

SPECIAL ORDER



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DISTRICT OF COLUMBIA

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I. BACKGROUND

It is estimated by the American Heart Association that up to 70% of all victims suffering sudden cardiac arrest (SCA) could be saved if defibrillation can be administered within the first few minutes of onset. On an average day in America, 1000 adults die from SCA. Currently, the chance of surviving a SCA in the United States is less than one in twenty. Without prompt treatment with a defibrillator, SCA is almost always fatal. Since most SCAs occur outside the hospital setting, efforts have focused on providing prompt delivery of emergency care to victims while at the location of the SCA. According to the American Heart Association, the lack of availability and usage of defibrillation is currently the weakest link in the prevention of death caused by SCA.

The Metropolitan Police Department has chosen for use, one of a new generation of defibrillators called the Automated External Defibrillator (AED). The unit is expected to assist the first responder in creating a better chance of survival to a cardiac arrest victim. The AED is a medical device used to correct a lethal heart rhythm encountered in over 80% of cardiac arrest victims. The AED delivers a dose of energy from a battery-operated device that is attached to a patient who is not breathing and has no pulse. The unit will shock only after it is attached to an unconscious, apneic and pulseless patient and the device recognizes a lethal cardiac rhythm. The lethal cardiac rhythms will either be ventricular tachycardia or ventricular fibrillation. The device will deliver the shock for these rhythms only. The AED will not jump start a dead heart or affect a "flat line" in any manner. The unit delivers shocks in an escalating manner, starting at 200 joules of energy and ending at 360 joules of energy. This is equivalent to about 40,000 to 60,000 volts of electricity. The unit will not deliver shocks unless all conditions are right, and as a precaution, will deliver shocks both limited in number and strength, while recording the entire event. Although the unit is simple to operate, training is mandatory.

II. POLICY

The policy of the Metropolitan Police Department is to activate the use of the Automated External Defibrillator Program, under the supervision and authority of the Medical Director of the DC Fire/EMS Department.

III. RULES

- A. Only members who are currently certified in Cardiopulmonary Resuscitation-Defibrillation (CPR-D) and in the use of Automated External Defibrillators are authorized to use an AED. (Members certified in Cardiopulmonary Resuscitation (CPR) are reminded to continue to perform CPR functions, until certified to utilize the Automated External Defibrillators).
- B. Members of the MPD who have been trained to use the AED and/or are currently re-certified in AED usage, are protected from civil liability when utilizing a defibrillator, in a good faith effort to render emergency medical care to a sick/injured person, absent any act involving gross negligence. This limited protection is derived from the D.C. Official Code § 4-701 and from Federal Law containing the Cardiac Arrest Survival Act of 1999.

IV. REGULATIONS

Members are prohibited from using the AED on:

- 1. Persons under 12 years of age, unless they weigh 90 lbs. or more;
- 2. Persons under 90 lbs., unless they are 18 years or older;
- 3. Persons who are located in hazardous environments (i.e., chemical, electrical, flammable, etc.);
- 4. Wet surfaces that can conduct electricity between the rescuer and the person;
- 5. A conscious person;
- 6. Persons while in or on a moving vehicle; or
- 7. Persons while they are being moved from one location to another.

V. PROCEDURAL GUIDELINES

- A. Prior to taking an AED for use on patrol, members shall:
 - 1. Complete the appropriate sign out sheet;

2. Review the laminated checklist attached to the unit, ensuring that it is working properly and that all required equipment is present;
 3. Correct any shortage of supplies prior to leaving the district/unit;
 4. Notify the dispatcher that there is an AED in the vehicle and that he/she is CPR-D certified. Be available to respond to medical emergency calls that require the use of an AED.
- B. When securing the AED in a patrol vehicle, members shall:
1. Place the device in the trunk of their vehicle or other locking compartment when on patrol;
 2. If necessary, use the carrying case strap of the AED to fasten the unit within the vehicle to prevent it from becoming damaged; and
 3. Secure the AED in the passenger compartment of their vehicle, in the event that the temperature becomes very hot or very cold.
- C. Certified members who encounter an individual in cardiac arrest (not breathing/no pulse) shall:
1. Check the patient's airway, breathing and circulation and apply the AED.
 2. **Not place the pads from the AED over:**
 - a. Cardiac pacemakers (usually located in upper right quadrant of the chest);
 - b. Internal defibrillators (usually located in the lower left quadrant of the chest); or
 - c. Nitroglycerin patches (found in the upper arms or chest area). Remove patches and wipe the area clean prior to using the AED.
 3. Follow the prompts from the AED. If shock is advised, a verbal warning shall be given, "*I'm clear - everyone clear*" prior to shocking. Members shall ensure that:
 - a. The patient is not touched while the AED is making an assessment, and

- b. No one is in physical contact with the patient when shocks are administered. Give the verbal warning again (“I’m clear-everyone clear”).
 4. The AED may prompt you to deliver up to three shocks when no response is received from the patient. Anytime after the first shock is administered, and definitely after the third consecutive shock, the AED will prompt the rescuer to check for a pulse. If no pulse is detected, the rescuer will be prompted to start CPR for 1 minute. Once the minute has elapsed, the AED will prompt the rescuer to re-assess and analyze the patient. The process will be repeated until an EMT/Paramedic relieves the member.
 5. Upon being relieved by EMT/Paramedics, follow their direction regarding CPR/AED use. For continuity of medical care, the AED device, connector, and pads will remain with the patient, unless otherwise directed by the EMT/Paramedics.
- D. When an AED has been used, members shall:
1. Follow the DCFEMS unit to the hospital and upon retrieval of the AED device, proceed as soon as practical, to the nearest Fire House and have DCFEMS personnel download the information from the AED to the AED computer located at each Fire House. DCFEMS personnel will replace the disposable AED pads used by member.
 2. Document the incident on a PD 251 Incident Report “Cardiac Arrest” or “Sudden Death.”
 3. Include in the narrative of the report the following information:
 - a. Patient (Complainant) information – i.e., name, address, telephone number, and age;
 - b. Was the cardiac arrest witnessed by anyone? Provide witness information – i.e., name, address, and telephone number;
 - c. Time of cardiac arrest and time treatment was started;
 - d. Were shocks delivered? How many?
 - e. Did a civilian initiate cardiopulmonary resuscitation? If so, identify the civilian.
 - f. Member’s name using the AED, AED serial number and the patient response [if none, write none]. Also, include the information outlining the use of the AED.

4. Ensure that a copy of a PD 251 Incident Report is forwarded to the First Responder Coordinator at the Institute of Police Science and the Executive AED Coordinator, and the Synchronized Operations Command Center (SOCC), prior to the end of the member's tour of duty.
- E. The First Responder Coordinator, designated by the Director, Institute of Police Science, shall:
1. Be a member assigned to the Institute of Police Science.
 2. Be responsible for the initial and annual re-certification training programs for AED.
 3. Ensure that members are kept up to date with all changes in policy and procedure relating to AEDs.
 4. For training purposes, request all printed and/or computerized reports on the use of the AED from the DC Fire/EMS Department AED System Coordinator and obtain a copy of the PD 251 Incident Report.
 5. Maintain all 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.
- F. The District/Unit AED Coordinator, designated by the District Commander, shall ensure:
1. All District/Unit AED certified members are re-certified annually;
 2. All reports regarding AED use are prepared accurately and forwarded to the First Responder Coordinator and the Executive AED Coordinator;
 3. AED equipment is in working order (if equipment is not in working order, contact Executive AED Coordinator);
 4. All documents regarding AED use are accurate and forwarded appropriately; and
 5. Portable AED's are made available to the Roll Call Sergeant for each tour of duty.

- G. The Executive AED Coordinator, designated by the Director, Institute of Police Science, shall:
1. Be responsible for the entire AED Program to include establishing the curriculum and training standards.
 2. Be responsible for training and annual recertification of all AED certified members, in conjunction with the Director, Institute of Police Science.
 3. Coordinate all maintenance and service issues regarding the AED.
 4. Ensure that all maintenance records are kept at the Institute of Police Science.
 5. Collect and store copies of reports produced by the AED, copies of all PD 251 Incident Reports and other related records no longer than five (5) years.
 6. Act as the liaison with DC Fire/EMS Department, DC Medical Director, and the Institute of Police Science regarding all issues dealing with the AED.
 7. Forward copies of all AED incident reports to the DC Medical Director and DC Fire/EMS Department AED System Administrator located at the Continued Quality Improvement Office, 1018 13th Street, N.W., 3rd floor, Washington, DC 20005 (202- 673-3360 or 202-673-3160).
 8. Report any unusual occurrences or malfunctions of the AEDs in writing to the Chief of Police, Medical Director, DCFD AED System Administrator, and the manufacturer. Immediately remove from service the AED in question.
- H. Roll Call Officials shall:
1. Identify officers during his/her tour of duty certified in CPR-D and in the use of AED from the list of members, newly trained or re-certified, in the use of the AED issued quarterly by the First Responder Coordinator;
 2. Select the officers who shall be given portable AEDs for use on patrol;
 3. Issue portable AEDs to the selected officers;
 4. Record the AED assignments on the roll call sheet;

5. Deliver the roll call sheet to the;
 - a. Watch Commander,
 - b. District Station, and
 - c. Synchronized Operations Command Center (SOCC).
6. At the end of the tour of duty, receive the issued AEDs from officers, and deliver them to the Roll Call Sergeant or the Watch Commander for the following tour of duty.
 - I. District/Unit Commanders shall:
 1. Ensure AED training and guidelines are implemented and adhered to;
 2. Ensure that AEDs are taken for use on patrol by certified AED operators;
 3. Designate a supervisor to act as the AED District/Unit Coordinator and provide that name to the Executive AED Coordinator;
 4. Designate a secure location to store the AEDs and related equipment and records; and
 5. Authorize AED deployment for a specific event or detail, where it is anticipated that an ambulance will not be readily available.
 - J. The Director, Institute of Police Science, shall designate:
 1. An Executive AED Coordinator; and
 2. A First Responder Coordinator.

// SIGNED //
Charles H. Ramsey
Chief of Police

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