ROCKFORD POLICE DEPARTMENT GENERAL ORDER - NUMBER 60.10 -	DISTRIBUTION ALL PERSONNEL	PAGE 1 OF 3

ORDER TITLE	SERIES NO.	SERIES TITLE / SUBJECT
AUTOMATED EXTERNAL DEFIBRILLATOR (A.E.D.)	60	AUXILIARY AND TECHNICAL

TOPICS / REFERENCE	APPENDICES
A.E.D., Emergency Response, First Aid, Heart Attack, Medical Aid	A, B, C

EFFECTIVE / ORIGINAL ISSUE DATE	REVISION / REISSUE DATE	EXPIRATION DATE
December 1, 2006	July 18, 2011	This order remains in effect until revised or rescinded

CALEA (5th Edition Standards)

POLICY

It is the policy of the Rockford Police Department to train employees in the use of the Automated External Defibrillator (A.E.D.); to offer aid consistent with the A.E.D. training; and to offer to medical personnel assistance consistent with A.E.D. training.

PURPOSE

The purpose of this Order is to establish policy, procedures and guidelines regarding the training, use, reporting and maintenance of the Department's Automated External Defibrillator (A.E.D.) machines.

These guidelines are not meant to be all-inclusive, since each incident must be dealt with on an individual basis, but are intended as broad guidelines to assist the employees and supervisors involved.

This General Order is comprised of the following numbered sections.

I. DEFINITIONS
II. EQUIPMENT
III. TRAINING
IV. A.E.D. RESPONSE
V. REPORTING REQUIREMENTS
VI. MAINTENANCE
VII. EFFECTIVE DATE
VIII. REVIEWS, REVISIONS AND CANCELLATIONS

APPENDICES

A. Swedish American Hospital Public Access Defibrillation (PAD) Utilization Form.

B. Public Access Defibrillation (PAD) A.E.D. Proficiency Evaluation Form.

C. Rockford Police Department Automated External Defibrillator Checklist Form.

I. DEFINITIONS

A. **AED:** An Automated External Defibrillator (AED) is an advanced medical device used by the first responders and emergency medical service to deliver an electrical shock through the chest wall to the heart. The AED has built-in computers which allow the device to determine if the patient's heart rhythm is eligible for shock.

B. **Trained A.E.D. User:** A person who has successfully completed a course of instruction in accordance with the standards of a nationally recognized organization such at the American Red Cross or the American Heart Association or a course of instruction in accordance with the rules adopted under ***410 ILCS 4/1 et al***.

II. EQUIPMENT

A. The Rockford Police Department has assigned six (6) Welch Allyn AED10 machines registered and approved by Swedish American Hospital EMS System.

B. AEDs are assigned to following areas of the Department for ready access:

1. Mobile Command van
2. Field Services-Hallway
3. Investigative Services-Hallway
4. Property and Evidence-Hallway
5. Public Safety Building-Lobby
6. Training Unit

Units may be moved to various locations within the Rockford Police Department with prior approval from the Deputy Chief of Administration.

III. TRAINING

A. All Sworn personnel will receive initial training in the use of the A.E.D.

B. CPR/A.E.D. training is not required for newly hired non-sworn personnel, but the opportunity for the training will be offered and provided if they choose to undergo the training.

C. Sworn and non-sworn personnel having received CPR /A.E.D. training meet the necessary requirements for operation of a Department A.E.D.

D. Re-certification is required every two years and will be scheduled by the Training and Personnel Unit.

IV. A.E.D. RESPONSE

Use of the AED will be in accordance with the American Heart Association Protocols or a course of instruction in accordance with rules adopted under 410 ILCS *4/ let al.*

V. REPORTING REQUIREMENTS

A. Whenever an A.E.D. is used in a rescue attempt, the person who used the A.E.D. will complete the Swedish American Hospital "Public Access Defibrillation

(PAD) Utilization Form" (**Appendix A**) and the "Public Access Defibrillation (PAD) A.E.D. Proficiency Evaluation Form". (**Appendix B**)

B. Sworn personnel are also required to complete an incident report.

C. Non-sworn personnel will provide information on the use of the A.E.D. to a sworn officer who will complete the required incident report.

D. All required reporting documents will be forwarded to the supervisor of the Training and Personnel Unit for proper forwarding and/or follow-up on the use of the A.E.D.

E. When an A.E.D. is used in a resuscitation attempt, the unit will be forwarded to the supervisor of the Training and Personnel Unit for downloading of the call summary information.

VI. MAINTENANCE

A. The Training and Personnel Unit Supervisor or designee will be responsible for the monthly inspection and maintenance of all A.E.D.'s in use and deployed by the Department. A record of these inspections will be kept in the Training and Personnel Unit files **(Appendix C)**.

B. Any person finding a damaged or malfunctioning A.E.D. will inform the supervisor of the Training and Personnel Unit of the specific damage or problem encountered so proper repairs or replacement of the A.E.D. can be done.

VII. EFFECTIVE DATE

A. The Department's policy on Automated External Defibrillators (A.E.D) became effective on December 1, 2006

VIII. REVIEWS, REVISIONS AND CANCELLATIONS

A. This General Order will be reviewed each **July** by the **Accreditation Section** and, when necessary, revised or cancelled in accordance with the procedures for reviewing written directives established in General Order ***10.01 – Written Directives*****.**

B. This order does not supercede or cancel any previously issued Department policy or procedure.

C. Any employee with suggestions for revisions and/or improvements to this order are encouraged to submit their ideas to the **Deputy Chief of the Administrative Services Bureau.**

BY ORDER OF

_____

Chet Epperson
Chief of Police

APPENDIX A

SWEDISH AMERICAN HOSPITAL

Swedish American EMS System

1401 East State Street, Rockford, Illinois 61104, (815) 489-6081

PUBLIC ACCESS DEFIBRILLATION (PAD) UTILIZATION FORM

Use this form to report any event, incident or situation that results in the use of the AED

PAD provider name and organization: _____

Location of patient: _____

Date of incident: _____ Time of incident: _____

Name of patient (if available): _____

Name of person who operated the AED: _____

How was the pulse checked? _____ Did the patient have a pulse? Yes___ No___
(carotid, radial, ect.)

Was EMS (911) called? Yes ___ No ___ Was the patient breathing? Yes ___ No ___

Time EMS was called and by whom: _____

Briefly describe the event, incident or situation that resulted in the AED being brought to this patient.

Was the AED applied to the patient? Yes ____ No ___

Status of patient at the time of EMS personnel arrival

Patient breathing? Yes ____ No ____

Did the patient have a pulse? Yes ____ No ____

Name of person completing this report: _____

Telephone Number: _____ Signature: _____

Mail this from to:

EMS System Coordinator
Swedish American Hospital
EMS System
1401 East State Street
Rockford, Illinois 61104

APPENDIX B

PUBLIC ACCESS DEFIBRILLATION (PAD)
Automatic External Defibrillator
Proficiency Evaluation Form

This form is to be filled out by a trained AED provider who was at the incident location. It should be kept in a file at the organization, company or establishment with a cop forwarded to:

Richard Robinson, EMS System Coordinator
Swedish American Hospital
EMS System
1401 East State Street
Rockford, Illinois 61104

	Standard Met	Standard Not Met
Assess for unresponsiveness?	_____	_____
Call for EMS response (911)?	_____	_____
Patient assessed for initiation of CPR		
Airway open?	_____	_____
Two respirations provided?	_____	_____
Pulse assessed?	_____	_____
Initiated CPR if others available to assist?	_____	_____
Correctly attaches the AED to the patient and turns on the unit?	_____	_____
Clears the area around the patient?	_____	_____
Presses the analyze control?	_____	_____
Follows commands of the AED and is able to trouble shoot, if necessary?	_____	_____
Defibrillates the patient after ensuring the area around the patient is clear?	_____	_____
Assesses for a patient pulse?	_____	_____
Resumes CPR?	_____	_____
PAD provider has demonstrated minimum standards in all step?	_____	_____

COMMENTS:

Evaluator Name:_____

Evaluator Signature:_____ **Date:** _____

APPENDIX C

ROCKFORD POLICE DEPARTMENT

Automated Defibrillator Checklist

Date_____ Location_____

Inspection Performed by_____

Serial Number_____

Criteria	Status	Corrective Action /Comments
AED		
Placement visible,		
unobstructed and near phone		
Verify battery installation		
Check the status/		
service indicator light		
Note absence of visual/		
audible service alarm		
Inspect exterior components		
and sockets for cracks		
Supplies		
Two sets of AED pads		
in sealed package		
Check expiration date		
on pad packages		
Pocket mask with		
one-way valve		
Examination gloves		
Razors		
Absorbent gauze or hand towels		