

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-08

SUBJECT: EMERGENCY SERVICES

POLICY: Emergency medical services will be available to inmates incarcerated at all Department of Corrections' facilities on a 24-hour basis. To facilitate these services, mandown bags and AED's will be available in designated areas throughout the institution and will be adequately stocked and maintained.

REFERENCE: OAR 291-124-020 and 291-124-035(3)
NCCHC Standard P-E-08
ODOC Emergency Preparedness Plan
ODOC AED Policy 20.6.16

PROCEDURE:

- A. All health care personnel will be trained in cardiopulmonary resuscitation (CPR), the use of automatic external defibrillator (AED), and emergency medical response procedures. All Health Services personnel will have current CPR certification. The level of certification will be appropriate for their job assignment and will include return skills demonstration.
- B. All correctional staff will be trained in the recognition of medical emergencies, cardiopulmonary resuscitation, the location of first response emergency equipment, and procedure(s) to obtain emergency assistance.
- C. It is the responsibility of the MSM or designee at each institution to clearly assign responsibility for response to medical emergencies. This designation may be combined with other assignments.
- D. The emergency response nurse designated by the MSM or NM will be responsible for checking the Health Services AED(s) on a daily basis, and will complete the daily checklist. (See Attachment 6)
- E. O2 Tanks will be checked after each emergency and /or monthly.
- F. The emergency response nurse will obtain a mandown bag, and if appropriate, the AED and emergency medication box and proceed to the scene immediately upon receiving the request for assistance.
 1. Strategic locations for mandown bags, AED(s) and other emergency equipment are identified in the attachments to policy and procedure P-A-07, Emergency Response Plan, and in the Department of Corrections Emergency Preparedness Plan.

2. Mandown bags are stocked with various items, which include but are not limited to items on the attached list. (See Attachment 2)
 3. AED outer cases are stocked with various items, which include but are not limited to items on the attached list. (See Attachment 6)
- G. After each emergency response, the designated emergency response nurse will assure that all emergency equipment is properly checked and all supplies are replaced and the emergency equipment and supplies are returned to the proper location and are ready for use.
- H. Health status of the inmate(s) for whom emergency assistance was requested will be assessed and the inmate's condition stabilized.
- I. Emergency health conditions may be treated according to directions in specific written nursing protocol by health services and mental health nurses.
- J. The emergency response, assessment and treatment provided are documented in the inmate's health record, timed, dated and signed.
- K. If transport of the inmate is necessary, correctional staff will be notified by the nurse as to mode of required transport.
1. If life threatening or deemed necessary, an ambulance will be designated.
 2. If non-emergency and inmate is ambulatory, designate institution transport.
- L. The institution will be responsible to arrange for the necessary transportation as designated.
- M. When possible, written information will be provided by Oregon Department of Corrections health care personnel to emergency medical technicians to include:
1. History of the emergency condition.
 2. Treatment given.
 3. Present status with most recent vital signs.
 4. Suspected diagnosis.
 5. Other pertinent information.
 6. Allergies.

The hospital emergency room will be provided with information as outlined in Policy and Procedure #P-D-05, Hospital and Specialty Care.

- N. A hospital located within the same community as each correctional facility has been designated for emergency care as follows:
1. All Salem institutions: Salem Memorial Hospital or Santiam Hospital
 2. CCCF: Meridian Park Hospital
 3. CRCI: Portland Adventist Medical Center
 4. DRCI: St. Charles - Madras
 5. EOCI: St. Anthony Hospital
 6. PRCF: St. Alphonsus Medical Center, Baker City, OR

7. SCCI: Bay Area Hospital and Lower Umpqua Hospital
8. SRCI: St. Alphonsus Medical Center, Ontario, OR
9. SFFC: Tillamook Hospital
10. TRCI: Good Shepherd Community Hospital
11. WCCF: Lake District Hospital

Once the community emergency response system has been activated, an inmate may be transported to a facility designated by the trauma system as appropriate for treatment of the emergency.

- O. If resuscitation measures are initiated, they are to be continued until the inmate's care has been transferred to emergency personnel or a physician ends emergency care.
- P. The Medical Services Manager will confer with local ambulance if necessary.
- Q. The Medical Services Manager, acting as the AED Coordinator for the Health Services area, or designee, is responsible for monthly inspections and replenishment of emergency supplies and this documented on a monthly flow sheet according to Policy and Procedure #P-A-07, Emergency Response Plan and the Monthly and Annual checklist for the Health Services AED(s). (See Attachment 4)

Effective Date: _____

Review date: August 2014

Supersedes P&P dated: April 2014

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-08

SUBJECT: Emergency Medical Response to ODOC staff, contractors, volunteers or visitors in all Oregon Department of Corrections Facilities.

POLICY: In the event of a life threatening emergency involving ODOC staff, contractors, volunteers or visitors, licensed Health Services Personnel may administer treatment required to sustain life.

REFERENCE: Oregon Revised Statute (ORS) 30.800

- A. Licensed Health Services Personnel, working within their scope of licensure, may provide only the care that is required to sustain life as detailed in the attached ORS 30.800 (Oregon Good Samaritan Law), Addendum 1a.
- B. The patient will be transferred by EMS as soon as possible.
- C. Equipment and supplies that are available may be used during a life threatening emergency to sustain life as long as the staff has been properly trained to use them.
- D. Health Services staff are not authorized to administer care in a non-emergent situation; the patient will be referred to their personal medical provider for treatment.

State of Oregon Good Samaritan Law

30.800 Liability for emergency medical assistance.

(1) As used in this section, “emergency medical assistance” means:

(a) Medical or dental care not provided in a place where emergency medical or dental care is regularly available, including but not limited to a hospital, industrial first-aid station or a physician’s or dentist’s office, given voluntarily and without the expectation of compensation to an injured person who is in need of immediate medical or dental care and under emergency circumstances that suggest that the giving of assistance is the only alternative to death or serious physical after effects; or

(b) Medical care provided voluntarily in good faith and without expectation of compensation by a physician licensed by the Board of Medical Examiners for the State of Oregon in the physician’s professional capacity as a team physician at a public or private school or college athletic event or as a volunteer physician at other athletic events.

(2) No person may maintain an action for damages for injury, death or loss that results from acts or omissions of a person while rendering emergency medical assistance unless it is alleged and proved by the complaining party that the person was grossly negligent in rendering the emergency medical assistance.

(3) The giving of emergency medical assistance by a person does not, of itself, establish the relationship of physician and patient, dentist and patient or nurse and patient between the person giving the assistance and the person receiving the assistance insofar as the relationship carries with it any duty to provide or arrange for further medical care for the injured person after the giving of emergency medical assistance. [1967 c.266 §§1,2; 1973 c.635 §1; 1979 c.576 §1; 1979 c.731 §1; 1983 c.771 §1; 1983 c.779 §1; 1985 c.428 §1; 1989 c.782 §35; 1997 c.242 §1; 1997 c.751 §11]

30.801 Liability for emergency medical assistance with defibrillator.

(1) A person may not maintain an action for damages for injury, death or loss that results from acts or omissions of another person rendering emergency medical assistance with an automated external defibrillator.

(2) The provisions of this section do not apply to any person who renders medical assistance with the expectation of compensation.

(3) The immunity provided by this section applies only if:

(a) Before using an automated external defibrillator, the person using the defibrillator has received instruction in the use of defibrillators and in cardiopulmonary resuscitation in a course approved by the Department of Human Services;

(b) The person using an automated external defibrillator on another person calls 9-1-1 or such other emergency phone number serving the area as soon as possible after use of the defibrillator, and provides all information on the use of the defibrillator requested by the emergency medical service provider, as defined in ORS 41.685, or health care provider that assumes responsibility for the care of the person on whom the defibrillator was used;

(c) The automated external defibrillator has been maintained and tested in the manner required by the manufacturer’s guidelines;

(d) The person that acquired and maintains the automated external defibrillator has sought medical direction from a licensed physician in the use of the defibrillator and in cardiopulmonary resuscitation; and

(e) The person that acquired and maintains the automated external defibrillator has contacted at least one local emergency medical service provider, as defined in ORS 41.685, serving the area in which the defibrillator is used and has notified that organization of the location of the defibrillator.

(4) The immunity provided by this section applies to a person that acquires and maintains an automated external defibrillator, a person who uses the defibrillator on another person, a person that provides instruction in the use of defibrillators and in cardiopulmonary resuscitation pursuant to the requirements in subsection (3)(a) of this section, a physician who provides medical direction in the use of the

defibrillator and in cardiopulmonary resuscitation pursuant to the requirements in subsection (3)(d) of this section and any person that owns or exercises control over the property where the defibrillator is used. (5) Use of an automated external defibrillator is medical care for the purposes of ORS 30.800. Subject to the requirements of ORS 30.800, a person providing emergency medical assistance through the use of an automated external defibrillator may claim the immunity provided by ORS 30.800 if the person is not entitled to the immunity provided under the provisions of this section. (6) As used in this section, "emergency medical assistance" has the meaning given that term in ORS 30.800. [1999 c.220 §1]

30.803 Liability of certified emergency medical technician acting as volunteer. No person shall maintain a cause of action for injury, death or loss against any certified emergency medical technician who acts as a volunteer without expectation of compensation, based on a claim of negligence unless the person shows that the injury, death or loss resulted from willful and wanton misconduct or intentional act or omission of the emergency medical technician. [1987 c.915 §11]

30.805 Liability for emergency medical assistance by government personnel.

(1) No person may maintain an action for damages for injury, death or loss that results from acts or omissions in rendering emergency medical assistance unless it is alleged and proved by the complaining party that the acts or omissions violate the standards of reasonable care under the circumstances in which the emergency medical assistance was rendered, if the action is against:

(a) The staff person of a governmental agency or other entity if the staff person and the agency or entity are authorized within the scope of their official duties or licenses to provide emergency medical care; or

(b) A governmental agency or other entity that employs, trains, supervises or sponsors the staff person.

(2) As used in this section, "emergency medical care" means medical care to an injured or ill person who is in need of immediate medical care:

(a) Under emergency circumstances that suggest that the giving of assistance is the only alternative to serious physical aftereffects or death;

(b) In a place where emergency medical care is not regularly available;

(c) In the absence of a personal refusal of such medical care by the injured or ill person or the responsible relative of such person; and

(d) Which may include medical care provided through means of radio or telecommunication by a medically trained person, who practices in a hospital as defined in ORS 442.015 and licensed under ORS 441.015 to 441.087, and who is not at the location of the injured or ill person. [1979 c.782 §8; 1981 c.693 §27; 1985 c.747 §48]

30.807 Liability for emergency transportation assistance.

(1) No person shall maintain an action for damages for injury, death or loss that results from acts or omissions in rendering emergency transportation assistance unless it is alleged and proved by the complaining party that the person rendering emergency transportation assistance was grossly negligent. The provisions of this section apply only to a person who provides emergency transportation assistance without compensation.

(2) As used in this section, "emergency transportation assistance" means transportation provided to an injured or ill person who is in need of immediate medical care:

(a) Under emergency circumstances that suggest that the giving of assistance is the only alternative to serious physical after-effect or death;

(b) From a place where emergency medical care is not regularly available;

(c) In the absence of a personal refusal of such assistance by the injured or ill person or the responsible relative of the person; and

(d) Which may include directions on the transportation provided through means of radio or telecommunications by a medically trained person who practices in a hospital, as defined in ORS 442.015 and who is not at the location of the injured or ill person.

[1987 c.915 §10; 1997 c.242 §2]

**ODOC - HEALTH SERVICES
MANDOWN KIT**

QTY.	DESCRIPTION	EXP.DATES		QTY.	DESCRIPTION	EXP.DATES
	<u>OUTSIDE POCKET</u>				<u>COMPARTMENT 4</u>	
1 ea	Ace Perfit Cervical Collar			10 ea	Sanidex sanitizer wipes	exp.
1 ea	CPR Mask Laerdal (White)			1 ea	Digital Thermometer w/covers	exp.
1 ea	Oxygen Mask and Nasal Canula			1 pr	Utility Scissors	
1 ea	Burn Sheet, sterile, 60x96, Disposable			1 ea	Airway small	
2 ea	Underpads (blue chux)			1 ea	Airway medium	
1 ea	Sharps Disp.Container, 1.5qt. BD#305487			1 ea	Airway large	
				4 ea	Tongue Blades	
	<u>COMPARTMENT 1 / INSIDE POCKET</u>			1 ea	Flashlight w/batteries	exp.
1 ea	Splints, air, full arm			1 ea	Penlight	
1 ea	Splints, air, full leg			2 ea	Face Masks, Ear Loop	
				2 ea	AA batteries	
				1 ea	MDI Chamber (Rx)	
	<u>COMPARTMENT 2</u>				<u>COMPARTMENT 5</u>	
2 pkg	Petroleum Dressing, 5x9, Xeroform	exp.			ziplock bag/yellow zipper bag	
2 ea	Combine Dressing 8x10 / 5x9					
10 ea	Dressing 4x4 Pads, sterile			1 ea	Irrigation Solution Nacl. 500ml	exp.
2 ea	Kerlix Dressing / Gauze 4"			1 ea	Eye Wash Solution 4oz.	exp.
2 ea	Gauze Roll 4", sterile			2 ea	Safety goggles plastic, clear	
1 ea	IV Start Kit			4 pkgs	Eye Pads sterile - 1 per package	
1 ea	Perf Meter					
	<u>COMPARTMENT 3</u>					
12 ea	Alcohol Prep Pads	exp.			ziplock bag/orange zipper bag	
1 ea	AssurePro Glucometer & test strips	exp.		5 pr	Exam Gloves N/S Small	
2 ea	AAA batteries	exp.		5 pr	Exam Gloves N/S Medium	
5 ea	Safety Lancets			5 pr	Exam Gloves N/S Large	
2 ea	Betadine/Povidine Swab Sticks	exp.		5 pr	Exam Gloves N/S Xlarge	
2 rl	Coban self adhesive roll 4"				ziplock bag/blue zipper bag	
1 ea	Microshield (for chest wound)			1 ea	Blood Pressure Cuff	
1 rl ea	Tape, cloth 1" & 2" roll			2 ea	Bio-Hazard Bags Red	
1 ea	Triangular bandage			1 ea	Stethoscope	
1 ea	Ace Wrap bandage 4"					
4 ea	Cotton Tip Applicators, 6" sterile				<u>ATTACH TO OUTSIDE OF BAG</u>	
1 ea	Rescue Blanket			1 ea	List of items in Bag	
				1 ea	Black notebook and pen	
				1 ea	Ambu Bag Disposable	
	Revised: March 2014	**after using bag, circle what has been used or what is needed				
	<u>Bag Location:</u>					
	<u>Refilled by:</u>				<u>Date refilled/checked:</u>	

Oregon Dept. Of Corrections
Health Services

Emergency Medication Box				revised 03/07/14						
Qty.	Medication & Misc. with expiration dates	Exp. Date	<input checked="" type="checkbox"/>	Qty.	Sharps & Supplies	Sharps Sign-Out				
			Initial							
1	EA ALUBUTEROL INHALER 17gm			1	EA SYRINGE, STANDARD 20CC					1
8	TAB ASPIRIN 81 mg Chewable U/D (4/dose)			1	EA SYRINGE, SAFETY 12CC					1
1	EA ATROPINE (0.1 mg/ml) 10ml INJ			2	EA SYRINGES, SAFETY 6CC			2		1
1	EA DEXTROSE 50% IV INJ 25gm			3	EA SYRINGES, SAFETY 3CC			3	2	1
1	EA DIAZEPAM INJ 5mg/ml 2ml (Valium)			2	EA NEEDLES green filter 18Gx1.5				2	1
4	caps DIPHENHYDRAMINE 50mg (Benadryl) U/D			2	EA NEEDLES green 18Gx1.5				2	1
1	EA DIPHENHYDRAMINE INJ (50mg/ml) 1ml (Benadryl)			8	EA NEEDLES purple 21Gx1.5			8	7	6 5
					(continued count) 21Gx1.5			4	3	2 1
2	EA EPI 1:1000 1mg/ml 1ml ampul			4	EA NEEDLES red 25Gx1			4	3	2 1
3	EA FUROSEMIDE INJ 10mg/ml 40mg (Lasix)			4	EA NEEDLE, SAFETY VACUTAINER 21Gx1			4	3	2 1
2	EA GLUCAGON IM KIT			1	EA NEEDLE, SAFETY VAC. BUTTERFLY 23Gx3/4					1
2	bags LACTATED RINGERS 500ml IV SOLN			2	EA IV CATHETER, SAFETY 18Gx1.25				2	1
2	EA LIDOCAINE INJ 2% (20mg/ml) 5ml			2	EA IV CATHETER, SAFETY 20Gx1				2	1
1	EA NALOXONE INJ 1mg/ml 2mg (Narcan)			2	EA IV CATHETER, SAFETY 22Gx1				2	1
				2	EA IV TUBING, PRIMARY SET 15D/ML				2	1
1	BT NITROGLYCERIN Sublingual 0.4mg 25 tbs			1	EA SCALPELS, SAFETY #11					1
6	TAB ORAL GLUCOSE TABS			1	EA SCALPELS, SAFETY #10					1
1	EA ORAL GLUCOSE GEL 15gm			2	EA TRACHEA NEEDLES 14Gx1.5				2	1
9	EA ALCOHOL WIPES			1	RL TAPE, CLOTH 1"					
5	EA BETADYNE WIPES or SWABSTICKS			1	RL TAPE, CLOTH 2"					
5	EA SANIDEX WIPES (replaced hibistat wipes)			1	RL TAPE, PAPER 1"					
2	EA TUBES RED			2	EA TOURNIQUETS					
2	EA TUBES BLUE (changed from gray)			4	EA TUBE/NEEDLE HOLDER, STANDARD					
2	EA TUBES PURPLE			10	EA BAND AIDS ASSORTED					
2	EA MDI CHAMBERS			1	BG GLOVES, 5 PAIR/1bag SMALL					
				1	BG GLOVES, 5 PAIR/1bag MEDIUM					
				1	BG GLOVES, 5 PAIR/1bag LARGE					
First item to expire _____ date _____				**Please note: Please account for sharps after emergency.						
Refilled or checked by _____ date _____				Revised: March 2014						

C:\Users\clarkv\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\IP9D4C16\Emergency Medication Box on U Drive.xls

**ODOC - HEALTH SERVICES
DISASTER PACK**

QTY.	DESCRIPTION	EXP.DATES		QTY.	DESCRIPTION	EXP.DATES
6 ea	CPR Mask Laerdal (White)			1 ea	Eye Irrigation Solution	EXP
2 ea	Cervical Collar			2 ea	Antiseptic Scrub 4% 8oz	EXP
1 ea	Ambu bag			5 ea	N/S IV Fluids 500 ML	EXP
20 ea	Alcohol prep pads			1 ea	Burn sheet Sterile	
12 ea	Antibicrobial Wipes	EXP		4 ea	Xeroform Petroleum Drsg	EXP
10 ea	Povidone-Iodine Wipes	EXP		3 ea	Self Adh Bdg 2"	
4 ea	Eye pads Sterile			3 ea	Self Adh Bdg 4"	
12 pkg	Sponge 4x4 Sterile 2/pkg			3 ea	Self Adh Bdg 6"	
1 pkg	Sponge 4x4 Non Sterile			2 ea	Elastic bandage 4"	
1 ea	Kerlix Dressing / Gauze 4"			2 pr	Gloves Sterile 7	
1 ea	Tape Paper 1"			2 pr	Gloves Sterile 8	
1 ea	Tape Cloth 1"			2 pr	Gloves Sterile 9	
1 ea	Tape Cloth 2"			2 bg/10	Gloves non Sterile Sm	
4 ea	IV Tubing W/ inj. Site			2 bg/10	Gloves non Sterile Med	
1 ea	Rescue Blanket			2 bg/10	Gloves non Sterile Lg	
2 ea	Bio-Hazard bags Red			2 bg/10	Gloves non Sterile X Lg	
1 ea	Sharps container Sm BD #305487			1 ea	Air splint arm	
5 ea	IV Start Kits	EXP		1 ea	Air splint leg	
	<u>Fanny Pack & or Zip Lock Bag</u>				<u>Fanny Pack and or Zip Lock Bag</u>	
2 ea	Tourniquets			1 ea	IV Tubing w/Inj Site	
1 ea	Penlight			2 ea	Needle 14g x 1.5" Tan	
1 ea	Flash light w/battery	EXP		2 ea	Needle 18g x 1.5" Green	
1 ea	Bandage scissors			2 ea	Needle 21g x 1.5" Purple	
1 ea	Utility scissors			2 ea	Needle 22g x 1" Blue	
1 ea	Stethoscope			2 ea	Needle 25g x 1" Red	
1 ea	Blood Pressure cuff			1 ea	Scalpels #10 SAFETY	
1 ea	Air way LG			2 ea	Butterfly 23g x 3/4" SAFETY	
1 ea	Air way med			2 ea	IV Cath 18g x 1 3/4" SAFETY	
1 ea	Kelly Forceps			2 ea	IV Cath 20g x 1 3/4" SAFETY	
				2 ea	IV Cath 22g x 1 3/4" SAFETY	
					<u>OUT SIDE OF BAG</u>	
10 ea	Post orders			1 ea	pen	
10 ea	Vests			1 ea	Note pad	
10 ea	Met tags			1 ea	List of Contents	
	Revised: March 2014					
	<u>Bag Location:</u>					
	<u>Expired Contents Checked or Refilled by:</u>				<u>Date refilled/checked:</u>	

Oregon Department of Corrections Daily AED Checklist

Facility _____	Unit _____
Readiness-for-Use Checklist: AED Date: _____ Covering Period: _____ to _____ (This checklist covers one month of daily checks)	

Institution Name/Identifier: _____ Mfr/Model No: _____ Serial/ID No. _____

At each scheduled time, inspect the AED, using the checklist below. Note any inconsistencies, deficiencies, and corrective action taken. If the device is not ready for use or out of service, write OOS on the "day of month" line and note deficiencies in the corrective action log.

<p>Daily Check:</p> <p>1. Visually inspect the AED:</p> <ul style="list-style-type: none"> a. In proper location. b. Clean, no spills. c. No signs of damage. d. All readiness-for-use status indicators light, indicates "ready" (green). e. If problem identified contact AED Coordinator. <p>AED Coordinator _____</p> <p>With clinical uses also check:</p> <p>1. Open AED lid</p> <ul style="list-style-type: none"> a. Listen for voice prompt. b. Replace used Electrode pads. c. Close AED lid. <p>2. Indicator light</p> <ul style="list-style-type: none"> a. All readiness-for-use status indicators light, Indicates "ready" (green). <p>3. AED cables and connectors</p> <ul style="list-style-type: none"> a. Observe the expiration date on the electrodes. b. Electrodes (ready for use) expiration date is visible. <p>4. Supplies available</p> <ul style="list-style-type: none"> a. 2 sets of unexpired electrode pads in sealed package. b. Personal protective equipment (gloves, barrier device). c. Razor. d. Hand towel or 4x4 to dry patient. <p>5. AED returned to ready-for-use status.</p> <p>6. Check battery expiration date</p> <ul style="list-style-type: none"> a. Date ([a] if previously used). _____ b. Date ([b] if never used). _____ <p>7. Number of times used _____</p> <p>8. Number of Shocks delivered _____</p>	<p style="text-align: center;"><u>Day of Month/Print Name and Initial</u></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p> <p>21. _____</p> <p>22. _____</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p> <p>26. _____</p> <p>27. _____</p> <p>28. _____</p> <p>29. _____</p> <p>30. _____</p> <p>31. _____</p> <p>Example: 5. October 5, John Jones JJ Note if used that day and Number of Shocks delivered.</p>
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Corrective Action Log

_____ _____ _____

Oregon Department of Corrections Monthly / Annual AED Checklist

Facility _____

Unit _____

Readiness-for-Use Checklist: AED

Date: _____ Covering Period: _____ to _____

(This checklist covers one year of monthly checks and includes the annual review and comments)

Institution Name/Identifier: _____ Mfr/Model No: _____ Serial/ID No. _____

At each scheduled time, inspect the AED, using the checklist below. Note any inconsistencies, deficiencies, and corrective action taken.

If the device is not ready for use or out of service, write OOS and note deficiencies in the corrective action log.

Monthly Checks:

1. Were all Daily checks Completed:

2. Visually inspect the AED:

- a. In proper location.
- b. Clean, no spills.
- c. No signs of damage.
- d. All readiness-for-use status indicators light, indicates "ready" (green).
- e. If problem identified contact AED Coordinator.

3. Open AED lid

- a. Listen for voice prompts.
- b. Close lid and confirm that status indicator light remains green.

4. AED cables and connectors

- a. Observe the expiration date on the electrodes.
- b. Electrodes (ready for use) expiration date is visible.

5. Indicator light

- a. All readiness-for-use status indicators light, indicates "ready" (green).

6. Supplies available

- a. 2 sets of unexpired electrode pads in sealed package.
- b. Personal protective equipment (gloves, barrier device).
- c. Razor.
- d. Hand towel or 4x4 to dry patient.

7. AED returned to ready-for-use status.

8. Check battery expiration date

- a. Date ([a] if previously used). _____
- b. Date ([b] if never used). _____

Annual Check:

In addition to the information completed on the monthly checks, also check:

1. Were all monthly checks completed?

2. AED cables and connectors.

- a. Remove electrodes, close lid, confirm status indicator turns red.
- b. Open lid and confirm the electrode indicator is lit, reconnect the electrodes and close lid.
- c. Observe the expiration date on the electrodes.
- d. Electrodes (ready for use) expiration date is visible.

3. Number of times used during the year _____

4. Number of Shocks delivered during year _____

Monthly Checks/Number of times used and number of shocks delivered/and Corrective Action Log

January _____

February _____

March _____

April _____

May _____

June _____

July _____

August _____

September _____

October _____

November _____

December _____

ANNUAL _____

Date/Print Name/Initial and describe problems noted:

Example: October 5, 2000 John Jones JJ AED electrode pads expired.

AED SUPPLIES

OUTSIDE POCKET	
QTY.	DESCRIPTION
1 EA	AED ELECTRODE PACKET (replacement)
1 EA	RAZOR
1 EA	TOWEL
1 EA	MULTI-TRAUMA DRESSING (to dry the patient)
1 EA	DOWNLOAD CABLE