

CHAPTER 13
AUTOMATED EXTERNAL DEFIBRILLATOR
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CHAPTER 13

AUTOMATED EXTERNAL DEFIBRILLATOR

1. POLICY.

a. The Department is an automated external defibrillator (AED) service provider and a Public Safety AED Service Provider, as defined by the California Code of Regulations (CCR), Title 22, Section 100056.1 and Section 100006, respectively.

b. Uniformed departmental employees throughout the state shall be trained in the use of AEDs during biennial cardiopulmonary resuscitation (CPR) training by the Academy, Emergency Medical Services (EMS) Unit staff or selected associate instructors approved by the Department's Medical Director.

(1) Priorities for training personnel are established as follows:

(a) Uniformed employees trained to the level of Public Safety First Aid (PSFA).

(b) Nonuniformed personnel are encouraged to be trained in basic CPR skills, which includes the use of an AED, provided the following requirements are adhered to:

1 The training is authorized by the employee's commander.

2 Training is limited to nonprofessional provider standards, established by the American Heart Association (AHA).

(2) All uniformed personnel shall complete a biennial CPR/AED recertification class to maintain their proficiency. Recertification shall be conducted by Academy, EMS Unit personnel or certified associate instructors.

(3) All personnel trained in the use of an AED will be allowed to utilize any available AED, including AED units not owned or maintained by the Department, in an emergency setting whether on or off duty. Nothing in this chapter shall compel an employee who is off duty to render medical assistance.

(4) Automated external defibrillator training shall conform to California Emergency Medical Services Authority (EMSA) policy.

2. RESPONSIBILITIES.

a. Medical Director. The Department's Medical Director is responsible for providing direction on the AED program through prospective training and protocols.

(1) The Medical Director shall review all cases and reports of AED use by departmental employees and departmentally trained personnel.

(2) The Medical Director shall act as a prescribing physician for nonuniformed employees as defined by the CCR, Title 22, Section 100035.

b. Academy, Emergency Medical Services Unit. The Academy, EMS Unit, is designated by the Medical Director to implement the departmental AED program, in consultation with the Medical Director, including the following:

(1) Develop policy and protocols.

(2) Develop initial and refresher training programs through biennial CPR/AED training.

(3) Provide for a training process and establish minimum standards.

(4) Monitor AED use in the field and address problems or concerns.

(5) Conduct continuous quality improvement for the AED program.

(6) Coordinate with the California EMSA and local EMSAs regarding possession of AEDs and reporting requirements.

(7) Download all AED post-incident information, using the supplied infrared device, and ensure a copy of the information is attached to the CHP 330, Emergency Medical Report.

c. Commanders.

(1) Commanders shall assign a primary and secondary AED coordinator to provide for the security, accountability, maintenance, and use of AED devices in those offices where an AED is deployed.

(2) Commanders shall establish a Standard Operating Procedure (SOP) for the use of AED devices. At a minimum, the SOP shall address:

(a) Local concerns for deploying AED devices within the guidelines of this chapter.

(b) Any donated AEDs on the premises; procedures regarding maintenance and repairs in accordance with manufacturer and regulation

guidelines; acquisition of supplies for the AEDs; and reporting of lost, stolen, damaged, or destroyed equipment.

(c) Any departmentally owned AEDs on the premises not provided by the Academy, EMS Unit; procedures regarding maintenance and repairs in accordance with manufacturer and regulation guidelines; acquisition of supplies for the AEDs; and reporting of lost, stolen, damaged, or destroyed equipment.

d. Automated External Defibrillator Coordinator Responsibilities.

(1) Report any AED malfunctions to the Academy, EMS Unit.

(2) Maintain the AED and related equipment according to the manufacturer's recommended guidelines.

(3) Conduct annual inventories of AEDs and related equipment.

(4) Maintain monthly maintenance records, including monthly self-diagnostic checks, and track AED use, utilizing the CHP 330M, Automated External Defibrillator (AED) Use and Maintenance Log (Annex A).

(5) Coordinate repair and/or maintenance of AEDs and related equipment at the Division/Area level.

(6) Ensure adequate supplies for AEDs are maintained at the location (e.g., electrode/defibrillator pads, razors, batteries).

(7) Coordinate loaner and replacement AEDs with the Academy, EMS Unit, for malfunctioning units.

(8) Ensure lost, stolen, or destroyed equipment is reported as outlined in paragraph 8. of this chapter.

(9) Coordinate with the Academy, EMS Unit, to ensure all required reports are submitted in accordance with paragraph 4. of this chapter.

(10) Facilitate proper placement of AED devices. According to the United States Department of Health and Human Services and the AHA, an AED should be accessible within a three-minute, fast-paced walk, to retrieve and return to the patient. The AEDs should be easily accessible to all employees within the facility.

(11) Shall notify the local EMSA of the existence, facility address, and manufacture/model of the AED(s) at their facility upon initially receiving an AED(s).

3. PROCEDURES.

a. Initial Training.

NOTE: Refer to the CCR, Title 22, Division 9, Chapter 1.5, Sections 100020 and 100022; and Chapter 2, Sections 100056, 100056.1, 100074, 100075, and 100079.

(1) The initial AED training for uniformed personnel shall occur during the CPR/AED course and will be conducted at the Academy during cadet training. All initial training will be conducted by the Academy, EMS Unit, and select associate instructors trained and approved by the EMS Unit and the Department's Medical Director.

(2) Cardiopulmonary resuscitation/AED instructors shall be current Department EMS instructors.

(3) The course shall be conducted during biennial CPR/AED training and shall combine didactic and practical skills instruction and testing.

(4) Departmental personnel certified as paramedics or EMTs and recognized by the Department as such are required to attend biennial CPR/AED training, unless they receive AHA-certified training outside of the Department.

b. Recertification.

NOTE: Refer to CCR, Title 22, Division 9, Chapter 1.5, Section 100025; and Chapter 2, Sections 100080 and 100081.

(1) Automated external defibrillator retraining will be included as part of biennial CPR training for uniformed personnel.

(2) Retraining will be taught by an Academy, EMS Unit, staff member or a Department EMS instructor, in accordance with the retraining programs.

c. Leaves of Absence.

(1) Automated external defibrillator-trained personnel who are unable to attend CPR/AED recertification due to being on 4800.5 time, extended sick leave, or military leave shall be scheduled to attend the first available CPR/AED recertification make-up training after their return to duty.

(2) In the event a uniformed employee misses the CPR/AED recertification training and any subsequent make-up courses, the employee shall contact their Area training officer to schedule a training date.

4. REPORTING.

a. All incidents of AED use shall be documented on a CHP 330.

(1) The mere application of an AED pad to a patient shall constitute use and will require documentation.

(2) The misuse or failure to document use of an AED shall be grounds for administrative action.

b. The CHP 330 includes a section specifically for AED information. The following are the fields as they appear on the form:

(1) Operator ID Number: Enter the employee's departmental ID number.

(2) AED ID Number: Enter the California Highway Patrol (CHP) tag number of the AED device.

(3) Number of Shocks Administered: Enter the total number of defibrillation shocks administered with the AED. Do not include shocks administered with a different device.

(4) CPR prior to arrival: Was CPR initiated prior to the AED operator's arrival? Answer yes or no.

(5) Witnessed cardiac arrest: Was the cardiac arrest witnessed (seen or heard) by anyone? Answer yes or no.

c. All medical incidents where an AED was applied and/or used shall be reviewed by the Department's Medical Director.

d. In the event the use, or nonuse, of an AED is questioned by an allied agency or by a local EMSA, the Academy, EMS Unit, supervisor shall be notified immediately.

NOTE: Refer to the CCR, Title 22, Division 9, Chapter 1.5, Section 100021; and Chapter 2, Section 100063.1.

5. EVENT DATA RETRIEVAL.

a. After each AED use for rendering medical assistance, the AED shall be sent to the Academy. The Academy, EMS Unit, shall download the information recorded by the AED and a printout of the event shall be made. A spare AED shall be provided to replace the one sent to the Academy.

(1) When the use of an AED has occurred, a copy of the CHP 330 and a copy of the event printout shall be forwarded to the Academy, EMS Unit, within two business days.

(a) The Academy, EMS Unit, shall be responsible for the review of event data and compilation of data for submission to the California EMSA as required by the CCR, Title 22.

(b) The Academy, EMS Unit, will maintain copies of event printouts for three years after an annual report is submitted to the California EMSA.

(c) The Academy, EMS Unit, will facilitate notification to the California EMSA or local EMSA as needed.

b. Upon completion of the incident, the rescuer shall ensure, with the assistance of the AED coordinator, that a printout of the event is made. The original hard copy shall be attached to the original CHP 330 and filed accordingly. The CHP 330 and the AED event printout are considered confidential medical documents and shall be held in a confidential file at the command level for the current year, plus three years. Refer to Highway Patrol Manual (HPM) 70.2, Emergency Medical Services Manual, Chapter 9, Public Safety First Aid Administrative Roles and Responsibilities.

c. Use of the AED shall be logged on the CHP 330M.

6. TREATMENT PROTOCOLS.

a. Use of an AED is indicated by a patient who is unconscious, absent normal breathing, and absent a pulse or signs of circulation.

b. Upon encountering the above patient for whom an AED would be indicated, the rescuer shall adhere to the recommended AHA guidelines for AED usage.

c. Additional Safety Information. The AED unit is capable of causing serious injury or death if used improperly. The rescuer needs to be particularly aware of the following situations:

(1) Always visually inspect the area around the patient prior to administering a defibrillation shock to ensure all rescuers or bystanders are not in any way in

contact with the patient. The slightest contact may cause the defibrillation shock to be transferred from the patient to the bystander or rescuer.

(a) Do not touch the patient unless the performance of CPR is indicated by the AED unit.

(b) Do not touch metal objects in contact with the patient.

(c) Keep clear of other electrodes or metal parts in contact with the patient.

(2) Use of the AED in an environment where flammable gases are present will create a serious explosion hazard. Exercise caution when operating the AED close to flammable gases (including concentrated oxygen) to avoid possible explosion or fire.

(3) Although the AED can be used on a victim lying in a small body of water, such as a puddle, it is advisable to relocate the victim to a dry, level surface.

d. Automated External Defibrillator Use While on Departmental Aircraft. The AED may be used on a patient on a departmental aircraft, both fixed-wing and helicopter, provided the following precautions are observed:

(1) The ability of the AED to accurately analyze a patient's cardiac rhythm can be adversely affected by excessive movement of the patient relative to the electrodes and the AED. While the AED is analyzing, be sure the patient is as still as possible, and the electrode pads and electrode cables are not moved excessively or pulled on.

(2) Administering a defibrillation shock with the AED will not interfere with the aircraft's avionics and electronic devices.

7. AUTOMATED EXTERNAL DEFIBRILLATOR MAINTENANCE.

a. General. In those areas where an AED is deployed, maintenance shall comply with all manufacturer recommendations and shall be in accordance with Division/Area-specific SOP.

b. Area commanders shall ensure each AED unit in service is checked for readiness in accordance with manufacturer recommendations.

8. LOST, STOLEN, DAMAGED, OR DESTROYED AUTOMATED EXTERNAL DEFIBRILLATORS.

a. Highway Patrol Manual 11.2, Materials Management Manual, Chapter 8, Equipment, provides instructions regarding the reporting of lost, stolen, damaged, or destroyed state equipment.

b. Reporting Procedures. Any employee aware of circumstances indicating CHP-owned equipment or property has been lost, damaged, or destroyed shall, as soon as practical, notify their commander. The decision whether to require the involved employee to complete a memorandum describing the circumstances surrounding the incident is at the discretion of the commander. If required to complete a memorandum, the involved employee shall be informed of their right to have a representative present while completing the memorandum. Additionally, the involved employee's rights, as afforded by the Public Safety Officer Procedural Bill of Rights (POBR), shall be preserved. The commander shall ensure a memorandum is prepared within five business days, outlining the description of the item, the status of the item, the CHP tag number (if applicable), and the serial number (if available). It is the responsibility of the commander to ensure all reports have been completed in accordance with HPM 11.2, and copies of the report, including the commander's comments, are forwarded to the appropriate Assistant Commissioner (through channels), with a copy provided to the Academy, EMS Unit.

NOTE: The name and identification number of the involved employee shall not be disclosed in the memorandum from the commander.

c. Stolen Automated External Defibrillators. Any employee aware of circumstances indicating CHP-owned equipment or property has been stolen shall, as soon as practical, notify their commander. Commanders shall be mindful of the POBR in instances where the involved employee's actions or inaction contributed to the theft. The decision whether to require the involved employee to complete a memorandum describing the circumstances surrounding the incident is at the discretion of the commander. If required to complete a memorandum, the involved employee shall be informed of their right to have a representative present while completing the memorandum. Additionally, the involved employee's rights, as afforded by the POBR, shall be preserved.

NOTE: The theft of CHP-owned equipment or property occurring on CHP-owned or CHP-leased property (land) requires reporting as outlined in HPM 100.70, Safety Services Program Manual, Chapter 3, Crime Incident Reporting.

d. Automated Property System Entries. Commanders shall ensure the serial number and the CHP tag number of the lost/stolen AED are entered into the California Law Enforcement Telecommunications System Automated Property System (APS) (mask menu #8), in accordance with the procedures outlined in Section 5 of the Criminal Justice Information System Manual. The file control

number generated by the APS entry shall be included in the report/memorandum required by this chapter.

- (1) When an APS entry is made by the investigating command, the case number assigned to the corresponding CHP 216, Arrest – Investigation Report, is to be entered in the APS originating case number field.
- (2) When a local law enforcement agency conducts the investigation, commanders are to coordinate with the agency in order to ensure an APS entry is made.

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