

Reed College Public Access Defibrillation Program

June 2025



Table of Contents

1.0 Purpose and Scope	3
2.0 Roles and Responsibilities	3
2.1 Environmental Health and Safety Department (EHS)	3
2.2 Health and Counseling Services (HCC)	4
2.3 Community Safety	4
3.0 AED Response Training	5
3.1 Initial Training for AED Response	5
3.2 Refresher Training for AED Response	6
4.0 Integration with Emergency Medical Services (EMS)	6
5.0 AED Maintenance Checks	6
5.1 Weekly AED Checks	6
5.2 Monthly AED Checks	6
5.3 Annual Maintenance Checks	7
6.0 AED Usage	7
6.1 Wet or Metal Surfaces	7
6.2 Flammable Gasses	7
6.3 Clothing	8
6.4 Excessive Chest Hair	8
6.5 Medication Patches	8
6.6 Implanted Pacemakers and Defibrillators	8
7.0 AED Response Procedures	8
7.1 Initiation of Workplace AED Response Plan	8
7.2 AED Responder Initial Assessment	9
7.3 G5 AEDs Instructions	9
7.4 G3 AEDs Instructions	12
8.0 Post Event Review	15
8.1 Post-Incident Procedures	15
9.0 Definitions	16
10.0 References	17
Appendix 1: AED Locations	18
Appendix 2: AED Post Incident Report	21
Appendix 3: Post-Incident Critique Form	22



1.0 Purpose and Scope

Heart disease is the single greatest cause of death in the United States. Every year, almost 500,000 adult Americans die of coronary heart disease. Of those, 250,000 die of sudden cardiac arrest before they reach a hospital. Ventricular fibrillation is a disturbance in the heart's electrical activity and is the most common initial form of sudden cardiac arrest. A fibrillating heart quivers with chaotic electrical energy but does not pump blood or generate a pulse. Ventricular fibrillation can be lethal, but it is treatable. If the heart can be shocked quickly with a defibrillator, a normal heart rhythm may be restored and many victims can survive. In other words, sudden cardiac arrest need not be fatal.

Time is the enemy. The survival rate for sudden cardiac arrest is close to 90% if a victim is defibrillated within a minute. Clinical research has determined that reducing the interval between onset of sudden cardiac arrest and delivery of defibrillation by even one or two minutes significantly increases survival rates.

Public access to defibrillation (PAD) makes automated external defibrillators (AED's) available in public places where large numbers of people gather or near people who are at high risk for heart attacks. This program establishes policy for training, use, and care of AEDs, as well as a consistent guideline for application, location, maintenance, and other components. A response time of less than three minutes from the time of incident to first shock is the intended goal, whenever possible, in order to increase the likelihood of survival in the event of sudden cardiac arrest (SCA).

This program applies to trained responders in Cardiopulmonary Resuscitation (CPR), First Aid, and Automated External Defibrillator (AED) therapy in the event of a medical emergency.

2.0 Roles and Responsibilities

2.1 Environmental Health and Safety Department (EHS)

EHS maintains the AEDs on campus. This includes weekly checks to ensure it is rescue ready, monthly checks to test the electronics, and annual checks to confirm that the diagnostics are functioning properly and to verify the integrity of the pads and circuitry. EHS also ensures that pads, batteries, and the AEDs themselves are replaced when they expire.

AED Program Manager

The Program Manager for the PAD/AED Program is: Environmental Health and Safety Director
The Program Manager is responsible for:

- Organizing and scheduling approved CPR/AED training programs for proper education and certification of responders.
- Maintaining a list of trained AED responders (Community Safety Officers).
- Communicating with the Medical Director on issues related to the AED Response program including post event reviews.



- Reviewing the program annually to evaluate effectiveness.
- Ensuring compliance with the guidelines and procedures of the AED program, and state and local regulations regarding AED use.
- Keeping an inventory and replacing supplies as needed.
- Assisting in ensuring compliance with the guidelines and procedures of the AED program and compliance with state and local regulations regarding AED use.
- Accident reporting and documentation following an event requiring the use of an AED.

AED Program Technician

The Program Technician for the PAD/AED Program is: Environmental Health and Safety Staff

The Program Technician is responsible for:

- Performing regular inspections of the equipment and supplies according to the maintenance checklist.
- Reporting any performance discrepancies, device defects, or missing, expired, and/or damaged accessories to the AED Program Manager immediately.

2.2 Health and Counseling Services (HCC)

A member of the HCC will be available to provide consultation and medical expertise during program implementation and review. Advice and input will be considered, however all final program decisions will be made by the AED Program Manager.

AED Medical Services Consultant

The Medical Director for the PAD/AED Program is: Health and Counseling Center Medical Services Director or appointed staff.

The Medical Services Consultant is responsible for:

- Helping the PAD site establish and review procedures for AED use.
- Helping the PAD site establish a quality review and improvement plan.
- Helping the PAD site establish and maintain a relationship with local EMS agency.

2.3 Community Safety

Community Safety acts as local first responders to campus emergencies, including instances requiring AED use. Staff are responsible for knowing the location of AEDs on the Reed campus and how to properly use the devices.

AED Responder

The AED Responder for the PAD/AED Program is: Community Safety

The AED Responder is responsible for:

- Successfully completing all required first aid, CPR, AED training and to be available to respond to SCA medical emergencies.
- Responding to emergency calls related to AED use.



- Following the guidelines of the AED program and remaining current on Certified CPR/AED training.
- Notifying the external community 911 response team (EMS).
- Successfully completing annual AED training and maintaining CPR/AED certification.
- Notifying the AED Program Manager of an incident involving AED use.

3.0 AED Response Training

3.1 Initial Training for AED Response

This is an eight-hour course that complies with the American Heart Association (AHA) or American Red Cross (ARC) First Aid/CPR/AED standards. The course includes the following topics and skills:

- Basic CPR skills.
- Proper use, maintenance, and periodic inspection of an AED.
- The importance of CPR, defibrillation, advanced life support, adequate airway care, and internal emergency response system.
- Overview of the local EMS system, including 9-1-1 access, and interaction with EMS.
- How to recognize the warning signs of heart attack and stroke.
- Assessment of an unconscious patient to include evaluation of airway, breathing, and circulation, to determine if cardiac arrest has occurred and the appropriateness of applying and activation of an AED.
- Information relating to defibrillator safety precautions to enable the individual to administer shocks without jeopardizing the safety of the patient or the authorized individual or other nearby persons to include, but not limited to:
 - Age and weight restrictions for the use of the AED.
 - Presence of water or liquid on or around the victim.
 - Presence of transdermal medications, implanted pacemakers or automatic implanted cardioverter-defibrillators.
- Recognition that an electrical shock has been delivered to the patient and the defibrillator is no longer charged.
- Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary
- Responsibility of the authorized individual for continuation of care, such as the repeated shocks if necessary, until the arrival of professional medical personnel.
- All successful participants will receive a CPR/AED course completion card.
- The required text will meet the standards of the AHA or the ARC, although it does not have to be the AHA or ARC text.
- Basic and review sessions will be conducted according to the following schedule:
 - CPR/AED renewal at least every other year
 - Periodic reviews will be at the discretion of the Medical Director, with a one-year minimum.



3.2 Refresher Training for AED Response

Update skills, review new techniques, and information annually. These classes will specifically address First Aid, CPR, and AED training skills for those certified previously.

4.0 Integration with Emergency Medical Services (EMS)

The EMS system is ultimately responsible for delivering emergency care. In order to make the PAD program most effective, the EMS system works as an active partner. Information about PAD program shall be sent to the following EMS agency:

City of Portland, Bureau of Fire, Rescue, and Emergency Services
2235 SE Bybee Boulevard
Portland, OR 97202

Provide the following information to the EMS agency:

- Name of Entity Establishing a PAD program
- Business Address, Physical Address & Telephone Number of Entity
- Name, Address & Phone number of the Individual Responsible for On-Site Management of the PAD Program
- Starting Date of AED/CPR Program
- Copy of Written Plan

5.0 AED Maintenance Checks

5.1 Weekly AED Checks

Weekly AED checks involve checking that the AED is Rescue Ready. Go to each AED cabinet (see map and/or locations of AEDs), Look in the upper left-hand corner of AED and verify that the status indicator on the AED handle is green.

5.2 Monthly AED Checks

Monthly AED checks involve checking internal electronics of the AEDs.

- Utilize online tracking spreadsheet.
- Get keys from drawer.
- Go to first alarmed AED cabinet; Turn off alarm.
- Take AED out of cabinet and open the lid.
- Wait for the AED to indicate status: Observe the change of the STATUS INDICATOR to RED.
- Listen for the voice prompts.
- Close the lid. After approximately 5 seconds, verify that the STATUS INDICATOR returns to GREEN.
- Check the expiration date on the electrodes (Pads).
- Check ready kit for supplies.



- If all checks out, date and initial the tag attached, to show that the AED has been checked.
- Close cabinet and re-alarm.

5.3 Annual Maintenance Checks

Annual maintenance checks involve confirming that the diagnostics are functioning properly and to verify the integrity of the pads and circuitry

- Open the AED lid.
- Remove the pads.
- Close the lid.
- Confirm that the STATUS INDICATOR turns RED.
- Open the lid and confirm that the Pad indicator is lit.
- Reconnect the pads and close the lid.
- Make sure the expiration date is visible through the clear window of the lid.
- The AED Program Manager or designee will use the unit checklist to document the monthly maintenance inspection.

Each AED has one Resuscitation Kit connected to the handle. This kit contains:

- Several pairs each (large and medium sizes) latex-free gloves
- Several 2" gauze wraps,
- 2 paper towels,
- One razor,
- One set of trauma shears,
- One air shields/facemask barrier device with one-way valve

6.0 AED Usage

6.1 Wet or Metal Surfaces

Avoid standing water and metal surfaces even though it is safe to defibrillate a patient on either a wet or a metal surface; always using appropriate safety precautions. However, use specific care to ensure that no one is touching the patient when the shock button is pressed. According to the American Heart Association (Guidelines 2020), wet or metal surfaces “pose no shock hazard to either the patient or rescuer.” The American Red Cross recommends, “There are no puddles of water around the rescuer, the victim, or the AED. If it is raining, ensure that the victim is as dry as possible and sheltered from the rain. AEDs are very safe, even in rain or snow, when all precautions and manufacturer’s operating instructions are followed”.

6.2 Flammable Gasses

Be sure to remove any flammable gasses from the area near the patient before using the defibrillator.



6.3 Clothing

It is essential to remove all clothing from the person's chest before attaching the defibrillator pads. Do not waste time trying to remove clothing neatly. If necessary, rip or cut off clothing to bare the person's chest. If you are treating a young child, remove all clothing from the torso to permit placing one pad in the center of the child's back.

6.4 Excessive Chest Hair

If required for proper defibrillation pad adhesion, shave any excess hair on the patient's chest with a prep razor supplied in the AED Fast Response kit. If you receive a "check pads" message from the AED, remove the pads. The pad adhesive may pull out some of the hair, which may solve the problem; however, if there is still a significant amount of hair, proceed with shaving. A smooth shave is not required. Dry skin, if needed, with the towel.

6.5 Medication Patches

Using a gloved hand, remove any medication patches, if present, from the patient's chest prior to pad placement. Remove residual adhesive by wiping the skin clean with a cloth.

6.6 Implanted Pacemakers and Defibrillators

If the patient has an implanted pacemaker or internal defibrillator, do not place the defibrillation pads directly over the implanted device. If the presence of an implanted device affects pad placement, place the defibrillation pad as close to the recommended pad placement as possible.

7.0 AED Response Procedures

7.1 Initiation of Workplace AED Response Plan

Any individual who recognizes a campus medical emergency initiates the Workplace AED Plan immediately by calling the emergency line at 6666 from a campus phone or 503-788-6666 from a cellular phone, calling 911 is also appropriate. Be prepared to provide the following information:

- Your name
- Type of emergency
- Location of emergency
- Brief description of the patient

Community Safety will dispatch the proper Emergency Medical Services personnel and direct them to your location.



7.2 AED Responder Initial Assessment

The first AED Responder conducts an initial assessment to determine the level of response required. This initial assessment includes:

- Evaluate the scene for safety of self, patient, and other responders.
- Use gloves and other universal precautions prior to patient contact.
- Assess the patient for absence of responsiveness, respiration, and signs of circulation.
- Collect additional information about the patient such as allergies or other known medical conditions.
- Relay all information gathered at the scene to Community Safety for dissemination to responding parties.

7.3 G5 AEDs Instructions

The following are instructions for the use of the G5 AEDs, which can be identified from the Equipment Location list in Section VII.

Step One: Assess the Patient

Apply the AED after the following is confirmed:

- Victim is unresponsive or unconscious
- Victim is not breathing or not breathing normally

Step Two: Prepare the Patient

- Place the AED next to the patient.
- Note: The normal use for the AED is with it lying horizontally.
- Open the AED lid.
- Remove clothing from the patient's chest.
- Ensure that the patient's skin is clean and dry
- Dry the patient's chest and shave excessive hair if necessary.

Step Three: Place Pads

Determine if the patient is less than 55 lbs/under 8 years of age. This can be done by checking that the pads will NOT overlap when placed on the two locations shown on the pads. If they will overlap, use placement for patients under 55 lbs/8 years of age.

When the AED prompts...	Do this...
"Tear open white package across dotted line and remove pads."	1. Keeping the pads connected to the AED, tear open the package. 2. Remove the pads from the package. You can leave the package attached to the pad wires.
"Peel one of the white pads completely from blue plastic."	3. With a firm, steady pull, carefully peel one pad away from the blue release liner. You can use either pad.



Patients MORE than 55 lbs or 8 years of age:

When the AED prompts...	Do this...
"Firmly place the pad without the blue plastic on the patient's bare chest, exactly as shown on pads."	1. Place the pad in either location on the chest.
"Next, peel second white pad from the blue plastic. Firmly place the second pad on the other location exactly as shown on pads."	2. Pull the blue plastic from the second pad. 3. Place the pad on the other location on the chest.

Patients LESS than 55 lbs or 8 years of age:

When the AED prompts...	Do this...
"Firmly place the pad without the blue plastic on the patient's bare chest, exactly as shown on pads."	Place the pad in the center of the chest.
"Next, peel second white pad from the blue plastic. Firmly place the second pad on the other location exactly as shown on pads."	Pull the blue plastic from the second pad. Place the pad in the center of the upper back (aligned with the front pad).

Step Four: Analyze the ECG

When the AED prompts...	Do this...
"Do not touch the patient! Analyzing heart rhythm. Please wait." The AED will begin to analyze the cardiac rhythm of the patient.	1. Do not touch the patient. 2. Wait for the next prompt.

During the analysis phases, you may hear one or more of these prompts:

If the AED prompts...	This is the problem...	Do this...
"Open lid to continue rescue"	The lid of the AED is closed.	Ensure that the lid is fully open.
"Press pads firmly to patient's bare chest"	The pads are not properly placed or are loose.	Ensure that pads are firmly placed on clean dry skin.
"Make sure pad connector is plugged into AED"	The pads are disconnected from the AED	Ensure that the connector is plugged properly into the AED.



“Analysis interrupted. Stop patient motion.” The AED restarts the analysis.	The patient is excessively jostled or there is strong electromagnetic emitting equipment nearby (within 2 meters).	Remove the electronic device or stop the excessive motion.
--	--	--

Step Five: Deliver a Shock

When the AED prompts...	Do this...
“Shock advised. Do not touch the patient.”	Ensure that no one is touching the patient.
“Shock will be delivered 3, 2, 1.” The AED delivers the defibrillation shock automatically.	Ensure that no one is touching the patient
After the AED delivers the defibrillation shock: “Shock delivered.”	Wait for the next prompt.
“It is now safe to touch the patient. Give CPR as instructed.”	Begin CPR.

When the AED is charged, it continues to analyze the patient's heart rhythm. If the rhythm changes and a shock is no longer needed, the AED prompts, “Rhythm changed. Shock canceled.”

Step Six: Give CPR

After the AED delivers a shock or detects a non-shockable rhythm, it enters CPR mode.

When the AED prompts...	Do this...
“If needed, perform CPR as instructed.”	Perform CPR according to the prompts. Follow the countdown timer on the test display.

Important: If the AED is not operating as expected, it is preferable to perform CPR without the aid of the AED than delay providing CPR.

After the CPR time expires the AED returns to the ECG analysis mode (see 4: Analyze the ECG on page 2-3).

If the patient is conscious and breathing normally, leave the pads on the patient's chest connected to the AED. Make the patient as comfortable as possible and wait for emergency medical services (EMS) personnel to arrive.

Note: If the AED does not provide expected CPR coaching, the rescuer must conduct CPR as appropriate.



After transferring the patient to emergency medical personnel, close the lid of the AED to end the rescue session. Prepare the AED for the next rescue.

Step Seven: Prepare the AED for the Next Rescue

- Open the lid.
- Optional: Retrieve the rescue data stored in the internal memory of the AED. See the AED Manager User's Guide for details.
- Connect a new preinstalled pads package (Model number XELAED001) to the AED. See the Defibrillation Pads Instructions for Use for details.
- Verify that the pad connection indicator is off. If the indicator is on, make sure that the pad connector is properly attached to the AED.
- Verify that there is adequate charge remaining in the battery. If the battery charge is low, replace the battery.
- Verify that the service indicator is off.
- Close the lid.
- Verify that the Rescue Ready indicator is green.

EMS Arrival

Upon arrival of EMS personnel, transfer patient care to the EMS team. Give the EMS agency a complete oral report of the event and any significant findings. Include the following information in your report:

- Patient's name.
- Known medical problems, allergies or medical history.
- Time the victim was found or SCA was identified.
- Initial and current condition of the patient.
- Information regarding use of the AED unit including number of shocks delivered and the length of time the defibrillator has been on.

7.4 G3 AEDs Instructions

The following are instructions for the use of the G5 AEDs, which can be identified from the Equipment Location list in Section VII.

Step One: Assess the Patient

Apply the AED after the following is confirmed:

- Victim is unresponsive or unconscious
- Victim is not breathing or not breathing normally

Step Two: Prepare the Patient

When the AED prompts...	Do this...
--	<ol style="list-style-type: none">1. Open the AED lid.2. Wait until the LEDs illuminate



"Stay calm. Follow these voice instructions. Make sure 911 is called now."	--
"Begin by exposing the patient's bare chest and torso. Remove or cut clothing if needed"	<ol style="list-style-type: none"> 3. Remove clothing from patient's chest 4. Ensure that the patient's skin is clean and dry 5. Dry the patient's chest and shave excessive hair if necessary.

Step Three: Place Pads

When the AED prompts...	Do this...
"When patient's chest and torso are exposed, remove square foil package from lid of AED. Tear open foil package across dotted line and remove pads."	<ol style="list-style-type: none"> 1. Keep the pads connected to the AED, tear open the package. 2. Remove the pads from the package. Leave the package attached to the pad wires.
"Next, Separate One of the White Pads Completely from Blue Plastic Liner. Begin Peeling from the Tabbed Corner,"	<ol style="list-style-type: none"> 3. With a firm, steady pull, carefully peel one pad away from the blue release liner. It does not matter which pad to use.
"Firmly place the pad without the liner on the patient. This pad can be placed on either of the two locations."	<ol style="list-style-type: none"> 4. Place the pad on the bare upper chest.
"Next, Peel the Blue Plastic Liner Off of the Second White Pad. Firmly Place the Second Pad on the Opposite Location"	<ol style="list-style-type: none"> 5. Pull the blue liner from the second pad. 6. Place the pad on the bare lower chest.

Step Four: Analyze the ECG - Heart Rhythm Analysis

When the AED prompts...	Do this...
"Do Not Touch Patient. Analyzing Heart Rhythm. Please Wait." The AED will begin to analyze the cardiac rhythm of the patient.	<ol style="list-style-type: none"> 1. Do not touch the patient 2. Wait for the next prompt

During the analysis phases, you may hear one or more of these prompts:

If the AED prompts...	This is the problem...	Do this...
"Make sure pad connector is plugged into AED."	The pads are disconnected from the AED.	Ensure that the connector is properly plugged into the AED.
"Press pads firmly to patient's bare skin."	The pads not properly placed or loose.	Ensure that pads are firmly placed on clean, dry skin.



“Analysis Interrupted. Stop Patient Motion” The AED restarts the analysis.	The patient is excessively jostled or there is a strong electronic device nearby (within 5 meters).	Remove the electronic device or stop the excessive motion if you hear this prompt.
---	---	--

Step Five: Deliver a Shock

When the AED prompts...	Do this...
“Preparing shock. Move away from the patient.”	Ensure that no one is touching the patient.
“Shock will be delivered in three, two, one.” The AED delivers a shock.	Ensure that no one is touching the patient.
After the AED delivers the defibrillation shock: “Shock delivered.”	--
“It is now safe to touch the patient.”	--

When the AED is charged, it continues to analyze the patient’s heart rhythm. If the rhythm changes and a shock is no longer needed, the AED prompts, “Rhythm changed. Shock canceled,” and then prompts you to start CPR.

Step Six: Administer CPR

After the AED delivers a shock or detects a non-shockable rhythm, it enters CPR mode.

When the AED prompts...	Do this...
“Place heel of one hand on center of chest between nipples. Place heel of other hand directly on top of first hand. Lean over patient with elbows straight. Press the patient’s chest down rapidly one-third depth of chest, then release.”	Give the patient chest compressions: 1. Place heel of one hand on center of chest between nipples. 2. Place heel of other hand directly on top of first hand. 3. Lean over patient with elbows straight. 4. Press the patient’s chest down rapidly one- third depth of chest, then release.
“When instructed give 30 rapid compressions. Then give two breaths. Start CPR.”	--
“Stop compressions.”	Stop the chest compressions.
“Give Breath.” (repeated)	Give the patient two breaths.
“Continue with compressions.”	Give the patient chest compressions, as directed above.



This cycle will continue until the CPR time expires. At the end of CPR, the phrase “Stop CPR” will be played. The AED will return to the ECG Analysis Mode (Step 4). If the patient is conscious and breathing normally, leave the pads on the patient's chest connected to the AED. Make the patient as comfortable as possible and wait for Emergency Medical System (EMS) personnel to arrive, or proceed as recommended by the medical director.

Step Seven: Prepare the AED for the Next Rescue

After transferring the patient to EMS personnel, prepare the AED for the next rescue:

- Retrieve the rescue data stored in the internal memory of the AED.
- Use RescueLink software installed on the computer.
- Connect a new pair of pads to the AED.
- Close the lid.
- Verify that the status indicator on the AED handle is green.

EMS Arrival

Upon arrival of EMS personnel, transfer patient care to the EMS team. Give the EMS agency a complete oral report of the event and any significant findings. Include the following information in your report:

Patient's name.

- Known medical problems, allergies or medical history.
- Time the victim was found or SCA was identified.
- Initial and current condition of the patient.
- Information regarding use of the AED unit including number of shocks delivered and the length of time the defibrillator has been on.

8.0 Post Event Review

The AED Program Manager or designee shall conduct and document the post event review following each deployment of an AED in order to learn from the experience. All key participants in the event shall participate in the review. Included in the review is the identification of actions that went well, collection of opportunities for improvement as well as critical incident stress debriefing. A summary of the post event review shall be sent to the AED Medical Director and Safety Committee. The Program Manager shall maintain a copy of the post-event review summary.

8.1 Post-Incident Procedures

Within 24 hours of the SCA incident, the Program Manager will meet with the Medical Services Consultant for downloading of data and evaluation.

Incident Report

The AED Responder must complete a Workplace AED Incident Report with Community Safety within 24 hours. The Responder who provided care to the patient must document all accounts of the medical event and any patient care given on the Incident Report. The Incident Report is a



part of the patient care record and is confidential, therefore, discussion of any aspects of the event is limited to Responders in debriefing or in training sessions. Copies of the report will be maintained with the AED Program Manager and the Environmental Health and Safety office.

Response Protocol Irregularities

Report any protocol or equipment irregularities that occurred during the SCA event to the Site Coordinator immediately for appropriate action. The AED Program Manager will contact the device manufacturer immediately.

AED Debriefing Procedures

As soon as possible, conduct a debriefing to evaluate the response efforts. The Program Manager, Site Coordinator, and Responder should conduct the evaluation of all aspects of the emergency response. Discuss and document the strengths and deficiencies of the response plan as revealed by the incident. Modifications made to the plan must be approved.

AED Check Procedures

Before returning the AED to service, the AED Program Manager will perform the following post-event procedures:

- Check the AED visually for damage or missing parts.
- Replace all supplies used during the event.
- Clean the unit as instructed by the manual.
- Verify battery has a charge and replace as needed.
- Return the AED to its designated area for future use.

9.0 Definitions

Automated External Defibrillator (AED) - An automated computerized medical device programmed to provide visual and voice instructions for the device operator. The device is programmed to analyze heart rhythms, recognize rhythms that require defibrillation, and deliver an electric shock if indicated. An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest (SCA). An AED only applies to victims who are unconscious, not breathing, and have no pulse and/or signs of circulation.

Sudden Cardiac Arrest (SCA) - A significant life-threatening event in which a person's heart stops pumping blood or fails to produce an effective pulse.

Cardiopulmonary Resuscitation (CPR) - External cardiac compression and rescue breathing applied to a patient in respiratory and/or sudden cardiac arrest.

Rescue Breathing - Artificial ventilation of a patient in respiratory and/or sudden cardiac arrest.

Emergency Medical System (EMS) - The professional community responder agency for emergency events, which provides medical assistance and/or ambulance transport.



Authorized Individual - Any trained responder who has successfully completed an approved First Aid/CPR/AED training program within the last two years, has successfully passed the appropriate competency-based written and skills examinations, and maintains competency by participating in periodic reviews. The authorized individuals shall also adhere to policies and procedures in this manual.

10.0 References

- American Heart Association – Public Access Defibrillation Program (PAD)
- Multnomah County and State of Oregon AED Guidelines
- Oregon Senate Bill 313/1999 Legislature passed – March 1999
- Cardiac Science Powerheart AED G3 User Guide
- Tualatin Valley Fire & Rescue Community AED Program
- ORS 30.802 Oregon's Good Samaritan law Liability for use of automated external defibrillator



Appendix 1: AED Locations

	Building/Vehicle	Location	Stationary	Mobile	Model
1	CSO Vehicle			X	G5
2	CSO Vehicle			X	G5
3	28 West	Front counter by dispatch	X		G5
4	Grey Campus Center	West wall inside main entrance	X		G5
5	Health and Counseling Center	South side of building, on cart inside storage closet, 215	X		G5
6	Kaul Auditorium	North wall west of warming kitchen Au187	X		G5
7	Library	North wall at end of wheelchair ramp; inside main entrance	X		G5
8	Psychology	North wall between P102 & P103.	X		G5
9	Sports Center	West wall south of cage.	X		G5
10	Vollum	Inside main entrance; 2 nd floor, wall adjacent to stairway.	X		G5
11	ETC	Inside main entrance, wall adjacent to north stairway.	X		G5
12	Eliot Hall	3rd floor, on wall beneath chair rail molding, between cashier's office and center door to business office.	X		G5
13	Parker House	Inside side/GUEST entrance, wall just west of kitchen, same wall as annunciator panel	X		G3
14	Greenwood Theater	Inside main entrance, left-hand side, adjacent to stairway.	X		G5
15	Biology	Lower Level 1, west wall between B17 and B19.	X		G5
16	Chemistry	3rd floor, north wall between C310 and C311.	X		G5
17	Physical Plant	2nd floor, at the end of the main hall of the shop level.	X		G5



18	Greywood	Inside front entrance, down the hallway on the left, on the north wall in the kitchen.	X		G5
19	Studio Art	Lower level, next to Sculpture Studio, next to fire extinguisher	X		G5
20	Performing Arts Building	floor, Stairway 2, southeast corner of building	X		G5
21	Child Care Center	Main Lobby	X		G5 - infant pads
22	Reactor	Inside the classroom, to the right of the classroom door	X		G5
23	Aspen	Vestibule between multipurpose room and the canyon cafe	X		G3
24	Willard House	In main "Living Room"	X		G3
25	Ski Cabin	Kitchen with First Aid Supplies	X		G5





Appendix 2: AED Post Incident Report

Patient's Last Name	Patient's First Name	Patient's Address	
Phone Number	City	State	Zip Code
Incident Date		AED operator	
Location		Other(s) present	
Estimated time from patient's collapse until CPR began:		Estimated total time of CPR until application of AED:	
Was cardiac arrest witnessed? Yes No		By whom?	Time:
Was CPR started? Yes No		By whom?	Time:
Did patient ever regain a pulse? Yes No	Time:	Did patient begin breathing? Yes No	Time:
Did patient ever regain consciousness? Yes No	Time:	Hospital patient was taken to:	Time:
Other treatment:		Transporting Agency:	



Appendix 3: Post-Incident Critique Form

Workplace AED Program Reed College

Patient Data

Patient Name: _____

Incident Date: _____ DOB: _____ Age: _____ Sex: _____

Call Notification (include hour: minute for times recorded)

How was the Responder alerted? _____ Time: ____: ____

Who called Community Safety/911? _____ Time: ____: ____

Who else responded to the call? _____ Time: ____: ____

Arrival of AED unit time: ____: ____ EMS arrival time ____: ____

Ambulance arrival time: ____: ____

SCA Event Report

Collapse/recognition ____: ____ Responder CPR started: ____: ____

Patient unresponsive: Yes No Documented time: ____: ____

Rescue breathing started: Yes No Documented time: ____: ____

CPR started: Yes No Documented time: ____: ____

AED applied: Yes No Documented time: ____: ____

First shock advised: Yes No Documented time: ____: ____

Additional shocks: Yes No Documented time: ____: ____

Return of circulation (Pulse): Yes No Documented time: ____: ____

Return of respiration: Yes No Documented time: ____: ____

EMS scene arrival: ____: ____ EMS arrival at patient: ____: ____

Patient condition at EMS hand-off: _____

Patient transported: ____: ____ Transported to: _____

Patients condition at hospital: _____

Report completed by: _____ Date: _____

