Policy

It is the policy of The University of Memphis Department of \_\_\_\_\_\_\_\_\_\_\_ to comply with all provisions of the UofM AED Program, Tennessee Code Annotated § 68-140-401 et seq, and related regulations.

AED Owner

The Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is the Owner of devices listed herein.

Chair/Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AED Director/Alternate AED Director

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Phone Number** | **Email Address** |
| **AED Director** |  |  |  |
| **Alternate AED Director** |  |  |  |

AED Information

***Attachment 1*** contains AED location(s), manufacturer(s), model number(s), signage type(s) and signage location(s).

Training

All AED Responders will be trained in CPR/AED use and bloodborne pathogens safety. This training will conform with Tennessee Rule 1200-12-1-.19(6) and 29 CFR 1910.1030 respectively. In addition, this unit will maintain a bloodborne pathogens Exposure Control Plan as required by University Policy UM1293.

***Training and recertification of all AED Responders will be completed initially, then every two (2) years for CPR/AED and annually for bloodborne pathogens.***

***Attachment 2*** contains a list of individuals currently trained and authorized to access and use the AED(s) as part of this Program. It is the goal of this department to have at least one (1) trained responder available during business/school hours.

Communication Plan

1. Communication Plan for advising building occupants of the presence and location(s) of AEDs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Communication Plan for internal notification of an emergency, including how AED Responders will be contacted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Communication Plan for notifying Police Services of an emergency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Updates

Review and update of this Plan shall be performed annually by the AED Director.

Records

The following seven (7) records will be kept on-site at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Procedures and guidelines for AED use.
2. AED manufacturer’s “Instructions for Use” booklet(s).
3. Periodic maintenance, repair, and self-inspection records of AED(s)
4. Employee CPR/AED and bloodborne pathogens training and exposure control records, including a description of the training program.
5. Other records as defined by equipment manufacturer.
6. AED Post-Incident Report(s)
7. Copy of this Policy.

Operational Checks and Maintenance

AED(s) will be maintained, inspected, and tested by the AED Director, or an individual appointed by the AED Director, in conformance with the manufacturer’s instructions and best practices. AED instruction manual(s) and additional information are available at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Operational checks will be performed daily by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in accordance with **Attachment 3 (**Daily Check Log) and manufacturer’s instructions.

Medical Oversight

Medical Oversight will be provided by the physician providing clinical supervision for Student Health Services or his/her designee.

AED Response

When an AED is removed for emergency use on a campus patrolled by UofM Police Services, the Police Dispatcher will be notified immediately by dialing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from a campus phone or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from a cell phone. At locations not patrolled by Police Services assistance will be summoned by calling 911. The caller or designee will wait for Police Services and EMS to direct them to the exact location of the emergency.

AED Responders will render assistance in accordance with accepted standards of care as disseminated during their training. Patient care will be relinquished to Police Services or EMS personnel when directed to do so. AED Responders may respond offsite if requested by Police Services.

Post-Incident Reporting and Return to Service

Within 48 hours post-incident, a [Post-Incident Report](http://www.memphis.edu/ehs/pdfs/aed_post_incident_report.pdf) will be submitted to the AED Coordinator, and possession of the AED will be relinquished to the AED Coordinator and Medical Director for data retrieval and review.

Returning an AED to service post-incident requires the AED Director or designee to perform the following tasks:

1. Check and replenish supplies as appropriate, including purchase of spare pads.
2. Clean and disinfect the device.
3. Check batteries and replace as needed.
4. Check device and housing for cracks or other damage.
5. Return the device to its designated location.

The person responsible for inventory/restocking supplies is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_.

By signing below, the AED Owner and AED Director agree to the above responsibilities and duties:

**Department Chair/Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Typed Name)

**Department/Unit AED Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Typed Name)

AED Coordinator’s Approval

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Typed Name)

**The University of Memphis**

**Attachment 1**

**Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AED INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **AED Manufacturer** | **AED Model Number** | **AED Signage Type** | **AED/Signage Location** |
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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**The University of Memphis**

**Attachment 2**

**Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESIGNATED EMERGENCY MEDICAL RESPONDERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **AED Responder’s Name** | **Position** | **Training Provider** | **Training Method (e.g., AHA Heartsaver, AHA BLS, etc.)** |
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Signature Date

***Any employee who is expected to provide emergency care to a patient will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heartsaver AED standards or equivalent training as listed in Tennessee Rule 1200-12-1-.19(6). The above employees are or will be trained in the use of CPR/AED.***

**Attachment 3**

[Attach a copy of appropriate daily check log found under “Life Safety Forms” at <http://www.memphis.edu/ehs/resources/forms.php>, and label as Attachment 3.]