1. Introduction

The Environmental Health & Safety Standard Operating Procedure for Automated External Defibrillators (AEDs) was developed by the Department of Environmental Health & Safety in accordance with the University’s Policy Statement on Health and Safety.

AEDs are a proven method of reducing morbidity and mortality from acute myocardial infarction (heart attack). An AED is a device that attaches to the casualty’s chest to assess the heart’s rhythm and, if necessary, recommend that a shock be delivered to correct the heart’s rhythm. An adult who has just gone into sudden cardiac arrest is most likely in urgent need of defibrillation, a metered electrical charge that can restore the heart to healthy function and save a life. To provide a realistic chance of survival, defibrillation must be available soon after cardiac arrest.

The purpose of this SOP is to ensure that AED units on campus meet the appropriate requirements of federal and provincial legislation relating to the purchase and use of AED devices.

2. Scope

This SOP applies to all university-controlled AEDs on property that is owned, rented, or otherwise used by the University, university employees that are filling a role outlined in this SOP or faculty, staff, and students who are trained on the proper use of AEDs.

3. Applicable Legislation

Chase McEachern Act (Heart Defibrillation Civil Liability Act) (S.O. 2007)
Good Samaritan Act (S.O. 2001)
Medical Devices Regulation, 2001 (SOR/98-282)

4. Responsibilities

4.1 AED Program Director

The Department of Environmental Health & Safety is the AED Program Director and is responsible for administrative oversight of the University’s AED program. Responsibilities include:
• Develop and maintain written procedures for the University AED program.
• Approve AED applications and programs submitted by departments.
• Provide authorization for the acquisition and placement of AED units.
• Maintain and provide an inventory of AED locations on Campus.
• Assist AED owners in the development and maintenance of departmental written
  programs, and establishment of protocols necessary for an effective AED program.
• Review pertinent AED events and occurrences.
• Identify and communicate relevant federal and provincial legislation.
• Conduct periodic reviews of departmental AED programs.

4.2 AED Owner

Departments that acquire an AED are responsible for operating and maintaining the device to
meet the requirements of this SOP, regulatory compliance, and the standards of the
manufacturer. AED owners must:
• Submit and AED Application (Appendix A).
• Develop an AED program for their respective departments.
• Submit the AED program to the AED Program Director for approval prior to
  purchasing the AED.
• Designate an individual to act as an AED Caretaker and be responsible for the day-
  to-day management of their department’s AED program.
• Ensure AED units are properly maintained and tested in accordance with
  manufacturer’s guidelines.
• Ensure departmental personnel are trained in accordance with the guidelines
  established by the AED Program Director.
• Maintain required personnel training, unit maintenance, and testing records related
  to the department’s AED program.
• Ensure that the University’s AED Program Director is notified of any use of the
  department’s AED unit.
• Participate in the periodic program review.

4.3 AED Caretaker

Departmental AED Caretakers are responsible for the day-to-day management of the
department’s AED Program, this includes:
• Maintaining valid First Aid CPR/AED Training.
• Performing monthly inspections of the AED.
• Ensure that adequate AED-related supplies and recommended ancillary medical equipment are kept on-hand.

5. AED/CPR Training Providers

Individuals can be trained to use an AED in a sudden cardiac arrest emergency. These individuals are trained to operate AED units through a certified external agency (such as St. John Ambulance, or the Canadian Red Cross) or a certified trainer from the University. For additional information on AED/CPR training, contact the Department of Environmental Health & Safety.

6. Purchasing

Any AED purchase must be approved by the Department of Environmental Health and Safety. Approval will be granted based on the need for the AED and the department having an approved AED program.

7. AED Locations

AED coverage for the campus is provided by mobile units carried year-round by Campus Security and Queen’s First Aid during the academic year. Additional AEDs are in various buildings on campus. Units that are not publicly available due to them being purchased for a specific departmental or unit need are considered auxiliary and will not be listed as being publicly available on the Department of Environmental Health and Safety website.

8. Departmental AED Program and Protocols

To have an AED each department must establish a written program and protocols that include at a minimum the following components:

- Coordination with the AED Program Director.
- Identification of authorized AED and ancillary equipment.
- Location and/or assignment of AED unit(s).
- Training and/or certification requirements for personnel.
- Procedures for:
  - Maintenance and replacement of AED battery and ancillary equipment.
  - Use of AEDs.
9. Revision History

February 2016 - 1.0 Initial Release
March 2022 – 2.0 Minor changes
April 2023 – 3.0 Review and minor edits
Appendix A

Automated External Defibrillator (AED) Application Form

Contact Information

<table>
<thead>
<tr>
<th>Department:</th>
<th>Building:</th>
<th>Departmental AED Owner:</th>
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<table>
<thead>
<tr>
<th>Phone:</th>
<th>Fax:</th>
<th>Email:</th>
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AED Information

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model</th>
<th>Serial #</th>
<th>Purchase Date</th>
<th>Location</th>
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</tbody>
</table>

Trained AED Users

<table>
<thead>
<tr>
<th>Name</th>
<th>Training Provider</th>
<th>Training Date</th>
<th>Phone Number</th>
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<tr>
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The AED Owner agrees to:

1. Take reasonable measures to assure that the AED is used by trained AED users.
2. Ensure that all personnel authorized to use the AED have current training documentation on file and is made available to the Department of Environmental Health and Safety (EHS) upon request.
3. Maintain, service and test the AED according to the manufacturer’s guidelines and keep documentation.
4. Make the AED available to EHS for post incident data retrieval.
5. Establish procedures, including steps to notify EHS after the AED has been used.
6. Submit documentation (Appendix B) of any event, incident that results in the use or possible use of the AED to EHS.

Submit this form along with a copy of your AED Program and Protocols which is specified within Section 6 of the Automated External Defibrillator (AED) Program SOP.

Print Name: ____________________    Signature: ____________________    Date: _____________
# Appendix B

## Automated External Defibrillator (AED) Post Incident Form

*Use this form to report any event, incident or situation that resulted in the use or possible use of an AED.*

<table>
<thead>
<tr>
<th>Department:</th>
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<tbody>
<tr>
<td>Location of incident:</td>
<td></td>
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<tr>
<td>Date of incident:</td>
<td>Time of incident:</td>
</tr>
<tr>
<td>Name and phone number of person(s) who found the patient:</td>
<td></td>
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<tr>
<td>Name and phone number of person(s) who determined patient was unresponsive:</td>
<td></td>
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<tr>
<td>Name and phone number of person(s) who operated the AED:</td>
<td></td>
</tr>
<tr>
<td>Did the patient have a pulse? <strong>YES / NO</strong></td>
<td>How was the pulse checked?</td>
</tr>
<tr>
<td>Was the patient breathing? <strong>YES / NO</strong></td>
<td>How was breathing checked?</td>
</tr>
<tr>
<td>Was 911 called? <strong>YES / NO</strong></td>
<td>If yes, when were they called?</td>
</tr>
<tr>
<td>Briefly describe the event, incident or situation that resulted in the need for an AED:</td>
<td></td>
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<tr>
<td>Was the AED applied to the patient? <strong>YES / NO</strong></td>
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<tr>
<td>If yes, describe what actions the AED advised and how many times the patient was defibrillated:</td>
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<tr>
<td>Status of patient when EMS personnel arrived:</td>
<td></td>
</tr>
<tr>
<td>Did the patient have a pulse? <strong>YES / NO</strong></td>
<td>How was the pulse checked?</td>
</tr>
<tr>
<td>Was the patient breathing? <strong>YES / NO</strong></td>
<td>How was breathing checked?</td>
</tr>
<tr>
<td>Name of patient if known:</td>
<td></td>
</tr>
<tr>
<td>Printed name of the person completing this form:</td>
<td></td>
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<tr>
<td>Contact Information:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>