>17 VEMS</td>
<td>HSB</td>
<td>Office/QRS bag</td>
<td>Lifepak 500</td>
<td>1999/11625749</td>
<td>Rich Finkrock</td>
<td></td>
</tr>
<tr>
<td>18 Health Services</td>
<td>HSB</td>
<td>Crash cart</td>
<td>Lifepak 500</td>
<td>2000/12283332</td>
<td>Mary McGonigle</td>
<td></td>
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<tr>
<td>19 Athletics</td>
<td>Davis Center</td>
<td></td>
<td></td>
<td></td>
<td>M. Duncan</td>
<td></td>
</tr>
<tr>
<td>20 St. Thomas Church</td>
<td>Church</td>
<td>Vestibule</td>
<td></td>
<td></td>
<td>D. Moreno</td>
<td></td>
</tr>
<tr>
<td>21 Residence Life</td>
<td>Fedigan Hall</td>
<td>1st Floor</td>
<td>2011 AED Plus</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Appendix D - AED Incident Form

<table>
<thead>
<tr>
<th>Incident Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Location:</td>
<td></td>
</tr>
<tr>
<td>Time Public Safety Notified:</td>
<td></td>
</tr>
<tr>
<td>Time 9-1-1 Called:</td>
<td></td>
</tr>
<tr>
<td>Serial number of AED used:</td>
<td></td>
</tr>
<tr>
<td>Type of AED used:</td>
<td></td>
</tr>
</tbody>
</table>

**Did someone see the patient become unconscious and unresponsive?**
- Yes  
  If yes, then, at what time was that? _______________ a.m./p.m.
- No  
  If no, then when did someone last talk to the patient or see him/her conscious? _______________ a.m./p.m.

**At what time was CPR started?** _______________  
**By whom?** ___________________

**How many shocks from the PAD AED were delivered?** __________________

**Patient Name:**  _______________________________________________________________________
**Age** ____________________  **Gender?** ____________________________________________________

**Name of the person who operated the AED:**  _______________________________________________________________________

**AED Response Team Members:**  _______________________________________________________________________

**Volunteer Responders who participated in the incident:**  _______________________________________________________________________

**Comments:**  _______________________________________________________________________

**EMS unit receiving patient:**  _______________________________________________________________________

**Hospital transported to:**  _______________________________________________________________________

**Form completed by:**  _______________________________________________________________________
**(print)  (signature) Date:**  __________________

(Use other side for additional comments)
# VILLANOVA UNIVERSITY
Automated External Defibrillator (AED) Policy
Appendix E – AED Plan

<table>
<thead>
<tr>
<th>Department:</th>
<th>Date Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Submitting Plan:</td>
<td>Position/Title of Person Submitting Plan:</td>
</tr>
<tr>
<td>Campus Address of Person Submitting Plan:</td>
<td></td>
</tr>
</tbody>
</table>

## Identify the Department’s AED Coordinator:

<table>
<thead>
<tr>
<th>Name of Department’s AED Coordinator:</th>
<th>Position/Title of AED Coordinator:</th>
<th>Campus Phone:</th>
</tr>
</thead>
</table>

## Answer the questions below regarding the proposed purchase, placement, and use of the AED:

**Make/model of AED being considered for purchase:**

Describe the placement location of the AED unit and signs:

Describe the Department’s Maintenance Plan for the AED Unit:

Describe Any Communication Plan for advising other building occupants of the presence and location(s) of AEDs:

## Will Persons be Trained in the Use of the Proposed AED?

If “yes”, who will be trained (e.g., department employees, students):

Describe the Course of Training (e.g. American Red Cross CPR, American Heart Association CPR, etc.):

Who will provide the Training (e.g., in-house trainers, Public Safety, VEMS; if other, identify):

Who will maintain the training records and where will they be maintained:

## Implementation:

Describe your implementation schedule including any proposed training:

---

Submit this form to:
Director of Environmental Health and Safety
Stone Hall

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