Mesa Community College
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 § 36-2262

The AEDs shall be used in:
Emergency situations warranting use.
By individuals specifically trained in the use of the device.
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Public Access Defibrillation Program

Every site participating in a PAD Program is responsible for conducting the required training utilizing certified trainers. Every employee is encouraged to participate.

Trained Responders – MCC Southern and Dobson
Trained responders are those individuals certified in CPR, use of the AED, and the MCCCD PAD procedures. These individuals are responsible for performing CPR and AED administration during a health emergency event. Public Safety is designated as “First Responders”, 480.461.7777.

Trained Responders – MCC Red Mountain
Trained responders are those individuals certified in CPR, use of the AED, and the MCCCD PAD procedures. These individuals are responsible for performing CPR and AED administration during a health emergency event. Public Safety is designated as “First Responders”, 480.654.7444

Trained Responders – MCC Centennial Way
Trained responders are those individuals certified in CPR, use of the AED, and the MCCCD PAD procedures. These individuals are responsible for performing CPR and AED administration during a health emergency event. Security is designated as “First Responders”, 480-461.6116.

Additional Trained personnel listed in PeopleSoft.
I. Procedures
Location, maintenance and testing of AEDs at MCC Southern and Dobson, 1833 West Southern Avenue, Tempe, AZ 85202

AEDs shall be kept as follows: (All units are LifePak 500 (Medtronic/ Physio-Control)

<table>
<thead>
<tr>
<th>Defibrillator Type</th>
<th>Specific Location</th>
<th>Testing/Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. LifePak 500/Fixed</td>
<td>1st Floor, Elsner Library, Building #11 (On pillar to the right of the Information Desk, facing West)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>2. LifePak 500/Fixed</td>
<td>Academic Support, Building #4 (Entrance portico, to left of the doors)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>3. LifePak 500/Fixed</td>
<td>Liberal Arts Building #3 (Exterior wall, east side)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>4. LifePak 500/Fixed</td>
<td>Business Psychology Building #43A (South facing covered entrance, on West wall by light)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>5. LifePak 500/Fixed</td>
<td>Heap Gymnasium, Building #46 (Exterior West wall to the entrance by light)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>6. LifePak 500/Fixed</td>
<td>Inside Kirk Center, Building #35 (West wall by fire extinguisher, North of sliding glass door)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>7. LifePak 500/Fixed</td>
<td>Nursing/Life Science Office Area, Building #6 (South side exterior wall towards the East end of Building)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>8. LifePak 500/Fixed</td>
<td>Health Improvement Center, Building #47 (Inside South room East of entrance between North and South rooms)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>9. LifePak 500/Fixed</td>
<td>Theater Outback, Building #29 (Exterior East side wall entrance next to bulletin board)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>10. LifePak CR+/Mobil</td>
<td>College Safety Office, Building #14 (West side of Social Cultural Building)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>11. LifePak 500/Fixed</td>
<td>Athletic Trainer’s Office, Building #47</td>
<td>Public Safety</td>
</tr>
<tr>
<td>12. LifePak 500/Fixed</td>
<td>Technology, Building #50 (West exterior entrance, adjacent to phone booth)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>13. LifePak 500/Fixed</td>
<td>Welding, Building #52 (Northwest exterior wall)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>14. LifePak 500/Fixed</td>
<td>Life Science, Building #12 (East Entrance, exterior Wall)</td>
<td>College Safety</td>
</tr>
<tr>
<td>++. LifePak 500/Mobil</td>
<td>Football Stadium (Supported by CS (10) and Trainers Office (11))</td>
<td></td>
</tr>
</tbody>
</table>
**Location, maintenance and testing of AEDs at MCC Red Mountain Campus, 7110 E. McKellips, Mesa, AZ 85207**

<table>
<thead>
<tr>
<th>Defibrillator Type Testing/Maintenance</th>
<th>Specific Location</th>
<th>Testing/Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cardiac Science</td>
<td>College Safety Office, Ironwood Building</td>
<td>Public Safety</td>
</tr>
<tr>
<td>2. LifePak 500/Fixed</td>
<td>Acacia Village Complex (Courtyard)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>3. LifePak 500/Fixed</td>
<td>Fitness Center in Mesquite Building (Interior wall behind technicians counter)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>4. LifePak 500/Fixed</td>
<td>Palo Verde, 2nd Floor (East Corridor wall, past Receptionist window)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>5. LifePak 500/Fixed</td>
<td>Desert Willow, 2nd Floor (Library)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>6. LifePak 500/Mobile</td>
<td>Saguaro</td>
<td>Public Safety</td>
</tr>
</tbody>
</table>

**Location, maintenance and testing of AED at MCC Downtown Center, 145 North Centennial Way, Mesa AZ 85201**

<table>
<thead>
<tr>
<th>Defibrillator Type Testing/Maintenance</th>
<th>Specific Location</th>
<th>Testing/Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. LifePak 500/Fixed</td>
<td>4th Floor adjacent to Kiosk (On West wall past entrance by fire extinguisher)</td>
<td>Public Safety</td>
</tr>
<tr>
<td>1. LifePak 500/Fixed</td>
<td>2nd Floor 209 Lounge</td>
<td>Public Safety</td>
</tr>
</tbody>
</table>
3. **The PAD Program Administrator for the Mesa Community College locations is:**
   Shirley Henderson/Manager of Occupational Health & Safety
   1833 W. Southern Avenue
   Mesa, AZ  85202

4. **The PAD Medical Director is:**
   Bentley J. Bobrow, M. D., Medical Director
   Bureau of Emergency Medical Services
   Arizona Department of Health Services

5. **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

6. **Maintenance and testing of AEDs must be conducted according to the manufacturer’s specifications.**
   a. The PAD Coordinator/or designee will be responsible for proper testing and maintenance.
   b. Maintenance and testing records will be maintained and submitted to PAD Coordinator/or designee and forwarded to Medical Director as directed. (facilitated by MCCCD Risk Management).
   c. Maintenance and testing documentation must include the date and type of maintenance/testing, and the signature of the person performing the maintenance/testing.
   d. The MCCCD Risk Manager and the Medical Director, or his/her designee, will maintain documentation of maintenance and testing, for a period of ten years.
   e. The manufacturer’s recommended guidelines for regular maintenance must be followed at all times:
      ♥  Monthly and after each use (weekly visual):
      ✓  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.
B. Training in the Use of the AEDs

1. Those that have been trained in the use of AEDs are encouraged to use them in emergency situations. Any person trained or untrained who is comfortable using an AED and assisting during an emergency is encouraged to do so.

2. 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.

3. Training records will be kept by the MCC PAD Coordinator (or designee). The PAD Coordinator (or designee) will send out training dates for those who need to be trained and/or retrained.

C. Using an AED—Steps to Follow

STEP 1

- Assess scene safely
- Verify unconsciousness

Activate Emergency Response Plan!

- Call 911.
- Provide the 911 dispatcher with the following
  ▼ Information:
  ▼ Location
  ▼ Emergency Details
  ▼ Notify of AED Deployment
  ▼ Call authorized responders with location of patient.
  ▼ Call designated person to help lead EMS to patient.

STEP 2

- Check for response. Tap shoulder and shout: “Are You Okay?”
- Check ABCs
  ▼ Assess airway. Perform head tilt, chin lift, listen and feel.
  ▼ Assess breathing. If breathing is absent, insert barrier mask and deliver 2 rescue breaths.
  ▼ Assess circulation. Check carotid pulse. If pulse is absent, begin CPR.
  ▼ If not comfortable with providing rescue breathing continue with compressions only.

STEP 3 – EARLY CPR

- Perform CPR until AED arrives.
  ▼ Compress and release chest 30 times
  ▼ Ventilate. Give 2 rescue breaths.
  ▼ Continue CPR. 30 compressions/2 rescue breaths. Check pulse after 4 cycles and every few minutes thereafter.
STEP 4 – 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 5 – 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 6 – RESPONDER POST-USE PROCEDURE

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

- Notify the MCCCD Risk Manager
- Notify the Medical Director
- File an incident report within 5 days to the medical director and Risk Manager.
- Remove used PC Data Card and replace it with a spare. Label used PC data card with patient information and transmit the medical director for appropriate action.
- 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.

II. Oversight and Program Review

The AED Committee will have oversight of the PAD program and will review it annually and make revisions as necessary.
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)
Sarver Heart Center
Share Program Incident Report

| Property Name: ________________________________ |
| Incident Date: _____ / _____ / ______ |
| Estimated Time of Collapse: ________________ |
| Patient’s Name: ____________________________________________ |

Gender: M F Age: ________ Date of Birth: _____ / _____ / ______
Social Security Number (for follow-up purposes): ________ / ______ / ______
Employee □ Customer □ Guest □ Employee(s) 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 performed before the AED was connected to the patient?  YES  NO

5. Did the patient complain of any of the following before collapsing?
   Chest Pain □ Difficulty Breathing □ Nausea Weakness □ Dizziness □

6. Did AED instruct you to shock?  YES  NO  If yes, number of shocks: ____________

7. Was the patient transported from your property by ambulance?  YES  NO
   If yes, which fire department or ambulance company: ____________________________

8. Name of destination hospital, if known: ____________________________________________

9. Did the patient exhibit any of the following after collapse and prior to departure from your property?
   Pulse □ Breathing on own □ Eye opening □ Confusion/combative ness □
   Vomiting □ Moving arms/legs □ Talking □

10. Do you have any questions or would you like to review this AED use with the Heart Sarver Center medical direction representative?  YES  NO

Person completing this form: ____________________________________________
Telephone Number: ______________________________________________________
Best times to call you: ____________________________________________
### Mesa Community College Sample Checklist:

<table>
<thead>
<tr>
<th>Location</th>
<th>Building Unit 1</th>
<th>Building Unit 2</th>
<th>Building Unit 3</th>
<th>Building Unit 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serial # 1433-</td>
<td>14332765</td>
<td>14332781</td>
<td>14332788</td>
<td>14332738</td>
</tr>
<tr>
<td>Asset Tag</td>
<td>798###</td>
<td>798###</td>
<td>798###</td>
<td>798###</td>
</tr>
</tbody>
</table>

Place “check” in box to verify OK; X in box if problem exists / Date and Initial

**Daily Check (Visual): Unit Intact/“OK” Message On/Ambu Pouch In Place**

**Week 1:**
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

**Week 2:**
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Saturday

**Week 3:**
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Saturday

**Week 4:**
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Saturday

**Week 5:**
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

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February 2009
### Open Case and Audit Inventory / Log Date of Weekly Check, Time and Initials of Inspector

<table>
<thead>
<tr>
<th>Weekly Check (Hands-On)</th>
<th>Week 1 (units 1-4)</th>
<th>Week 2 (units 1-4)</th>
<th>Week 3 (units 1-4)</th>
<th>Week 4 (units 1-4)</th>
<th>Week 5 (units 1-4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Deactivate Door Alarm</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ON/OFF Self-Test</td>
<td></td>
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<tr>
<td>LED/LCD Illumination</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>AED Pads Sealed (2)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pocket Mask</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Razor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Reactivate Door Alarm</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Place “Check” in box if free of defects; Place number of unit and X in box if problem exists**

### Monthly Check

<table>
<thead>
<tr>
<th>Log Date of Monthly Check, Time and Initials of Inspector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove Battery</td>
</tr>
<tr>
<td>Unplug Electrode Cable</td>
</tr>
</tbody>
</table>

**Check for:**

- Foreign Substances
- Damage/Cracks
- Pins Bent/Discolored
- Damaged Cables
- Re-Insert Battery and Electrode
- Press On/Off to Reset (OK)

*Note: Weekly and Monthly checks do not exclude daily check points*

<table>
<thead>
<tr>
<th>Printed Name:</th>
<th>Signature:</th>
</tr>
</thead>
</table>

___________________________

**Comments/Notes:**

_______________________________________________________________________________________

_______________________________________________________________________________________

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_______________________________________________________________________________________

February 2009