

AUTOMATIC ELECTRIC DEFIBRILLATORS

Policy & Procedure

Policy:

It is the policy of this facility to respect each resident's individual, informed decision regarding advance directives and code status. In the event of cardiopulmonary arrest, Automatic Electric Defibrillators (AED) may be utilized on residents with full-code status and residents who have not declared a code status. AEDs will **not** be utilized on residents who have declared a no-code status.

Procedure:

Residents who have made the decision to receive life sustaining measures will have an Advanced Directive indicating that cardiopulmonary resuscitation is to be initiated should their heart stop functioning. A signed Consent to Treat and a Physician Order will also be maintained on the medical record. Cardiopulmonary resuscitation may be in the form of manual chest compressions or a combination of manual compressions and Automatic Electric Defibrillation (AEDs).

1. The general orientation process for new employees will include a review of this policy and procedure regarding Automatic Electric Defibrillator equipment (AED) and the policy and procedure regarding Cardiopulmonary Resuscitation (CPR). Employees who are trained in the use of defibrillators will also be provided with CPR certification training.
2. The general orientation process will include education on a facility specific overhead page that will be utilized to alert staff of a full code situation, location of AED equipment, in-service on the proper use of AED equipment and facility expectations regarding response time by staff members.
3. Staffing schedules will be maintained to ensure that staff successfully trained in CPR and the use of AED equipment is assigned each shift.
4. In the event no employee is scheduled to be in the building that is trained in the use of AED the nurse manager on call will return to the building or remain in the building until such time as a trained staff member is on site to cover the shift.
5. AED equipment will be maintained in a secure location that is identified by appropriate signage and is readily accessible to staff trained in the use of such equipment.
6. The charging unit for the electric defibrillator equipment (if needed) will be maintained plugged into an emergency outlet at all times when not in use.

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

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7. Batteries and electrodes for the defibrillating equipment will be replaced as needed following the manufacturer’s recommendations.
8. Preventive maintenance will be performed on electric defibrillator equipment as described in the manufacturer’s recommendations. (Refer to AED Preventive Maintenance Log). Documentation of preventive maintenance will be maintained by the Director of Environmental Services.
9. The facility admission packet will state that if a resident has declared “Full Code Status” that Automatic Electric Defibrillator equipment may be used in the event of cardiopulmonary failure.
10. Consent to treat forms will include the above information regarding AED equipment, will be signed by the resident or legal representative and maintained in the medical record. A signed physician order will be maintained on the medical record.
11. The Quality Assurance Committee will ensure maintenance of AED equipment meets the manufacturer’s recommendations. Documentation of preventive maintenance will be provided to the committee quarterly.
12. Equipment that has been identified by the manufacturer as defective or on a recall notice will be removed from use until appropriate repair/replacement has been completed and a replacement unit shall be requested from the manufacturer representative.

I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

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