

AUTOMATED  
EXTERNAL  
DEFIBRILLATOR

GRAM

PRO

rewed February 1, 2021

Revisi

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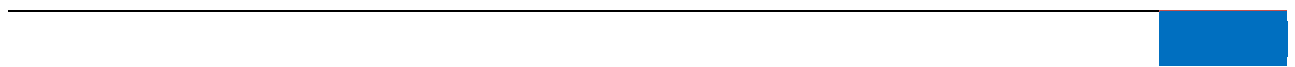
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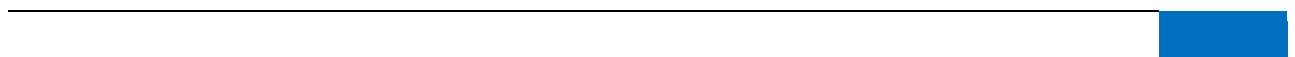
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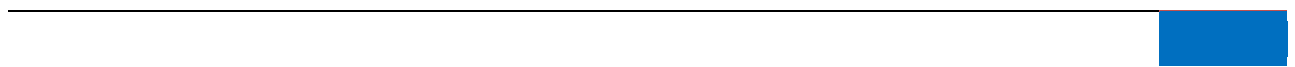
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be completed on the OEHS web site at <https://www.uah.edu/oehs/red-cross-certifications>. The cost of the training is listed on the OEHS website. AED recertification training is required every two years. Recertification training can be accomplished through online AED training, followed-up by a hands-on exam provided by the OEHS certified CPR/AED instructor. This is -line training expenses will tained by the Departmental Building Emergency Coordinator.

In addition to the certified CPR and AED training, the selected departmental personnel should also be trained on the University AED Program elements which include:



## Appendices

Appendix A: Automated External Defibrillator Response Plan Template (Departmental Plan to be incorporated into the Emergency Action Plan) Appendix B AED Utilization Form  
Appendix C: AED Monthly Checklist

## Appendix A

# Automated External Defibrillator Response Plan (Template)

### Scope

The plan serves as a guide for handling medical emergencies involving cardiac arrest through the proper placement and the effective use of trained personnel and emergency medical resources.

### Purpose

An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. The AED is only for use on victims that are unconscious, have no pulse or any signs of circulation and do not have normal breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. Rapid treatment of ventricular fibrillation, through the application of a controlled electrical shock, is essential to the rhythms.

### AED Owner Responsibilities

- 1.





Emergency Medical Response

*Internal Notification:* If a person is unresponsive, is not breathing and does not have a pulse, immediately take the following actions:

1. Call UAH PD from campus phone dialing 6911 or via cell phone by dialing (256) 824-6911

Appendix B

Automated External Defibrillator (AED) Use Form

Use this form to report any event, incident or situation that

or possible use of an AED.

Organization: University of Alabama Huntsville

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

Location of victim: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Name and contact information for person(s) who found the victim: \_\_\_\_\_

Name and contact information for person(s) who determined victim was unresponsive: \_\_\_\_\_

Name and contact information for person(s) who operated the AED: \_\_\_\_\_

Did the victim have a pulse? Yes No How was the pulse checked? \_\_\_\_\_

Was the victim breathing? Yes No How was breathing checked? \_\_\_\_\_

Was EMS (911) called? Yes No If yes, what time did that happen? \_\_\_\_\_

Briefly describe the event, incident, or situation that resulted in the AED being brought to this victim:

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

Was the AED applied to the victim? Yes No

If yes, describe what actions the AED advised and how many times the patient was defibrillated:

\_\_\_\_\_

Status of patient at the time EMS personnel arrived:

Did the victim have a pulse? Yes No How was the pulse checked? \_\_\_\_\_

Was the victim breathing? Yes No How was breathing checked? \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Date completed: \_\_\_\_\_

Contact information:

Signature: \_\_\_\_\_ Date of

Signature: \_\_\_\_\_

Return this form to: AED Program Coordinator at the Physical Plant Building 113D or fax to 824-2341





**Morton Hall**

**X20A248320**

**5/6/2024**

**5/1/2020**

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