



**Public
Access
Defibrillation
(PAD) Program**

**District Office
April 2010**



Maricopa Community College District
2411 W. 14th St. • Tempe, AZ 85281

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

**District Office
Public Access Defibrillation Program**

Statement of Program

Automated External Defibrillators (AEDs) shall be maintained on the premises of all Maricopa County Community College District (MCCCD) properties. The ownership and maintenance of these devices shall be in compliance with the following relevant legislation:

Cardiac Arrest Survival Act of 2000 (HR2498)

ARS§ 36-2261- ARS§ 2264

The AEDs shall be used in:

Emergency situations warranting use.

PAD Program

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**Public Access Defibrillation (PAD) Program
District Office Trained Responders as of March 12, 2010**

Trained responders are those individuals certified in CPR, use of the Automated External Defibrillator (AED), and the MCCCCD PAD procedures. These individuals are trained to perform CPR and AED administration during a health emergency event.

Last Name	First Name	Floor	Date Certified	Expiration Date	Extension
Martineau	Doug	1	6/4/2009	6/4/2011	18911
Velasquez	Dana	1	4/16/2009	4/16/2011	18911
Whitley	Ann	2	2/10/2010	2/10/2012	18466
Bryant	Michael	3	Trainer	Trainer	18311
Lenartz	Andrew	3	4/22/2010	4/21/2012	18097
Olivas	Alberto	3	3/3/2010	3/3/2012	18927
Starks	Jacqueline	3	3/17/2009	3/17/2011	18974
Tapson	Delia	3	4/16/2009	4/16/2011	18299
Thorpe	Lori	3	2/10/2010	2/10/2012	18701
Warner	Donna	3	2/10/2010	2/10/2012	18153
Yellowhair	Sandy	3	12/11/2008	12/11/2010	18251
Solocek	Arlen	4	6/19/2008	6/19/2010	18232
Trier	Michael	4	2/10/2010	2/10/2012	18514
Gagnon	Gail	5	10/14/2009	10/14/2011	18552
Meek	Ken	5	6/4/2009	6/4/2011	18945
Asti	Pam	6	12/11/2008	12/11/2010	14859
Back	Linda	6	10/9/2008	10/9/2010	18108
Glasper	Rufus	6	10/9/2008	10/9/2010	18100

**Public Access Defibrillation (PAD) Program
Emerald Point Trained Responders as of March 12, 2010**

Trained responders are those individuals certified in CPR, use of the Automated External Defibrillator (AED), and the MCCCCD PAD procedures. These individuals are trained to perform CPR and AED administration during a health emergency event.

Last Name	First Name	Floor	Date Certified	Expiration Date	Extension
Carrigan	Robert	1	5/1/2008	5/1/2010	18857
McCracken	Leroy	1	12/11/2008	12/11/2010	18040
Thompson	Ralph	1	2/10/2010	2/10/2012	18406
Weinhold	Ray	1	4/18/2008	4/18/2010	18838
Austin	John	2	8/14/2008	8/14/2010	18759
Green	Barbara	2	7/30/2008	7/30/2010	18636
Summers	Teresa	2	4/18/2008	4/18/2010	40520

**Public Access Defibrillation (PAD) Program
Wood Street Trained Responders as of March 12, 2010**

Trained responders are those individuals certified in CPR, use of the Automated External Defibrillator (AED), and the MCCCCD PAD procedures. These individuals are trained to perform CPR and AED administration during a health emergency event.

Last Name	First Name	Floor	Date Certified	Expiration Date	Extension
Gaxiola	Lynnette	1	3/30/2010	3/30/2012	18051
Gibson-Gamble	Linda	1	8/14/2008	8/14/2010	18325

Location, maintenance and testing of AEDs at MCCC District Office, 2411 W. 14th Street, Tempe, AZ 85281 and Emerald Point, 2419 W. 14th Street, Tempe, AZ 85281

1. AEDs shall be kept at the **District Office** as follows:

Defibrillator Type	Specific Location	Department responsible for testing/maintenance
LifePak 500 (Medtronic/Physio-Control)	1 st Floor (outside elevators - west wall) Cabinet	Risk Management
Powerheart G3 Plus Cardiac Science	2 nd Floor (outside elevators - west wall) Cabinet	Risk Management
LifePak 500 (Medtronic/Physio-Control)	3 rd Floor (outside elevators - west wall) Cabinet	Risk Management
Powerheart G3 Plus Cardiac Science	4 th Floor (outside elevators - west wall) Cabinet	Risk Management
Powerheart G3 Plus Cardiac Science	5 th Floor (outside elevators - west wall) Cabinet	Risk Management
LifePak 500 (Medtronic/Physio-Control)	6 th Floor (outside elevators - west wall) Cabinet	Risk Management

2. AEDs shall be kept at **Emerald Point** as follows:

Defibrillator Type	Specific Location	Department responsible for testing/maintenance
Powerheart G3 Plus Cardiac Science	1 st Floor (in the alcove outside the restrooms) Cabinet	IT
Powerheart G3 Plus Cardiac Science	2 nd Floor (in the alcove outside the restrooms) Cabinet	IT

3. AEDs shall be kept at Wood Street as follows:

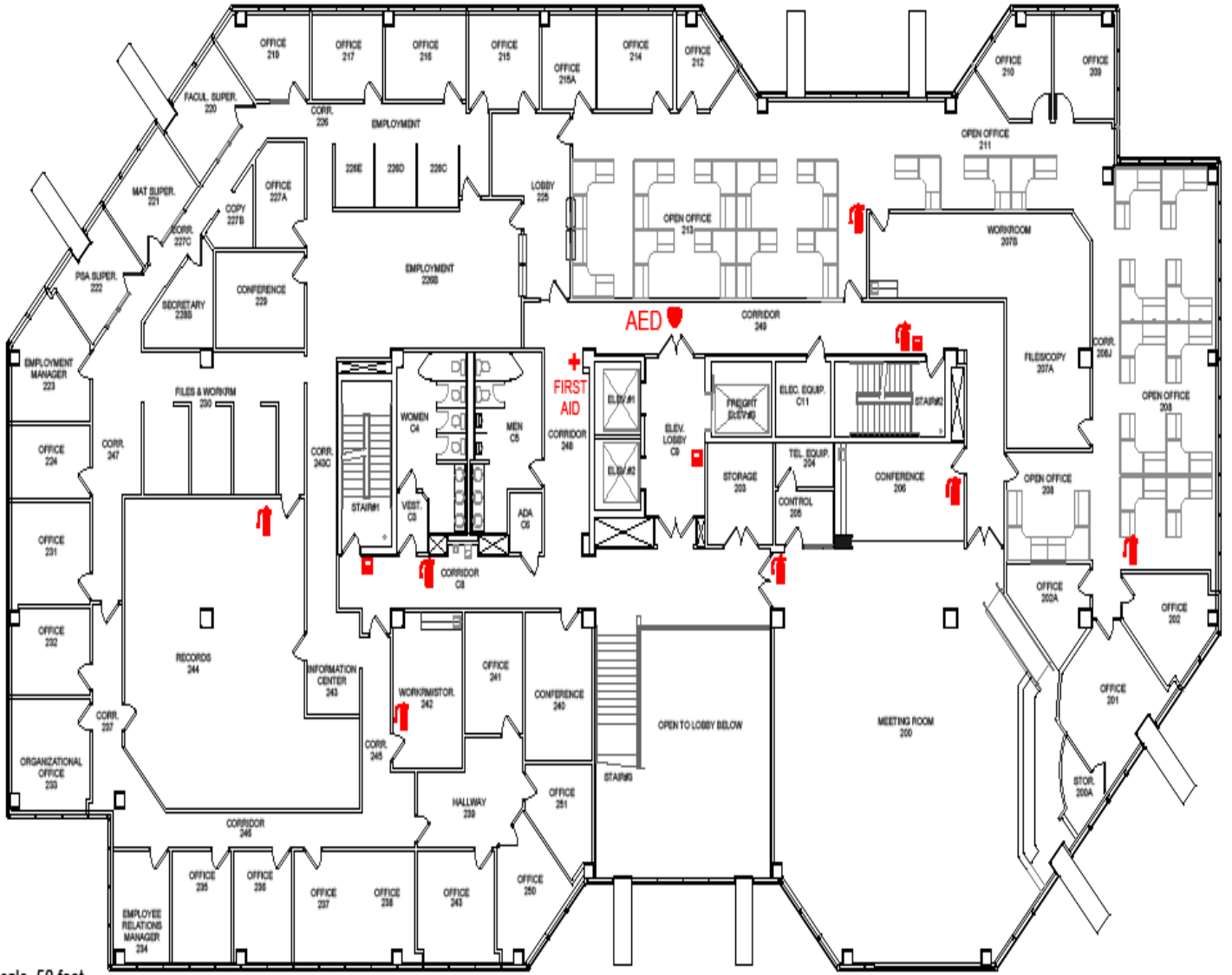
Defibrillator Type	Specific Location	Department responsible for testing/maintenance
Powerheart G3 Plus Cardiac Science	1 st Floor (outside break area)	MATEC

Maricopa Community College District Office
2411 W. 14th Street, Tempe Arizona, 85281



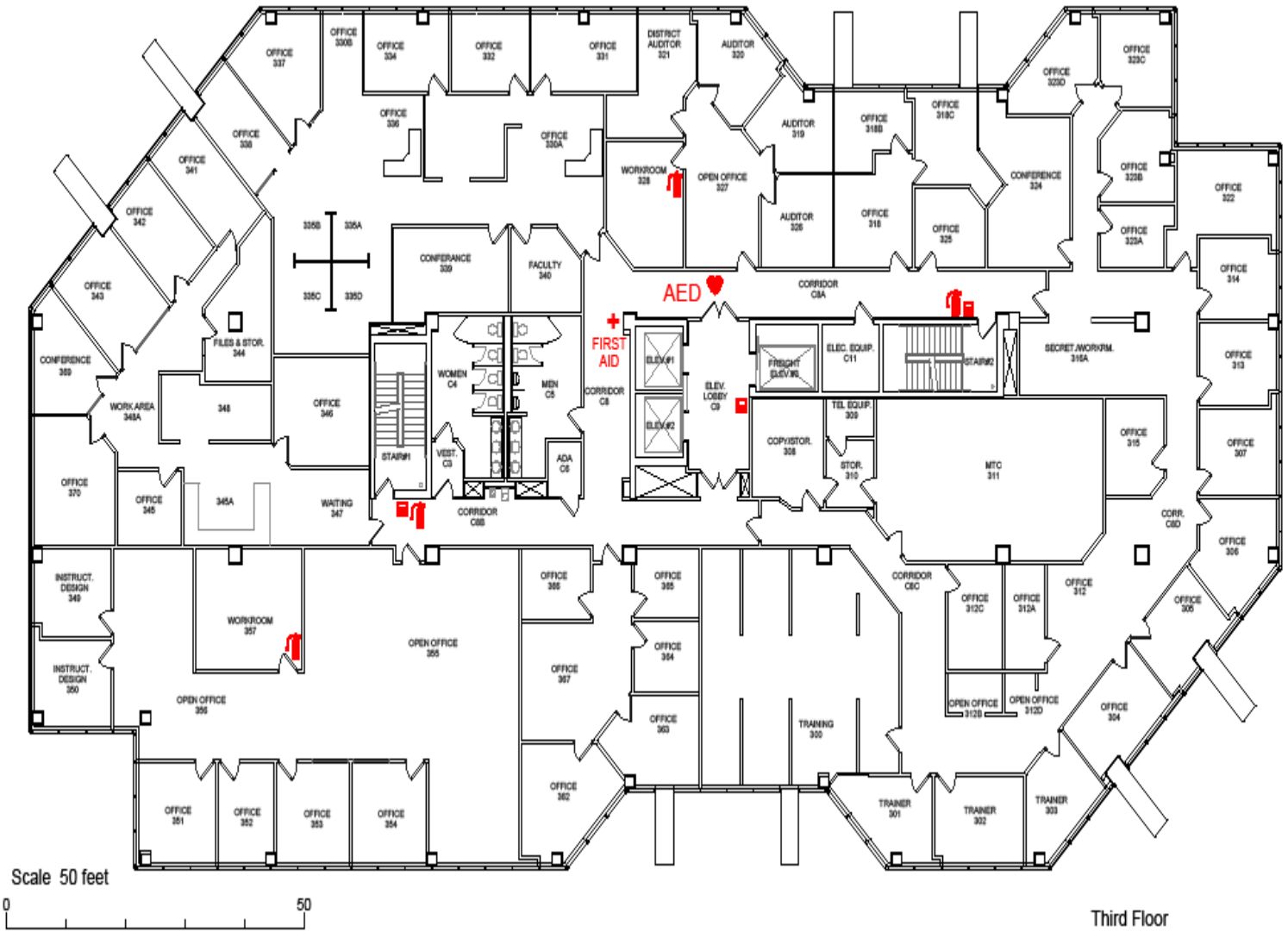
First Floor

Maricopa Community College District Office
 2411 W. 14th Street, Tempe Arizona, 85281



Second Floor

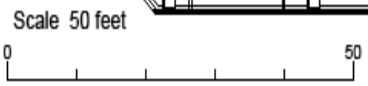
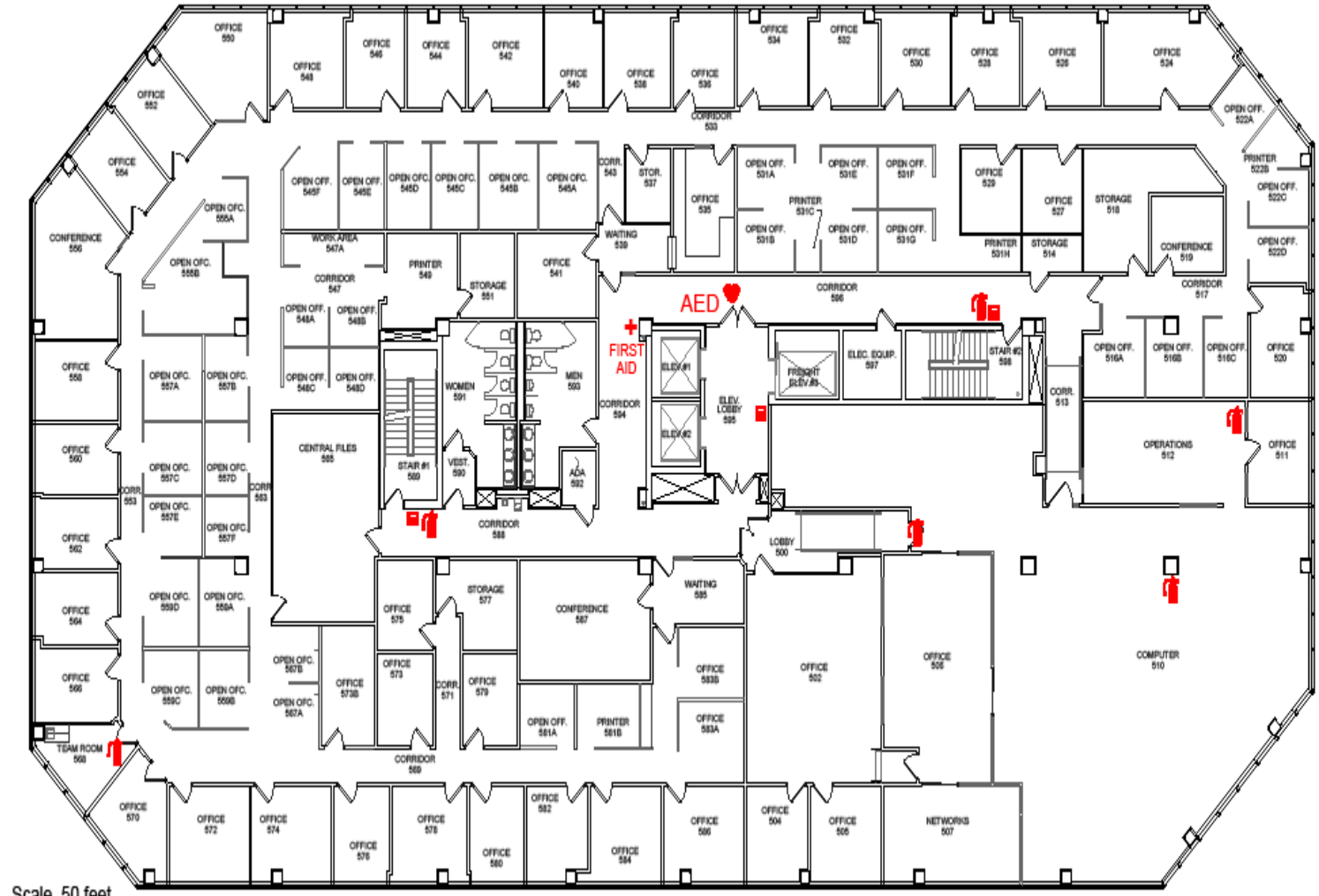
Maricopa Community College District Office
2411 W. 14th Street, Tempe Arizona, 85281



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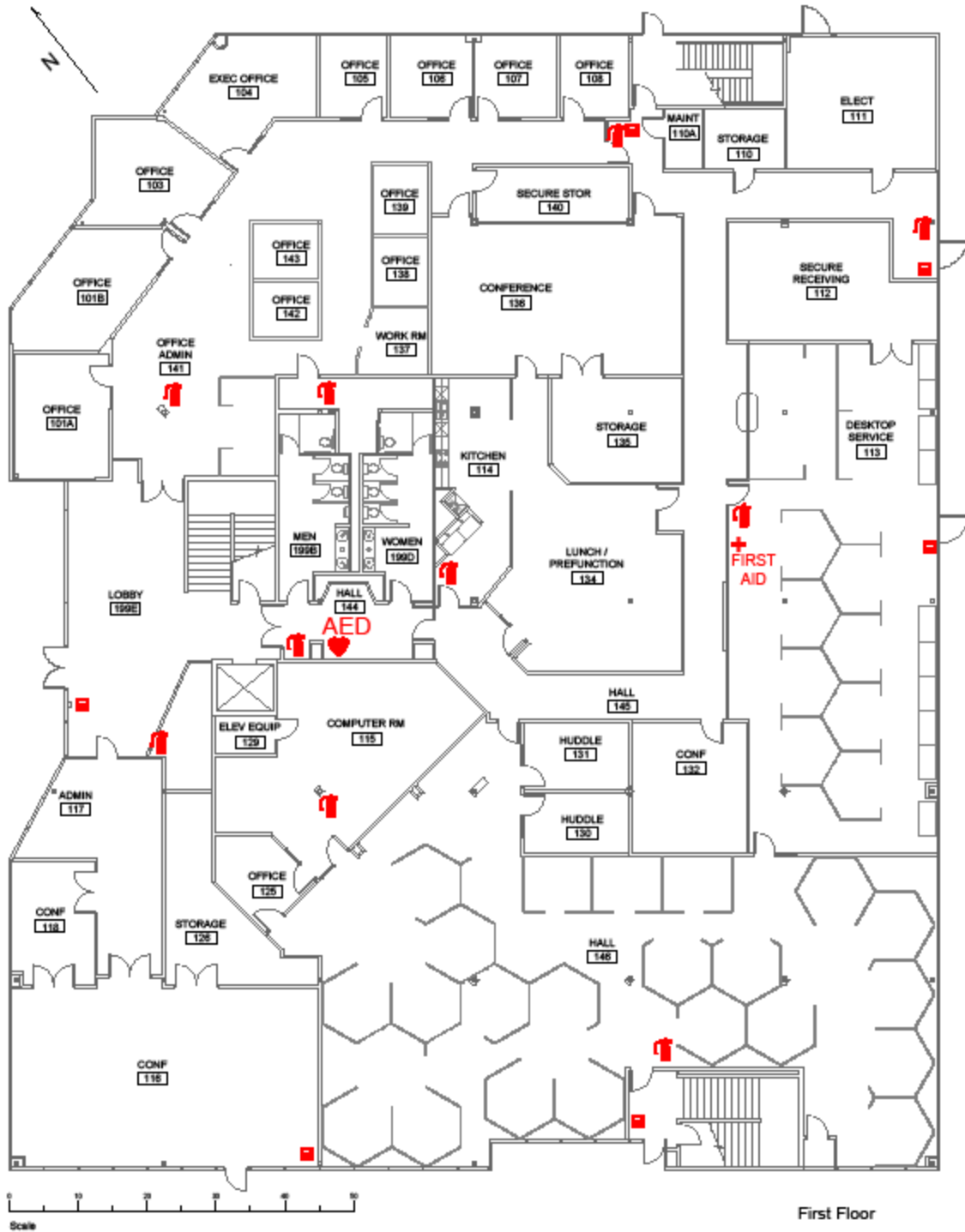


Fifth Floor

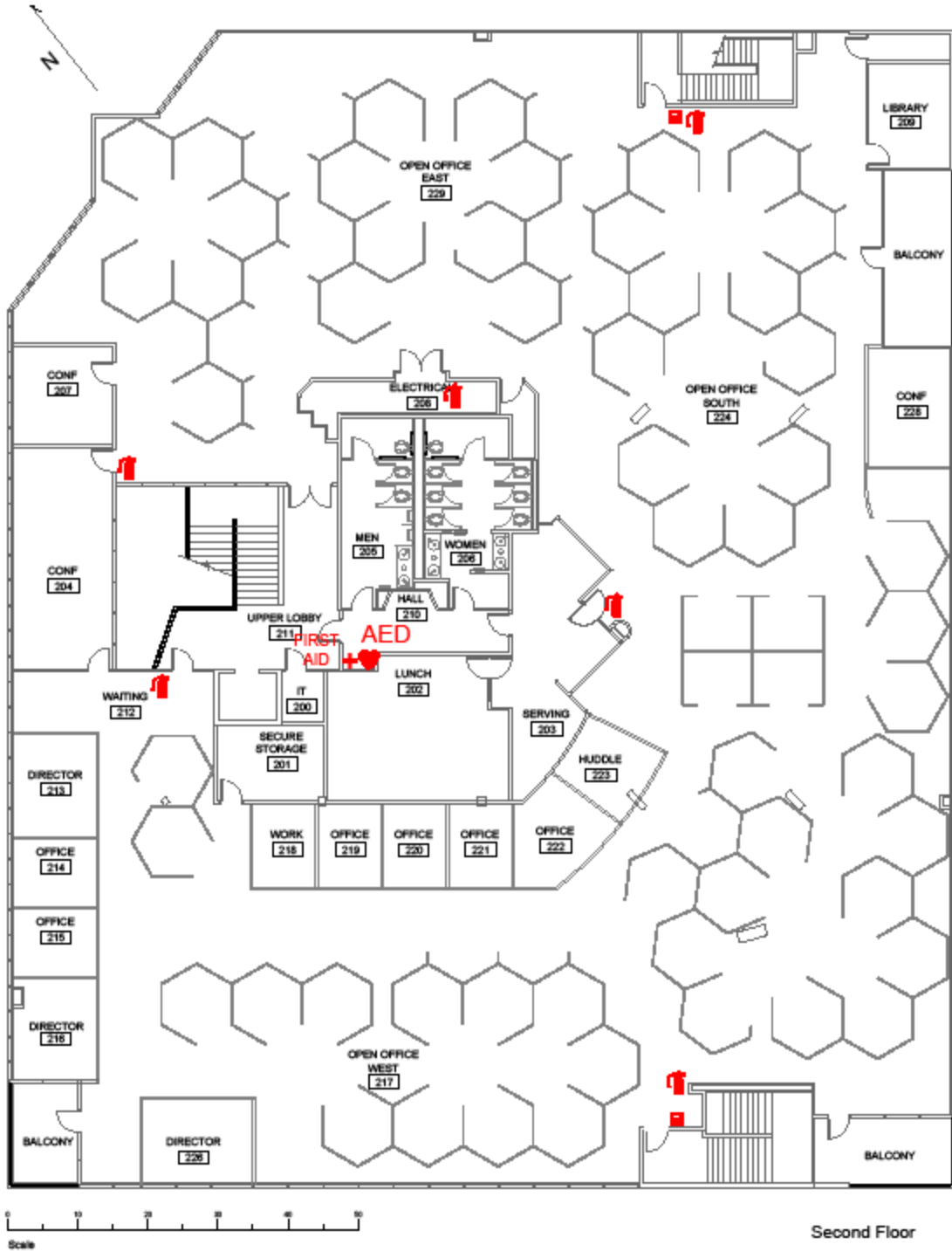
Maricopa Community College District Office
 2411 W. 14th Street, Tempe Arizona, 85281



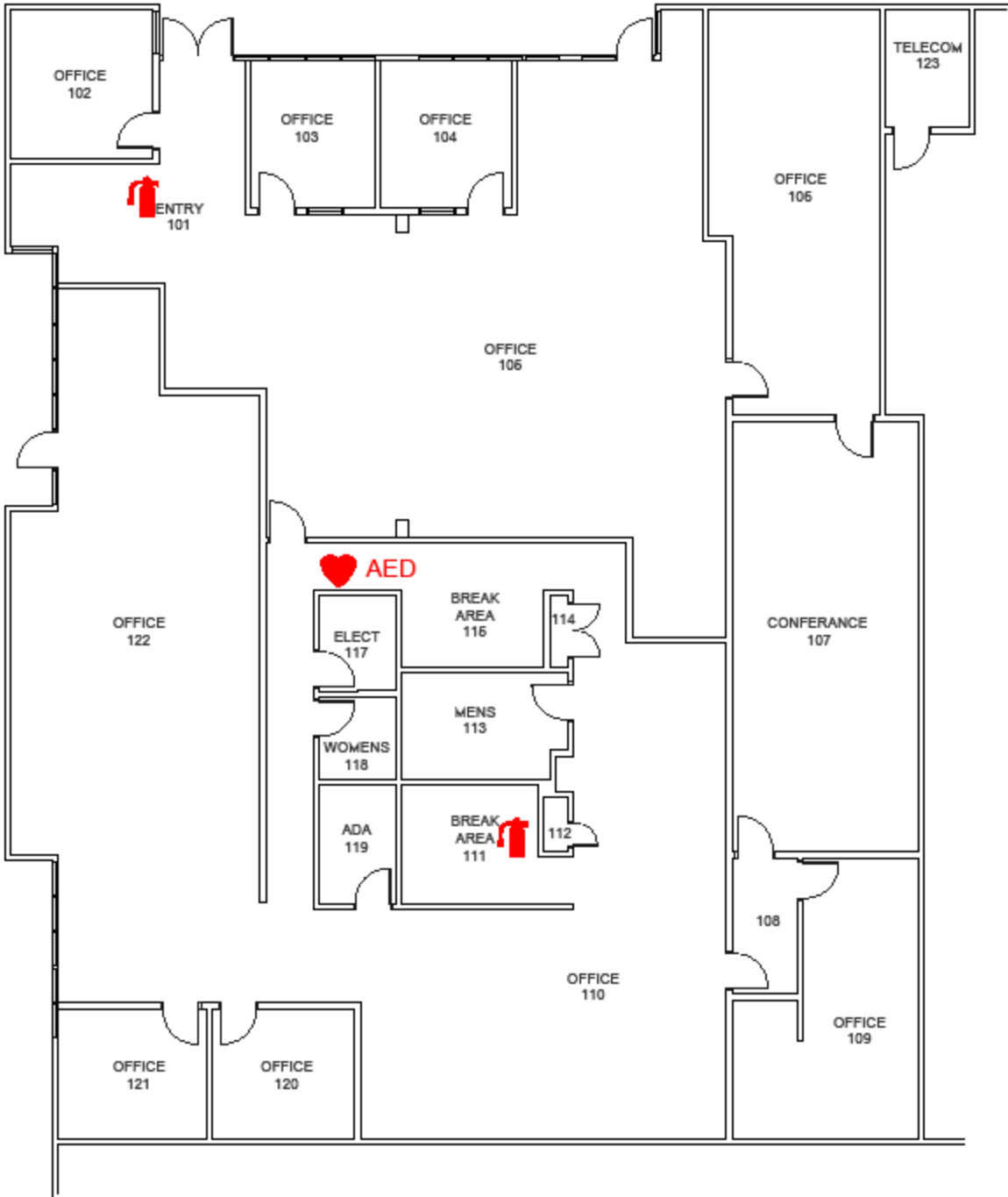
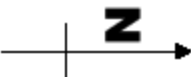
Maricopa Community Colleges Emerald Point



Maricopa Community Colleges Emerald Point



MATEC, LTS & MCCCCD SURPLUS PROPERTY
4110 E Wood Street, Phoenix Arizona



PAD Coordinator for the MCCCDC District Office

Ruth A. Unks
MCCCDC Risk Manager
2411 W. 14th Street
Tempe, AZ 85281
(480) 731-8879, (480) 731-8890 (fax)
(602) 549-2665 (cell)

PAD Medical Director

Dr. Bentley J. Bobrow, MD
Medical Director
Bureau of Emergency Medical Services
Arizona Department of Health Services
150 North 18th Avenue, #540
Phoenix, AZ 85007
Phone: (602) 364-3154
Fax: (602) 364-3568
bobrowb@azdhs.gov

Local EMS Provider

The type of devices, intended use areas, plan for maintenance and testing, location of the devices on the premises, and list of trained potential users shall be confirmed annually in writing by the PAD Medical Director to the local Emergency Medical Service provider:

Emergency Access Services
City of Phoenix/Fire Department
150 South 12th Street
Phoenix, AZ 85034-2301

Maintenance and testing of AEDs must be conducted according to the manufacturer's specifications.

- a. The individual designated above will be responsible for proper testing and maintenance.
- b. Maintenance and testing documentation must include the date and type of maintenance/testing, and the signature of the person performing the maintenance/testing.
- c. The MCCCDC Risk Manager and the Medical Director, or his/her designee, will maintain documentation of maintenance and testing, for a period of ten years.
- d. The manufacturer's recommended guidelines for regular maintenance must be followed at all times:
 - Weekly and after each use:
 - ✓ Check battery
 - ✓ Ensure all supplies, accessories, and spares are present and in operating condition.
 - ✓ Inspect the exterior and connector for damage
 - ✓ After each use:
 - ✓ Inspect exterior and connector for dirt and contamination.
 - ✓ Conduct battery check. Download information to Medical Director via telephone.

Training in the Use of the AEDs

1. Training shall be conducted by certified trainers, according to Red Cross or American Heart Association guidelines. It shall include CPR training and a required reading of this program in its entirety.
2. Training records will be kept by the MCCCDC District Office EOLT. EOLT will send out reminders to those who need to be re-trained.

Using an AED—Steps to Follow

STEP 1 - ACCESS & CALL 9-1-1

- Shake the person and shout, “Are you OK?” If the person is unresponsive and not breathing, or breathing abnormally (struggling to breathe, gasping or snoring), direct someone to call 9-1-1- or make the call yourself.
 - Provide the 911 dispatcher with the following information:
 - Location
 - Emergency details
 - Notify of AED Deployment
 - Call designated person or direct bystander to wait at the front entryway to help lead EMS to patient.
-

STEP 2 - CHEST COMPRESSIONS

- Position the patient with their back on the floor. Place the heel of one hand on the center of the chest (between the nipples) and the heel of the other hand on top of the first. Lock your elbows, place your shoulders vertically above hands and use the weight of your upper body to “fall” downward, compressing the chest 2 inches deep. Lift your hands slightly each time to allow chest wall to recoil. Compress chest at a rate of about one hundred per minute (slightly faster than one compression per second). When you tire take turns with others until the paramedics arrive.

Important: Struggling to breathe or gasping is not a sign of recovery! Initiate and continue chest compressions even if patient gasps.

Note: For cases of near drowning, drug overdose or unresponsiveness of young children (age 8 or under), follow conventional CPR (2 mouth-to-mouth ventilations followed by 30 chest compressions). However, even in those cases, Compression-Only CPR is better than doing nothing. To learn conventional CPR, a formal training class is recommended.

STEP 3 - EARLY DEFIBRILLATION

- When AED arrives:
 - Place AED near head of patient on same side as AED responder.
 - Turn on AED.
- Bare and prepare chest (cut or tear away clothing, shave or clip chest hair if hairy, dry if wet).
- Follow verbal and visual prompts from the AED.
- Apply electrodes (follow drawing on pads).
- Allow AED to analyze.
- If indicated, deliver shock by pressing the shock button. Continue care per AED treatment algorithm.

STEP 4 – EARLY ADVANCED LIFE SUPPORT

- Have designated person wait for EMS providers at main building entry and guide them to the patient.
- Responders working on victim should communicate any important information to the EMS providers:
 - Victim's name
 - Any known medical problems, allergies or medical history.
 - Time the victim was found
 - Information from AED:
 - ✓ Number of shocks
 - ✓ Length of time it was on the victim.

STEP 5 – RESPONDER POST-USE PROCEDURE

The College PAD Coordinator will do the following after each use:

- Notify the MCCCCD Risk Manager
 - Notify the Medical Director
 - File an incident report within 5 days to the medical director and Risk Manager.
 - Conduct employee debriefing.
 - Restock used electrode pads, batteries, razors and/or gloves as needed.
 - Remove and replace battery in AED and do a battery-inspection test.
 - Clean the AED.
-

AED PROGRAM

Provider Documentation Recommendations

Power on the AED immediately upon arrival at the patient's side. This provides the "at patient" time. For AEDs with audio-recording capability, it is recommended that the operator accustom his/herself to asking bystanders the following questions--out loud—after the AED has been powered on, during patient-assessment and AED operation. The reviewer will be able to hear the answers thus saving you time and insuring accuracy of documentation:

- Did anyone see him/her collapse?
- About how long after collapse was 911 called and help requested?
- Does he/she have any medical problems or medical history?
- Did he/she have any complaints in the past few days, hours or right before becoming unconscious?

Additionally, the AED operator should speak clearly, out loud, the following information if known or ascertained:

- Was anyone performing CPR on your arrival at the patient's side?
- Any bystander answers or comments that you think the reviewer may have difficulty hearing.
- Any pertinent incident circumstances found (i.e., trauma evident, vomiting, skin discoloration, indications of drug use, etc.)
- Any return of breathing on own, patient movement, eye opening, gagging or any other indication patient responded to defibrillation or CPR.
- When you know EMS has arrived at the property, and when EMS arrives at the patient's side and you turn over care of the patient.
- Report to EMS about your patient prior to powering off your AED.

If you prefer, you may leave your AED on after EMS arrival for documentation purposes. Most AEDs will record up to 30 minutes of data.

(Prepared by Lani Clark/University of Arizona)

SHARE PROGRAM AED USE DATA FORM
Bureau of Emergency Medical Services
Arizona Department of Health Services

Property/Business/Individual Name: _____

Incident Date: ____ / ____ / ____ Estimated Time of Collapse: _____

Patient Name: _____

Gender: M F Age: _____

Employee Customer Guest Employee Family

Other, please specify: _____

1. Where on your property did this incident occur? _____
(i.e. kitchen, lobby, single office, outdoor grounds, restroom, 6th hole, club house, etc.)
2. Was this incident witnessed by anyone? YES NO
3. Who witnessed? Employee/Co-worker Friend Family Stranger
Doctor/Nurse/Paramedic Other: _____
4. Was CPR or CCC performed before the AED was connected to the patient? CPR CCC
5. Did the AED instruct you to shock? YES NO If yes, number of shocks _____
6. Was the patient transported from your property by ambulance? YES NO
If yes, which Fire Department or Ambulance Company: _____
7. Name of destination hospital, if known: _____
8. Did the patient exhibit any of the following after collapse and prior to departure from your property?
Pulse Breathing on own Eye opening Confusion/combativeness
Vomiting Moving arms/legs Talking
9. Do you have any questions or would you like to review this AED use with the BEMS medical direction representative? YES NO

Person completing form: _____

Telephone Number: _____ Best time to call you: _____

Please fax completed form to: Lani Clark at (520) 626-2201.

This data is the property of the Arizona Department of Health Services
Bureau of Emergency Medical Services

Revised: 1/31/05

Operator's Checklist

LIFEPAK 500 Automated External Defibrillator

This is a suggested checklist for inspecting and checking this device on a daily basis and after each use.

Unit Serial No.: _____

Date

Location: _____

Initials

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INSTRUCTION	RECOMMENDED CORRECTIVE ACTION	
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1. Examine the AED case, connector, and battery well for.

Insert an "X" in the box after completing each instruction.

Foreign substances

Clean the device

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Damage or cracks

Contact authorized service personnel

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2. Examine the battery pins for bending or discoloration.

Discard and replace battery.

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3. Check expiration date on batteries and therapy electrodes.

Replace if expired.

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4. Examine the accessory cables for cracked, damaged, broken, or bent connectors.

Replace damaged or broken parts.

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5. With the battery installed, press ON/OFF To turn on the AED and look for:

Self-test messages

If absent, contact authorized service personnel.

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Momentary illumination of each LED and All LCD segments

If absent, contact authorized service personnel to repair or replace parts.

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BATTERY LOW or REPLACE BATTERY SELF-TEST xx.xx message

Replace the battery immediately.

--	--	--	--	--	--	--	--

Service indicator or CALL SERVICE message

Contact authorized service personnel.

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Automated External Defibrillator Checklist

Weekly:

- Verify proper inventory: 2 sets of electrode pads, razor, battery
- Inspect AED housing for visual service indicators

Post-Incident (as soon as possible after event):

- Notify District Risk Manager and Medical Director of incident.
- Restock electrode pads and any other accessories used.
- Complete AED use form within 5 business days. A copy of the form is on page 20 of this report. The form can also be accessed by following the link to the SHARE website: http://www.azshare.gov/documents/aed_use_form.pdf

As Needed:

- Notify EOLT of the need for initial or refresher training.
- Notify SHARE Program Coordinator of the purchase of additional AEDs. Register new AEDs at:
<https://app.azdhs.gov/PHS/ShareRegistrationUI/SharePartReg.aspx>.
- Notify local emergency medical service after purchasing a new AED. Contact Risk Management for a letter template. Letter should be sent to:
Emergency Access Services
City of Phoenix/Fire Department
150 South 12th Street
Phoenix, AZ 85034-2301
- Contact District Risk Manager at any time for changes, questions or requests regarding your college's AED Program.

Oversight and Program Review

The AED Committee will have oversight of the PAD program and will review it annually and make revisions as necessary.

MCCCD AED Committee Members February 2010

Dave Ball, District Office
Brent Bartel, Chandler Gilbert CC
Michael Bryant, District Office
Susan Chiara, District Office
Daniel Donahue, Paradise Valley CC
Craig Emanuel, South Mountain CC
Michele Hamm, Gateway CC
Brad Harris, Scottsdale CC
Shirley Henderson, Mesa CC
Jeremy James, Scottsdale CC
Patti Judd, Glendale CC
Connie Labuhn, Glendale CC
Brian Langford, Chandler Gilbert CC
Marie Linville, Estrella Mountain CC
Dave McCarter, AED Max
Scott Meek, Paradise Valley CC
Sarah Meland, District Office
Tim O'Hearn, Estrella Mountain CC
Deb Palok, Glendale CC
John Porvaznik, Gateway CC
Teresa Summers, Emerald Point/District Office
Margaret Turner-Sample, Rio Salado CC
Ruth Unks, District Office
Donna VanHouten, Gateway CC