

DETROIT/EAST MEDICAL CONTROL AUTHORITY

SECTION SIX

AED/ADT ENDORSEMENT CRITERIA

SECTION 6 - AED/ADT ENDORSEMENT CRITERIA

Sec	Title
6.1	Criteria for Endorsement of AED Program
6.1.1	Guidelines for AED Program
	1. Physician Director of an AED Program
	2. Agency Staffing Requirements
	3. Candidate Requirements
	4. Training and Education
	5. Equipment
6.2	Application for AED Use
6.3	Personnel Removal and Reinstatement to AED Program
6.3.1	Removal
6.3.2	Reinstatement
6.4	ADT Use Procedures and Policies
6.4.	Goals
6.4.	Indications for Use
6.4.3	Contraindications for use
6.4.4	General Policy
6.4.5	Procedure for Use

SECTION 6.1 - CRITERIA FOR ENDORSEMENT OF AED PROGRAM

SECTION 6.1.1 - Guidelines for AED Program

1. Physician Director of an AED Program
 - A. Must be a member of the Detroit/East Medical Control Board and approved by the Project Medical Director. The Physician must have a minimum of four (4) hours training in the use of and AED and an awareness of MDPH requirements for AED training.
 - B. Is responsible for close medical supervision of all aspects of field operation. Automatic Defibrillator Technicians (ADT) will function under authority of the physician director's medical license.
 - C. Must participate in selection, training, and certification and provide written permission for the ADT to participate in the program.
 - D. Must prepare and submit to the Control Authority standing orders and protocols which are unit specific.
 - E. Review dual channel recorder tapes of each AED usage for quality assurance and protocol compliance.
 - F. Supervise and assure that education proficiency requirements are met.
 - G. Establish and maintain individual case records.
 - H. Provide data to the Department of Public Health as requested.
 - I. Be responsible for the removal and/or reinstatement of the individual ADT.
2. Agency Staffing Requirements
 - A. Each unit carrying an AED must be staffed in accordance with the minimum standards for MDPH. BOTH must be ADT's.
3. Candidate Requirements
 - A. Currently licensed as an EMT, EMTS, Paramedic or medical first responders.
 - B. Recommended by their employer or designated supervisor.
 - C. Have a current BCLS certification.
 - D. Be selected by the physician director.
4. Training and Education
 - A. All prospective ADT's must pass an eight (8) hour initial training course that conforms to MDPH criteria.
 - B. To continue to participate in the program, ADT's will continue to meet MDPH and DEMCA guidelines for re-certification.
 - C. Each ADT must practice with the equipment.

- D. Courses should be approved for ongoing education credit from MDPH.
 - E. Courses shall include:
 - 1. Knowledge of standing orders/protocols.
 - 2. Theory and technique of AED use, including operations, applications, maintenance and trouble shooting.
 - 3. Written and practical exams.
 - 4. Access to simulation equipment.
5. Equipment
- A. AED's used must automatically detect the presence of ventricular fibrillation and require no knowledge of rhythm interpretation.
 - B. AED's used must have the capacity to record dual channel voice and ECG data.
 - C. Daily checks of the equipment is a must to assure satisfactory performance.
 - D. Brand and model may be determined by the physician director and unit specification protocols must be submitted with the application prior to approval.

SECTION 6.2 - APPLICATION FOR AED USE

Applications must contain the following:

- 1. Equipment selection protocols and specific protocols for operation of the individual unit.
- 2. Documentation of response times and existing save rates.

SECTION 6.3 - PERSONNEL REMOVAL AND REINSTATEMENT TO AED PROGRAM

SECTION 6.3.1 Removal

- 1. All EMS personnel will be expected to follow the procedures and protocols as stated in this policy. In such an event that the physician director determines that the EMT is in violation of these protocols, the EMT will not be allowed to continue as an Automatic Defibrillator Technician (ADT).
- 2. The following conditions are stated whereby the ADT will forfeit his/her right to perform the procedures described in the ADT policy:
 - A. In case of proved non-professional behavior by the ADT.
 - B. Failure to follow the Protocols as prepared.
 - C. Failure to meet all educational requirements as defined in the policy.
 - D. Failure to demonstrate necessary (minimal skills or performance levels).

SECTION 6.3.2 - Reinstatement

- 1. If the ADT can satisfactorily prove that the violations for which he/she was removed no longer exist, the physician director may reinstate or restore the ADT to his/her previous level.

2. Proof may require repeating the initial AED course. At the very minimum, it will require satisfactory demonstration of skills.

SECTION 6.4 - ADT USE PROCEDURES AND POLICIES

SECTION 6.4.1 - Goals

1. Ventricular fibrillation is shocked repeatedly if needed, and as fast as possible.
2. CPR is interrupted for a minimum of time.
3. Overall patient care and safety are never neglected.

SECTION 6.4.2 - Indications for Use

1. Unconsciousness.
2. Absence of breathing.
3. Absence of pulse.

SECTION 6.4.3 - Contraindications for Use

1. Patient under twelve (12) years of age and seventy (70) pounds.

SECTION 6.4.4 - General Policy

1. Upon arrival at the scene and verification of cardiopulmonary arrest, the ADT does not wait for CPR to be performed for any set period of time, but proceeds to activate the AED as soon as possible.
2. Certified ADT's are authorized to deliver up to six (6) counter shocks without restoration of pulse before discontinuing use of the AED. If during the course of up to six (6) shocks the patients pulse is restored, and then again lost, a cycle of up to six (6) additional shocks may be delivered.
3. The patient may receive a counter shock once transport has begun if indicated by the AED only after the transporting unit has been brought to a complete stop and the safety of all personnel has been assured.
4. On a two person response team, one EMT initiates one-man **CPR** and continues in this role throughout resuscitation. The second EMT becomes the ADT and directs the resuscitation effort. The ADT is in charge of patient care.
5. On a three person response team, two EMT's initiate two-man **CPR** and continue in this role throughout the resuscitation. The third EMT becomes the ADT and directs the resuscitation effort. The ADT is in charge of patient care.

SECTION 6.4.5 - Procedure for Use

1. Immediately verify cardiopulmonary arrest by absence of normal consciousness, absence of respirations and absence of pulse.
2. Initiate CPR with supplemental oxygen.
3. Turn on power to AED, and reorder if controlled separately.
4. Begin verbal report:

- A. Identify yourself and your responding unit.
 - B. Briefly describe the situation.
 - C. Report each step as you proceed through the cycle.
 - D. Continue to report events as they occur.
5. Attach electrode pads to the patient and hyperventilate with four (4) breathers.
 6. Discontinue CPR on cue from AED for rhythm assessment.
 7. Follow AED direction to either "STAND CLEAR", or "CHECK BREATHING AND PULSE".
 8. If six (6) shocks are delivered without return of pulse, discontinue use of AED, initiate CPR and transport.
 9. If the AED directs to "Check Breathing and Pulse" after first assessment phase without delivering a shock resume CPR for one minute, until directed to "Stand Clear" by the AED. If AED does not deliver a shock after the second assessment phase, shut off AED, resume CPR and transport.
 10. If pulse is restored, monitor the patient, support ventilation and transport. If the pulse is again lost, initiate the shock cycle again for up to a maximum of six (6) shocks.
 11. If delays of more than five seconds are encountered due to battery problems, artifact trouble shooting, uncertainty of rhythm, and so on, resume CPR until the problem is corrected, then reassess. Delays of more than five (5) seconds are permitted only during assessment and shock cycles by the AED.