

DOUGLAS COUNTY SHERIFF'S OFFICE		Policy and Procedure
Specific Policies		P&P-B-122
Automated External Defibrillators (AEDs)		
Effective Date: 12-08-17 Supersedes: 11-19-14	Approval: Sheriff	Number of Pages: 5
References: 13-21-108.1 CRS	Reevaluation Date: Annually	Standards:

I. PURPOSE

To provide policies, procedures and guidelines to members of the Sheriff's Office regarding the deployment of Automatic External Defibrillators (AED).

II. POLICY

The Sheriff's Office deploys AED units in patrol vehicles, Justice Center, Highlands Ranch Sub-Station and with the training unit to assist in cardiac emergencies. Employees that utilize the AED must be certified in its use.

III. DEFINITION

Automated External Defibrillator (AED)

An automated external defibrillator (AED) is an emergency medical device that can detect and recognize certain heart arrhythmias and can determine, without intervention by the operator, whether defibrillation should be performed. If defibrillation is appropriate, the AED automatically charges and requests the operator to deliver an electrical impulse to the patient's heart.

IV. PROCEDURE

The Sheriff's Office has multiple AED units that are assigned to Patrol, Detentions and Administrative Services, etc. Employees should familiarize themselves of the locations of AED's in their assigned areas along with other County buildings.

The use of AEDs is regulated by statute. The statute 13-21-108.1 C.R.S. specifically requires the following of any entity that acquires an AED:

- A. Expected AED users will receive training in CPR and AED use through a course approved by the Department of Public Health and Environment;
- B. AED's will be maintained and tested according to the manufacturer's guidelines and written records of this maintenance and testing will be kept. Oversight of AEDs will be done through Facilities, Fleet & Emergency Support Services;
- C. An approved plan is in effect concerning the placement of AEDs, training of personnel, pre-planned coordination with the emergency medical services system, medical oversight, AED maintenance, identification of personnel authorized to use AEDs, and reporting of AED utilization;

- D. Any person who renders emergency care by use of an AED must notify emergency medical services generally through the DCSO Communications Center (dispatch) as soon as possible. The use must also be reported to the program medical advisor.

The statute provides for limited immunity from civil liability for acts or omissions made in good faith arising out of the use of an AED, unless the acts or omissions were grossly negligent or willful or wanton.

Only personnel who are trained and certified may use the AEDs, and they may only be used in a manner consistent with approved training.

Any person or entity whose primary duties do not include the provisions of health care and who, in good faith and without compensation, renders emergency care or treatment by the use of an AED shall not be liable for any civil damages for acts or omissions made in good faith as a result of such care or treatment or as result of any act or failure to act in providing or arranging further medical treatment, unless the acts or omissions were grossly negligent or willful and wanton. C.R.S. 13-21-108-1 (4) (a)

V. AED PROCEDURES

- A. Assess scene for safety. The scene or environment around a victim must be made safe prior to attempts to assist.
- B. Determine unresponsiveness
- C. Check for absences or inadequate breathing.
- D. Activate EMS.
- E. If no signs of circulation, apply AED immediately. If AED is not immediately available, begin chest compressions and breathing (CPR) until AED arrives.
- F. Turn on AED.
- G. Apply electrode pads (according to diagram on back of electrode pads) to victim's bare chest:
 - 1. Shave or clip chest hair if it is so excessive it prevents a good seal between electrode pads and skin.
 - 2. Wipe chest clean and dry if victim's chest is dirty or wet.
 - 3. Peel electrode pads, one at a time, from the backing or liner, and then press electrode pads firmly to skin.
 - 4. Plug in pad connector cable into AED unit where designated.
 - 5. Stand clear of victim while the AED evaluates the victim's heart rhythm.
 - 6. If prompted by the AED unit to give shocks, be sure to verbalize loudly to all bystanders to stay clear. Be sure you also remain clear of the victim before pushing the shock button.
 - 7. Continue to follow the prompts from the AED unit.

Refrain from using portables radios or cell phones within four feet of victim while AED is evaluating heart rhythm.

VI. PATROL DEPLOYMENT

- A. LIFEPAK AED units will be deployed in Districts 8, 9, 10, and 11, and they will be available in the field. Officers will sign out the AED units and will return the units at the end of shift so that the oncoming shift may sign out the units. The units assigned to district 8 are assigned directly to the officers currently assigned to District 8. Any change in assignment for district 8 will require transfer of the AED to the new deputy.
- B. A deputy may be dispatched from another call for service in order to respond to a sudden cardiac arrest emergency.
- C. Fire department paramedics or fire department EMTs will take control of the medical emergency immediately upon their arrival. Deputies will yield control of the medical emergency to the fire department paramedics or fire department EMTs.

VII. DETENTION DEPLOYMENT

- A. Detention personal should familiarize themselves with the location of all the AED's located in the detention facility.
- B. Any detention deputy or detention specialist involved in a sudden cardiac arrest emergency should call for the closest AED. Central Control will initiate EMS notification through the communications center.
- C. The medical unit will take over from the specialist or deputy immediately upon arrival. Deputies and specialists will yield control of the situation.
- D. Fire department paramedics or fire department EMTs will take control of the medical emergency immediately upon their arrival. Deputies and specialists will yield control of the medical emergency. Detention medical personnel will assist EMS with the medical emergency as necessary.

VIII. MEDICAL CONTROL

The medical advisor of the AED program (LIFE READY) has the ongoing responsibility for:

- 1. Providing medical direction for the use of AEDs.
- 2. Reviewing and approving guidelines for emergency procedures related to use of AEDs and CPR.
- 3. Evaluation of post-event review forms and digital files downloaded from the AED. Also, any written reports of the incident will be forwarded to the Medical advisor for review.

IX. AUTHORIZED AED USERS

Any employee trained in CPR within the last two years, and in the use of the AED within the last year, is authorized to use the AEDs.

X. AED-TRAINED EMPLOYEE RESPONSIBILITIES

- A. Activating internal EMS and providing prompt basic life support including AED and first aid according to training and experience.
- B. Understanding and complying with requirements of this policy.
- C. Following the procedures and guidelines for the AED program.

XI. EQUIPMENT

- A. The CINTAS Reviver Automated External Defibrillators (AEDs) have been approved for this program. The AED conforms to the state and county standards.
 - 1. The AED and resuscitation kit (two pair of latex-free gloves, one set of trauma shears, one razor, and one facemask barrier device) when available will be brought to all cardiac medical emergencies.
 - 2. The AED is used on unresponsive victims that are not breathing and have no signs of circulation and is not recommended for use on infants. The AED will be placed only after the following symptoms are confirmed:
 - a. Victim is unresponsive
 - b. Victim is not breathing, or is breathing ineffective
 - c. Victim has no signs of circulation such as pulse and coughing, or movement.
- B. AEDs will **NOT** be turned on as a daily test of the unit. The units are completely self-contained and perform an internal daily self-test. The unit will indicate if a problem exists.

XII. EQUIPMENT MAINTENANCE / ROUTINE MAINTENANCE

- A. All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:
 - 1. The AED program coordinator at Facilities, Fleet & Emergency Support Services shall be responsible for having regular maintenance performed. All maintenance tasks shall be performed according to equipment procedures as outlined in the operating instructions.
 - 1. Following use of emergency response equipment, all equipment shall be cleaned and or decontaminated as required.
 - 2. The AED performs a self-diagnostic test every 24 hours that includes a check of the battery strength and an evaluation of the internal components.
 - 3. The program coordinator will perform periodic checks of the units. A record of these checks will be maintained by Facilities, Fleet & Emergency Support Services.
 - 4. If the OK icon is **NOT** present on the readiness display, contact the AED program coordinator at Facilities, Fleet & Emergency Support Services immediately.
 - a. If the battery icon is visible, the battery of the CHARGE-PAK charging unit needs to be replaced. You may continue to use the AED if needed.

- b. If the wrench icon is visible, the AED needs service. You may attempt to use the AED if needed. If the message ‘CALL SERVICE’ appears, the AED is not usable. Continue providing CPR until another AED is brought to the victim or EMS arrives to take over care.

B. If the expiration date on the electrode package is near, notify the AED program coordinator immediately.

XIII. INTIAL TRAINING

Deputies and specialists will complete training adequate to provide CPR and use the AED that will be provided on site. AED training provided by and/or for other members must be a course approved by the state. Employees will also be trained in universal precautions against blood borne pathogens and the training unit shall maintain training records.

XIV. REFRESHER TRAINING

Trained employees will renew CPR every two years and AED refresher training will be conducted annually.

XV. AED RESPONSE DOCUMENTATION

A. It is important to document each use of the AED.

B. A use of force report will be accomplished when an AED is activated, and the program coordinator will keep and store AED activation records.

C. The AED unit must be treated as evidence and either placed into evidence or turned over to investigations following the proper chain of custody. The AED will then need to have its data downloaded prior to it returning to service.

D. A copy of the report and any additional documentation will be forwarded to the medical advisor, through a report routing form.

XVI. ANNUAL ASSESSMENT

The AED program coordinator at Facilities, Fleet & Emergency Support Services will be responsible for any annual reviews.

By Order of the Sheriff