

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.50</u>
SUBJECT: AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) PROGRAM PROPONENT: <u>Helen Hanks, Administrative Director</u> <i>Name/Title</i> <u>Medical/ Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>06/15/14</u> REVIEW DATE <u>06/15/15</u> SUPERSEDES PPD# <u>6.50</u> DATED <u>10/15/12</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- I. PURPOSE:
 To implement standardized procedures for the Department of Corrections' Automatic External Defibrillator (AED) Program that comply with the New Hampshire RSA Title XII Public Safety and Welfare Chapter 153-A:28 (attachment 1). The procurement and use of the AED at the DOC will be coordinated through the health services centers and the nursing staff.
- II. APPLICABILITY:
 To all nursing staff
- III. POLICY:
 Sudden cardiac arrest (SCA) is one of the leading causes of death among adults in North America annually claiming the lives of an estimated 225,000 in the United States alone. If the heart can be shocked quickly with an Automated External Defibrillator (AED), a normal health rhythm may be restored. The key is the speed with which the defibrillator takes place, if the shock is delivered within minutes after collapse, many victims can survive. Therefore, it is the NH Department of Corrections policy to assist the inmates, staff and guests in the event of cardiac arrest with the use of an AED. The AED Program is approved by the Commissioner of Corrections and will be implemented as described herein.
- IV. PROCEDURE:
 A. Responsibilities
 1. AED Health Services Program Coordinator
 a. The AED Health Service Coordinator shall be the Director of Nursing and meet the following requirements:
 1) Be certified or licensed in the State of New Hampshire as a Nurse
 2) Have successfully completed
 a) An AED training course provided by an approved AED training program
 b) An AED training course provided by an approved AED training course, CPR training

2. The AED Health Services Program Coordinator will provide an orientation for the operation, maintenance and location of the authorized AED unit to all individuals who will be authorized to operate the AED at DOC Health Services through collaboration and support for the DOC Training Department (attachment 2)
 3. The Program Coordinator will implement a quality assurance and maintenance program for the AED unit through collaboration and support from the Quality Improvement Department.
 4. The Program Coordinator shall adopt written operational policies and procedures (nursing procedures – attachment 3) regarding the operations and maintenance of the AED, which comply with the manufacturers' requirements.
 5. The Program Coordinator shall be responsible for placing the AED in a Health Service location, which meets the emergency response needs of the facility.
- B. Authorized AED Program Participants
1. The nursing staff has been trained and certified in the use of an AED by a certified training from American Red Cross. The correctional staff has been training via our departmental training division in the use of the AED. This certification will be maintained through our annual training requirements in CPR.
 2. The staff is required to follow all procedures and protocols contained in this document.
 3. Participants who utilize the Defibtech DDUI-100 at the DOC must notify the AED Coordinator as soon as possible after using the AED using the Quality Improvement (QI) Report Form (attachment 5) so that the State of NH AED Quality Improvement form is completed and returned to the NH Department of Safety, Bureau of Emergency Medical Services and the Bureau of Risk Management for the file.
- C. AED Protocol
1. The AED will be accessible at all times to the on-site nursing staff. No obstacles should be in the way of quick access to the AED.
 2. If the patient is non-responsive and has no signs of life, immediately begin CPR and AED.
 3. Press the On/Off switch to turn on the AED.
 4. Connect the electrode connector to the AED (if it is not already connected).
 5. Prepare the patient for electrode placement.
 6. Apply the electrodes to the patient's chest
 7. Follow the voice prompts provided by the AED.
 8. Press the SHOCK button if instructed by the AED
- D. Training
1. All DOC nurses will be trained in CPR and AED use. This training will conform to the American Red Cross or another nationally recognized training organization. Refresher courses will be required on an annual basis.
 2. The Bureau of Training will maintain documentation of all personnel authorized to operate the AEDs including the dates of the initial training for both AED and CPR and subsequent required refresher training.
- E. Reporting and Record Keeping
1. The Nurse Coordinators will maintain documentation of all routine maintenance, daily and monthly inspections and will be the point of contact for the Director of Nursing.
 2. The Director of Nursing will maintain the following records:
 - a. All AEDs and repairs
 - b. Monthly AED Safety Inspection Log Form from all sites (attachment 4)
 - c. State of NH AED Quality Improvement Form (attachment 5)
 - d. State of NH Registry Forms (attachment 6)
 3. AED State of NH Registry Forms

In accordance with the NH AED Laws, all AEDs must be registered with the State of NH. The AED Program Coordinator is responsible for registering all NH DOC Health Services AEDs and sending the completed paperwork to the NH Department of Safety, Bureau of Emergency Medical Services.

F. Equipment Maintenance

1. All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:
 - a. The AED Coordinator shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
 - b. Following use of emergency response equipment, all equipment should be cleaned and/or decontaminated as recommended in the user manual.
2. Routine Maintenance
All routine maintenance will be the responsibility of the facility's Nurse Coordinator or his or her designee.
 - a. The AED will perform a self diagnostic test every 24 hours that includes a check of the battery strength and an evaluation of the internal components.
 - b. DOC will provide the replacement battery and pads as indicated.

G. Program Evaluation

Once each calendar year, the AED Coordinator shall conduct and document a system of readiness review. This review shall include the following elements:

1. Training records are current and updated
2. Equipment operation and maintenance records

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

4-4390

Standards for Adult Community Residential Services
Fourth Edition Standards

4-ACRS-4C-05

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

HANKS/clr

Attachments

CHAPTER 153-A
EMERGENCY MEDICAL AND TRAUMA SERVICES
Automated External Defibrillator

Section 153-A:28

153-A:28 Intent. –

I. The use of automated external defibrillators addresses an important public health problem in New Hampshire. It is the intent of the legislature to encourage the use and availability of automated external defibrillators, along with training in the use of automated external defibrillators, for the purpose of saving the lives of people in cardiac arrest.

II. Further, the legislature strongly encourages dissemination of educational information regarding automated external defibrillators and encourages that access to these lifesaving devices be made widely available to businesses, schools, fire and police departments, and other public and private organizations throughout the state.

Source. 2000, 302:4, eff. June 21, 2000. 2002, 156:5, eff. July 14, 2002.

TITLE XII
PUBLIC SAFETY AND WELFARE

CHAPTER 153-A
EMERGENCY MEDICAL AND TRAUMA SERVICES
Automated External Defibrillator

Section 153-A:29

153-A:29 Definitions. – For purposes of this subdivision, ""automated external defibrillator" means a medical device which combines a heart monitor and defibrillator and:

- I. Has been approved by the United States Food and Drug Administration;
- II. Is capable of recognizing the presence or absence of ventricular fibrillation;
- III. Is capable of determining whether defibrillation should be performed; and
- IV. Automatically charges and requests delivery of an electrical impulse to an individual's heart, upon determination that defibrillation should be performed.

Source. 2000, 302:4, eff. June 21, 2000. 2002, 156:5, eff. July 14, 2002.

TITLE XII
PUBLIC SAFETY AND WELFARE

CHAPTER 153-A
EMERGENCY MEDICAL AND TRAUMA SERVICES
Automated External Defibrillator

Section 153-A:30

153-A:30 Training. – Every person, association, corporation or other organization that acquires an automated external defibrillator shall require anticipated responders expected to use the automated external defibrillator to receive training in cardiopulmonary resuscitation and automated external defibrillator use. This section shall not limit the use of the automated external defibrillator to the anticipated responder nor shall this section limit the provisions of RSA 153-A:31.

Source. 2000, 302:4, eff. June 21, 2000. 2002, 156:5, eff. July 14, 2002. 2008, 207:2, eff. Aug. 15, 2008.

TITLE XII
PUBLIC SAFETY AND WELFARE

CHAPTER 153-A
EMERGENCY MEDICAL AND TRAUMA SERVICES
Automated External Defibrillator

Section 153-A:31

153-A:31 Liability Limited. – Any person who, in good faith and without compensation, renders emergency care by the use of an automated external defibrillator shall not be liable for civil damages for any acts or omissions unless the acts or omissions were grossly negligent or willful and wanton. Any person, association, corporation or other organization that acquires and maintains an automated external defibrillator for emergency care shall not be liable for civil damages other than for gross negligence or willful and wanton acts or omissions. This section shall not limit civil liability protection provided by any other law.

Source. 2000, 302:4, eff. June 21, 2000. 2002, 156:5, eff. July 14, 2002.

TITLE XII
PUBLIC SAFETY AND WELFARE

CHAPTER 153-A
EMERGENCY MEDICAL AND TRAUMA SERVICES
Automated External Defibrillator

Section 153-A:32

153-A:32 Automated External Defibrillator Registry. – There shall be established in the department of safety a registry for all automated external defibrillators in the state. The department is authorized to release information from the registry to first responders in an emergency through the enhanced 911 system. Registration shall include the address and precise location of the automated external defibrillator.

Source. 2002, 156:2, eff. July 14, 2002.

TITLE XII
PUBLIC SAFETY AND WELFARE

CHAPTER 153-A
EMERGENCY MEDICAL AND TRAUMA SERVICES
Automated External Defibrillator

Section 153-A:33

153-A:33 Registration Required. –

I. The owner of an automated external defibrillator shall register with the department of safety under RSA 153-A:32 within 30 days of acquisition.

II. Manufacturers or distributors shall provide written notice to purchasers of the requirement to register automated external defibrillators with the department.

III. The provisions of paragraphs I and II shall not apply to owners who purchase an automated external defibrillator for use in a private residence.

Source. 2002, 156:2, eff. July 14, 2002

Nursing Supervisors

AED Coordinator Director of Nursing	271-6863
Nurse Coordinator Concord Men's Prison	271-6061
Nurse Coordinator SPU/RTU	271-1839
Nurse Coordinator Goffstown Women's Prison	668-6137 X 312
Nurse Coordinator Northern Correctional Facility	752-0364

NH DEPARTMENT OF CORRECTIONS
NURSING PROCEDURE DIRECTIVE

SITE: All Sites C-080

SUBJECT: EMERGENCY MEDICAL RESPONSE

DATE EFFECTIVE:

DATE REVIEW:

ISSUED BY:

- I. PLAN: Whenever a life threatening medical emergency occurs within the prison complex, a registered nurse will respond in accordance with PPD 6.47.
- II. ACTION:
- A. When notified of a life threatening emergency, a nurse will respond to the scene in accordance with PPD 6.47.
 - B. The nurse will respond with the emergency bag, portable oxygen and the automatic external defibrillator (AED)
 - C. In instances whereby there is only one nurse in the HSC, the nurse before leaving the HSC, is to notify the HSC officer that he/she is in charge. At NHSPM, the SPU nurse may be called as a backup and will respond if there are two SPU nurses on duty.
 - D. If there is no security officer in HSC, the nurse is to request relief before responding.
 - E. If there is a second nurse on at the HSC, the Inmate Data Sheet is to be completed and delivered by an officer to the ambulance team.
- III. DOCUMENTATION:
- Upon return from the scene, the nurse will document his/her assessment, findings and disposition of the inmate in the health record.
If the AED is used the AED Incident Report and Quality Improvement form is to be filled out and forwarded to the Director of Nursing.

Attachment: Administration of Oxygen during an emergency
Emergency Management – Anaphylaxis

C-080mn



NH Department of Corrections
Instructions for Completing AED Inspections and Recording – Nursing

All AED's have a data card that is used to store events collected by the AED Called a Difibtech Data Card (DDC)

Daily: The AED unit will be inspected daily. Enter on the daily log sheet.

Inspecting Nurses Initials:

Enter your initials legibly, (only trained individuals may perform daily inspections) and sign the legend

Battery Charged:

YES entry means there is a green blinking light-unit is off and ready to operate normally (this will go to solid green when unit is turned on)

NO entry means unit is not ready.

Red blinking light: AED is off and the AED or battery pack needs attention.

Steady-On red: AED is on and has detected an error.

ANY RED LIGHT The unit is to be pulled from service. Replace batteries to see if issue resolved. If issue not resolved remove from service and replace with back up unit.

Replace Daily inspection form and send sheet with the malfunctioning AED unit to the AED Coordinator

Pads Expired:

Put down the date the pads expire at the top of page

YES, entry means that they are present and attached to the Unit

NO entry means replace equipment ASAP

Monthly:

Monthly: (Last week of month)

The Active Status (indicated by green Flashing Light)

The Condition of the unit and accessories

Check pads and battery pack expiration dates

Check presence of Defibtech Data Card (DDC)

Document in the comment section: Monthly test done.

After an Event:

Fill out the state AED Incident and QI report (send report to Director of Nursing)

The unit is to be cleaned according to the user manual

Remove battery pack and reinsert, check that battery insertion self-test passes

Replace the pads

Check the DDC- review card according to user manual

Check the condition of the unit and accessories

Run a manually initiated Self-Test

Check the AED is in Active status (green light flashing) and ready for use

Document in comments section: AED Event- Unit ready for use

**New Hampshire Department of Safety
Bureau of Emergency Medical Services**



**Instructions for Completing the
Automated External Defibrillation (AED) Incident Report &
Quality Improvement Form**

Listed below are instructions intended to assist you while completing the AED Quality Improvement Form. The line numbers on this form correspond with the line numbers on the AED Quality Improvement Form. If you have any questions or need further assistance completing the form, please contact the NH Bureau of EMS at (603) 271-4568 or 1-888-827-5367.

Line 1	List the name of the entity providing the AED program.
Line 2	List the name of person who used the AED on the patient.
Line 3	Indicate the date and time the AED was used on the patient. For the date, indicate the month, day and year. For the time, indicate the hour and minutes of when the incident occurred.
Line 4	Indicate the patient's age and place a checkmark next to the patient's gender.
Line 5	Asking whether CPR was administered prior to use of the AED. Check whether CPR was attempted or not attempted.
Line 6	Check whether the patient's cardiac arrest was not witnessed, was witnessed by a bystander or was witnessed by the person who used the AED on the patient.
Line 7	Indicate the estimated number of minutes from the patient's cardiac arrest to when CPR was administered.
Line 8	Check whether shock was indicated or not indicated by the AED.
Line 9	Indicate the estimated number of minutes from the patient's cardiac arrest to the first shock from the AED. Also indicate the number of shocks given to the patient.
Line 10	Check the description(s) that best describes the patient after the use of the AED.
Line 11	List the name of the ambulance service that treated the patient and transported the patient to a hospital/medical facility.
Line 12	List the name of the hospital or other medical facility the patient was transferred to by the ambulance.
Line 13	List the name of the physician authorizing use of the AED program for your organization and providing Quality Assurance oversight.