

GENERAL ORDER



Title Automated External Defibrillator (AED)		
Topic	Series	Number
OPS	307	03
Effective Date July 13, 2022		
Replaces SO-03-18 (Automated External Defibrillator), Effective Date October 20, 2003		

DISTRICT OF COLUMBIA

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I. PURPOSE

The automated external defibrillator (AED) is a medical device that is used when a person is in cardiac arrest. An AED can analyze the heart's rhythm and, if necessary, deliver an electrical shock, or defibrillation, to help the heart re-establish an effective rhythm. It is the policy of the Metropolitan Police Department (MPD) to activate the use of the AED under the supervision and authority of the District of Columbia Fire and Emergency Services (DCFEMS) medical director. The purpose of this order is to establish AED procedures.

II. PROCEDURES

A. Authorized Use

1. Only members who have received department training in cardiopulmonary resuscitation (CPR) and in the use of the AED are authorized to use an AED. Pursuant to [DC Official Code § 7-2371.03](#) and the [Cardiac Arrest Survival Act of 1999](#), members who have been trained to use the AED are protected from civil liability when the AED is used in a good faith effort to render emergency medical care absent any act involving gross negligence.
2. Members are prohibited from using the AED on persons who are:

Prohibitions
a. Obviously dead or have signs of prolonged death (e.g., body decomposition);
b. Conscious/responsive or confirmed not in cardiac arrest;
c. Located in hazardous environments (e.g., chemical, electrical, flammable);
d. Being moved or in a moving vehicle; and
e. On wet surfaces that could conduct electricity between persons.

B. AED Management

1. The Metropolitan Police Academy (MPA) commander shall designate a central AED coordinator to facilitate the department’s AED needs. Central AED coordinator responsibilities include:

Central AED Coordinator Responsibilities
a. Establish the curriculum and training standards;
b. Coordinate initial recruit training and Professional Development Training (PDT) recertification of all sworn members;
c. Maintain personnel training records, including training date and training expiration date, and issue a quarterly updated list of members newly trained or re-certified in the use of the AED;
d. Address all AED maintenance and service issues;
e. Ensure that all maintenance records are properly maintained at MPA;
f. Collect and store copies of reports produced by the AED, copies of all AED-related incident reports, and other related records for five years;
g. Act as the liaison with DCFEMS, DC Medical Director, and MPA regarding AED incident reports and equipment issues;
h. Immediately remove from service any AED with unusual occurrences or malfunctions and report the occurrence, in writing, to the chief of police, medical director, DCFEMS AED system administrator, and the manufacturer; and
i. Conduct a documented annual inventory of all AED devices and equipment by auditing all element inventory results in addition to inventory stored at MPA.

2. Each element commander shall designate an element AED coordinator to facilitate the element’s AED needs. Element AED coordinator responsibilities include:

Element AED Coordinator Responsibilities
a. Ensure that all AED-certified members are trained and re-certified;
b. Ensure all reports regarding AED use are prepared accurately and forwarded to the central AED coordinator;
c. Track AED equipment and report any malfunctions to the central AED coordinator;
d. Ensure that portable AEDs are made available to the roll call sergeant for each shift; and
e. Submit a documented annual inventory of all AED devices and equipment assigned to the element for submission to the central AED coordinator by January 15 th .

3. Element commanders shall designate a secure location to store AEDs and related equipment and records.
4. Members shall not attempt to repair defective or inoperable AED equipment. Upon discovery of damaged or inoperable AED equipment, members shall execute a PD Form 43 (Report of Damage to or Loss of Government Property) and, when applicable, document the damage on their vehicle accountability log and operation record (VALOR) form. Members shall submit the PD Form 43 to the element AED coordinator

who shall coordinate maintenance with the central AED coordinator.

5. Element commanders shall ensure that all available portable AEDs are distributed during each shift. Element commanders shall also authorize AED deployment for specific events or details where it is anticipated that an ambulance will not be readily available.
6. Roll call officials shall identify members during each shift certified in CPR/AED who shall be given portable AEDs for use on patrol. Roll call officials shall issue portable AEDs and record the AED assignments on the roll call sheet. At the end of the shift, check-off officials shall receive the issued AEDs and deliver them to the roll call sergeant or the watch commander for the following shift.
7. Prior to taking an AED for use on patrol, members shall complete the appropriate sign out sheet and ensure that the AED is working properly with all required equipment present. Members shall replenish any shortage of supplies prior to leaving the district.
8. When on patrol, members shall secure the AED in the vehicle's trunk or other locking compartment. In the event that the temperature becomes very hot or cold, members shall secure the AED in the vehicle's passenger compartment.
9. AED-equipped members shall notify the Office of Unified Communications (OUC) that there is an AED in their vehicle and be available to respond to medical emergency calls that require the use of the AED.

C. Administering the AED

CPR/AED certified members shall prepare to apply the AED on persons who are unconscious/unresponsive **and** who are not breathing normally, as soon as practical. Early chest compressions and application of the AED is potentially lifesaving. Members shall:

1. If multiple responders are available, one member should provide uninterrupted chest compressions while the AED is being prepared for use.
2. Minimize interruptions in chest compressions. All interruptions in CPR shall be as short as possible and no greater than 10 seconds.
3. Remove any medication patches on the chest and wipe off any residue.
4. Apply AED pads directly to the person's chest as shown on the pad packaging. Members shall **not** place the AED pads over cardiac pacemakers or internal defibrillators (usually located in the upper left quadrant of the patient's chest).

5. Turn on AED and follow the voice prompts.
6. Stop chest compressions and clear the patient for rhythm analysis. Ensure no one touches the person while the AED performs its analysis.
7. If it indicates “shock advised,” continue chest compressions while the AED is charging.
 - a. Once the AED is charged, stop compressions and assertively state “I’m clear - everyone clear” and visualize that no one—including him or herself—is in contact with the person;
 - b. Defibrillate by depressing the shock button;
 - c. Once the shock is delivered, immediately resume chest compressions; and
 - d. After two minutes of chest compressions, check for a pulse, repeat AED rhythm analysis, defibrillate if prompted to do so by the AED, and repeat these steps of rhythm analysis and defibrillation every two minutes.
8. If it indicates “no shock advised,” immediately resume chest compressions for two minutes and then repeat AED rhythm analysis.
9. Upon arrival of DCFEMS, be guided by their direction. For continuity of medical care, the AED, connector, and pads will remain with the subject, unless otherwise directed by the paramedics.

D. Post-AED Use

1. Members shall document the incident in the records management system (RMS) as an “AED Use” incident and include the following information in the narrative, as applicable:

Narrative Information
a. Patient information (i.e., name, address, telephone number, and age);
b. Witness information (i.e., name, address, and telephone number);
c. Time of cardiac arrest and time treatment was started;
d. Number of shocks delivered;
e. Identity of any civilians that initiated cardiopulmonary resuscitation;
f. Administering member’s name;
g. AED serial number and patient response; and
h. Information outlining the use of the AED.

2. In the event of an in-custody death involving the use of an AED, the on-scene official shall ensure that the Homicide Branch is notified to respond and retrieve the AED device that was used.

3. Members shall submit the report to the element AED coordinator prior to the end of the member's shift.
4. The element AED coordinator shall review the report for accuracy and submit the report to the central AED coordinator by emailing it to the MPA adminbox prior to the end of the element AED coordinator's shift. The central AED coordinator shall review reports for accuracy and submit all reports to the CIC, DC medical director, and DCFEMS AED system administrator. All reports shall be retained by MPA for five years.



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