Policy Summary

The purchase, placement, use and maintenance of AEDs at the University of Wisconsin-Madison shall conform to the requirements established in this policy. No work unit is permitted to purchase or install a public access AED without approval by the process established herein.

Who This Policy Applies To

The content of this policy is applicable to all UW-Madison locations except the UW Hospital and Clinics and applies to work units with AED units already in place and work units considering purchasing them. This policy does not apply to AEDs within healthcare facilities that are not designated as public access.

This policy is not intended to cover all situations in which the University employs or uses personnel with specific education, certification and/or licensure to deliver emergency care. Personnel such as EMT’s, UWPD, EMT-Paramedics, Registered Nurses, other Health Care Professionals (including certified athletic trainers) may have an AED that they have been authorized to use by virtue of their specific training or medical protocols, and may have other reporting requirements mandated by regulations or statutes.

Rationale

Automated external defibrillators, or AEDs, are computerized medical devices that can be used during sudden cardiac arrest (SCA). When SCA is due to ventricular fibrillation the lower pumping chambers in the heart begin beating erratically and out of rhythm. Normal beating can sometimes be returned by “defibrillation,” delivering an electrical shock to the heart. The sooner defibrillation (the shock), is delivered, the greater the chance of survival.

AEDs have been designed to make resuscitation easier for lay people, even those with no medical training, to perform. An AED can check a person’s heart rhythm. It can recognize a rhythm that requires a shock and it can advise the rescuer when a shock is needed. The AED uses voice prompts, lights and text messages to tell the rescuer the steps to take during application. AEDs should be used by people who are trained in their operation. They are safe to use and are 100% accurate in evaluating the heart rhythm and determining whether a shock should be applied. Having an AED close at hand can make it possible for anyone trained in their use, including non-medical personnel, to treat a heart attack victim and increase their chances of survival.

Several UW-Madison campus buildings have AEDs. By locating a Building Evacuation Route sign in the building, there will be notation on the sign that indicates the location of the AED (red heart symbol with the AED letters). If there is an AED in the building but not located on the floor, there will be notation in the signage that indicates the room where an AED is located. NOTE: Not all buildings have an AED. If no AED is noted on the Building Evacuation Route sign, then an AED is not available in the building. Immediately call 911 (UWPD) to obtain emergency assistance.
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The appropriate procedures for a department or work unit to place an AED unit in a building, department or vehicle are:

1. Ensure that AED placement meets the criteria listed below.
2. Designate a Work Unit AED Coordinator to administer and maintain the program.
3. With the assistance of EH&S, select an AED unit, an appropriate location and complete a “Work Unit Plan to Use an AED.”

**PURCHASE/OBTAIN OR USE OF AEDs BY UNIVERSITY UNITS**

Placement criteria for AEDs at UW-Madison are established by the Environment, Health & Safety Department using the information listed below. In general, funding for AEDs including installation and signage will be the responsibility of the department or work unit.

Departments and work units are encouraged to contact EH&S to obtain more specific information on AEDs as applicable to their operations.

The selection of manufacturer and model of AED will be based on standardization of units by campus location whenever possible. EH&S in consultation with UW University Health Services, will specify an appropriate model for consistency. However, the department or work unit will be responsible to purchase the AED model.

**UW-Madison Criteria for AED Placement:**

Facilities or activities determined to be of the **highest risk** for requiring an AED

Facilities or activities which meet at least one of the following:
1. Use at fitness or recreational facilities, including swimming pools.
2. Use by high risk populations or personnel working at high risk activities such as energized electrical circuits, elevated heat exposure or in health care. Further examples are activities involving high risk team sports (e.g., Division III sports – softball, baseball, lacrosse; Division I sports).
3. Other areas that may be designated high risk sites such as airports, hotels and large gathering locations.

Facilities or activities that meet all of the following:
1. Difficult to navigate based on size, configuration or restrictions that inhibit immediate access.
2. Use by large numbers of people, but not necessarily at risk populations.
3. Location is more than a reasonable response time for an AED to arrive from Police or EMS.

Facilities or activities determined to be of **moderate risk** for requiring an AED

Facilities that meet two of the following:
1. Difficult to navigate based on size, configuration or restrictions that inhibit immediate access.
2. Use by large numbers of people, but not necessarily at risk.
3. Location is more than a reasonable response time for an AED to arrive from Police or EMS.

**Non-UW-Madison Campus Criteria for AED Placement**

Special consideration is needed to account for variations in size, layout and types of activities. The general criteria for placement are that an AED should be located at the nurse/health center, police operations, or at (a) central location(s). Fitness facilities must also have an AED if one is not already located nearby.

**MAINTENANCE AND INSPECTION REQUIREMENTS FOR AEDs**
Continuous equipment maintenance is an important element in ensuring a successful program.

Equipment is maintained through the following processes:

1. At UW-Madison campus locations, the Physical Plant (PP) will be responsible to conduct initial installation and maintenance of all AEDs in accordance with manufacturer’s requirements. For those AEDs not meeting the placement criteria described herein or for auxiliary operations, the departments or work units may be responsible for funding maintenance costs through the PP maintenance plan.
2. For Non-University campus locations, maintenance and inspections will be managed by the AED Coordinator or as part of the EH&S fire extinguisher inspection program. The AED Coordinator can designate one or more individuals to install the AED(s) and to conduct maintenance and/or inspections. The “AED Monthly Inspection Form” must be used. All records of inspections shall be maintained by the AED coordinator. Installations will be conducted in accordance with “Specific AED Placement Criteria.”

TRAINING REQUIREMENTS

Individuals approved to use AEDs shall be trained in CPR and AED usage. The training shall be based on the American Heart Association or American Red Cross and shall be taught by an authorized instructor. Courses at a minimum must include adult CPR and AED.

FP&M employees have a variety of options for training through an FP&M trainer. Non-FP&M employees should contact the local American Heart Association or American Red Cross chapter for training options. Emergency Medical Service (EMS) medical personnel (i.e., EMT’s, Paramedics, Nurses, Physicians, and PA’s) and certified athletic trainers are exempt from the above training requirements. Work units should contact EH&S to determine the appropriate number of employees who need to be trained in order to get AED approval. In general, two to four employees should be trained for each AED requested.

ADDITIONAL ITEMS TO BE PLACED WITH AEDs

- Two pairs of non-latex gloves
- CPR barrier masks
- Scissors to easily remove clothing
- Disposable razor
- Cloth/towel/gauze
- Automated External Defibrillators (AED) policy

Note: These items can be readily purchased as intact “kits.”

POST-INCIDENT REPORTING PROCEDURES

In order that EH&S may evaluate the effectiveness of UW-Madison’s AED program, it is important that any department or administrative unit using an AED make a report. The administrative unit responsible for the AED should provide Madison Fire Department (MFD) with the following information:

1. Campus or administrative unit name
2. Date and time AED was used
3. Location
4. Manufacturer, model number and serial number of AED used
5. Name of AED operator
6. Name of person on whom AED was used
7. Brief description of circumstances under which AED was used
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8. EMS unit receiving patient
9. Hospital that person was transported to, if known
10. Name of person making the report
11. Telephone number of person making the report
12. E-mail address of person making the report

If the AED has internal data storage of use, the work unit is responsible to provide the data or the data card (not the AED) to UWPD immediately following use of the AED.

Consequences for Non-Compliance

Noncompliance with Wisconsin State AED Regulations and the American Disabilities Act would result in citations by the State. Failure to maintain AED devices according to manufacturer’s specifications would void warranties. A lack of appropriate training and device inspections could lead to AED performance or failure. Accordingly, installation of AED units implies that they will be properly inspected and maintained. Failure to do so puts the institution at risk from a liability and insurance perspective.

Supporting Tools

State of Wisconsin AED Regulations

2007 Wisconsin Act 104 (Senate Bill 142)

Senate Bill 142 requires many occupations within Wisconsin to successfully complete cardiopulmonary resuscitation (CPR) training, and to demonstrate current proficiency in the use of an automatic external defibrillator (AED). This requirement applies to employees of day care centers, shelter care facilities, residential care facilities, medical transport drivers, fitness centers, lifeguards and many others.

This policy provides procedures for the selection, placement, purchase and maintenance of AEDs in all University facilities and vehicles.

The use of an AED is one step in the process of improving survival rates for victims of sudden cardiac arrest. According to the American Red Cross, each year in the United States over 250,000 people die of sudden cardiac arrest before reaching a hospital. A person’s chance of survival can be increased by establishing a Chain of Survival system that includes early recognition (calling 911), early cardiopulmonary resuscitation (CPR), early defibrillation, and access to advanced cardiac life support by emergency medical services (EMS) and medical facilities.

2009 Wisconsin Assembly Bill 725

Beginning in the 2010–11 school year, each school board operating high school grades, the operator of each charter school established under s. 118.40 (2r) that operates high school grades, and the governing body of each private school that operates high school grades shall offer instruction in cardiopulmonary resuscitation, cardiocerebral resuscitation, and the use of an AED to pupils enrolled in the high school grades in the school district, charter school, or private school.

2008 Wisconsin Statutes Chapter 146

Wisconsin Statutes, Section 50.36(5) Instructions and Proficiency in the Use of AED (April 24, 2009), Wisconsin Department of Health Services. Effective date September 1, 2008, established standards for the use of AEDs in hospitals.

Wisconsin Statutes Chapter 146
AED owners must provide written notification to the EMS program and make sure that the AED is maintained and tested according to the manufacturer’s guidelines.

Prospective AED users must complete a training course approved by the Department of Health and Family Services.

An ACT to create 118.076 of the statutes; relating to providing instruction in cardiopulmonary resuscitation, cardiocerebral resuscitation, and the use of an automated external defibrillator to high school pupils. This bill requires operators of high school grades, including school boards, operators of independent charter schools, and the governing bodies of private schools, to offer enrolled high school students instruction in cardiopulmonary and cardiocerebral resuscitation and the use of an AED. The instruction must be based on an instructional program established by the American Red Cross or the American Heart Association or other nationally recognized evidence-based guidelines.

2006 Wisconsin Senate Bill 186

Senate Bill 186 extends immunity protection for users, owners, and providers of AEDs for acts or omissions in rendering emergency care in good faith.

2000 Wisconsin Assembly Bill 521

Redefines the term first responder, and establishes criteria for the certification and recertification of first responders.

1999 Wisconsin Assembly Bill 239

Provides immunity protection and establishes guidelines for AED use.

Requirements

EMS Notification

A person who provides an automatic defibrillator or a semiautomatic defibrillator shall provide written notification to the nearest emergency medical services program. The nearest EMS program is the Madison Fire Department.

Maintenance Program

Must ensure that the automatic defibrillator or semiautomatic defibrillator is maintained and tested in accordance with any operational guidelines of the manufacturer.

Good Samaritan Protection

Rescuer, Purchaser, Property Owner, Trainer

The person who in good faith renders emergency care by use of an AED to an individual who appears to be in cardiac arrest is immune from civil liability for the acts or omissions resulting from the use of the AED as long as the act or omission does not constitute gross negligence.

The owner of the AED is immune from civil liability for the acts or omissions of a person rendering emergency care by use of an AED as long as the act or omission does not constitute gross negligence.

Any person who provides training in the use of an AED to the person who renders care is immune from civil liability for the acts or omissions of the person rendering emergency care as long as the act or omission does not constitute gross negligence.

The person who provides the AED for use is immune from civil liability for the acts or omissions of a person who in good faith renders emergency care by use of an AED to an individual who appears to be in cardiac arrest, if the person who provides the AED ensures that the AED is maintained and tested in accordance with any operational guidelines of the manufacturer and if
the act or omission resulting from the use or provision for use of the AED does not constitute gross negligence.

Definitions

Automated External Defibrillator: A device that is designed to analyze a heart rhythm and advise trained or "lay" personnel when to push a button on the unit to deliver a potentially lifesaving shock (defibrillation) to the victim of a sudden cardiac arrest. The fully automatic AED administers a defibrillating shock (when appropriate) with no shock button for the user to press. The semi-automatic AED administers a defibrillating shock at the press of a button.

CPR (Cardiopulmonary Resuscitation): An emergency medical procedure using artificial blood circulation and respiration to maintain the flow of oxygen containing blood through the body. CPR can delay damage to body tissues and increase the opportunity for successful resuscitation without brain damage.

Cardiac Arrest: Means the sudden cessation of normal heart beating and blood flow.

Public Access Defibrillation: Automatic external defibrillators (AED’s) are lightweight, portable devices that provide an electrical shock capable of restoring the normal heart rhythm of cardiac arrest victims. Immediate, on-site access to this device for people who suffer a cardiac arrest has been found to greatly improve their chance of survival. Wisconsin Statutes allows for the purchase, maintenance and use of AED’s in the public setting. Such places may include, but are not limited to, long-term care facilities, rural health or dental clinics, athletic facilities, schools, factories, churches, day care centers and other community facilities.

Wisconsin Statute 895.48 (4): Provides for civil immunity for certain persons who use, own and/or provide access to automatic external defibrillators. A layperson, (other than a trained provider such as an emergency medical technician or first responder) can use a public access defibrillator to provide emergency care to an individual who appears to be in cardiac arrest, without fear of liability.

CPR & AED Training: Training courses in cardiopulmonary resuscitation (CPR) and use of automatic external defibrillators (AED’s) are strongly recommended for the general public. These courses are available in most communities and are offered by groups such as the American Heart Association and the American Red Cross, as well as various commercial agencies.

Responsibilities

Environment, Health and Safety Department (EH&S)

1. Assist University departments in the implementation of an AED program.
2. Develop, maintain and update the AED policy for the University, including the AED locations and contacts.
3. Establish criteria for the required placement of AEDs.
4. Maintain inspection records of AEDs. Establish guidelines and procedures for periodic testing of AEDs. Provide annual inspections of AEDs within a building as part of the annual building fire extinguisher inspection program.
5. Establish a process to ensure centralized delivery, receiving and shipping of all UW-Madison owned AEDs in conjunction with University departments and the Division of Facilities Planning & Management.
6. Maintain updates by the American Heart Association and others to benefit from advances in Public Access Defibrillator programs. Post updates on EH&S website and notify campus units and departments.
7. Provide University Police (UWPD) with updated listings/locations of AEDs on an annual basis.
8. Develop an online training module on AEDs that includes guidance in the selection and purchase of AED units, installation and procedures to meet the American Disabilities Act (ADA) requirements, maintenance, emergency use and staff training.
1. The Administrative unit or department head is responsible to ensure that all components of this policy are implemented when an AED(s) is/are purchased, placed or used within areas of their jurisdiction. Additional responsibilities include:
   a. Assign resources to support the AED Program. This includes personnel, the installation and/or maintenance costs within their areas of jurisdiction as established by this policy.
   b. Designate and empower an AED Work Unit Coordinator who is responsible for program coordination and AED plan oversight within the work unit or department. The Coordinator may appoint additional building or unit coordinators to assist in local implementation.

AED Department or Work Unit Coordinator

1. Maintain records for units under their jurisdiction: AED approval letters for the initial installation and subsequent revisions. If desired, the coordinator should maintain a record of employee training, participation in drills, and purchasing documentation, etc.
2. Ensure the preparation and submittal to EH&S of any new AED(s) and when any substantial change(s) are made to existing AEDs already approved. AEDs cannot be purchased, installed, or used before the AED plan is approved by EH&S and provided to the AED Coordinator. Changes that require an updated plan would include, but are not limited to:
   • Removal of an AED from service
   • Change in name/contact information of AED Coordinator
   • Change in model/manufacturer information
   • Change in placement location
   • Change in meeting minimum training qualifications
3. Conduct annual inspections of the AED units and locations to ensure compliance with the plan as approved by EH&S.
4. Ensure that front, outside of case of the AEDs under their jurisdiction are posted with the “AED Coordinator Location Sticker” that is updated appropriately. These stickers are provided by EH&S.
5. Ensure that individual First Responder’s CPR/AED certifications are current.
6. Report program issues to administrative or department unit head and/or EH&S, depending upon the nature of the problem.
7. Ensure that signage specifying AED locations in the building evacuation signage under their jurisdiction are accurate and maintained. If signage needs to be updated, contact EH&S.

Link to Current Policy

http://www.ehs.wisc.edu/fire/CampusAEDPolicy.pdf

Link to Related Policies

None

Link to Policy History

None