



Minnesota State Colleges and Universities
Board Policies
Chapter 5 – Administration

System Guideline: 5.24.4.1 – Public Access Automated External Defibrillator (AED) Devices

Part 1. Purpose. This guideline outlines management practices for college and university campuses and the system office regarding automated external defibrillator (AED) devices utilized as publicly accessible AEDs.

Part 2. Background. AEDs are portable electronic devices that automatically diagnose life-threatening sudden cardiac arrest (SCA) and, through the application of electrical therapy, reestablish an effective cardiac rhythm. AEDs are designed to enable laypersons to, through simple audio and visual commands, administer effective treatment to a person experiencing SCA. Colleges, universities and the system office may place AEDs within their spaces for the protection of students, faculty, staff, and the general public.

Part 3. Definitions.

Subpart A. Automatic external defibrillator (AED). An electronic device designed and manufactured to operate automatically or semi-automatically to deliver an electrical current to the heart of a person in SCA.

Subpart B. AED registry. A registry of AEDs that requires a maintenance program or package, and includes, but is not limited to: the Minnesota AED Registry, the National AED Registry, iRescu, or a manufacturer-specific program. <https://minnesota.nationalaedregistry.com/>

Subpart C. AED coordinator. Oversees the use and maintenance of AEDs on campus and shares AED use information with the college or university safety committee.

Subpart D. Bystander first aid/CPR. Initial first aid/CPR provided by a member of the general public who is not a part of an organized medical response system.

Subpart E. Cardiopulmonary resuscitation (CPR). Artificial ventilation and/or external cardiac compression given to a victim in respiratory and/or cardiac arrest.

Subpart F. Emergency medical system (EMS). Professional agencies that provide medical care and/or ambulance transport. (Law enforcement, fire, rescue, or ambulance services).

Subpart G. Maintenance program or package. A program alerts the AED owner when the AED has electrodes and batteries due to expire or replaces those expiring electrodes and batteries for the AED owner.

Subpart H. Public access AED. An AED intended, by its markings or display, to be used or accessed by the public for the benefit of the general public that may be in the vicinity or location of that AED.

Subpart I. Sudden cardiac arrest (SCA). A significant life-threatening event when a person's heart stops, there is a low pulse (<30 bpm) or an irregular heartbeat that does not sustain life.

Part 4. AED Program Management. There is no obligation for colleges, universities, or the system office to purchase or place public access AEDS. If a colleges, universities, or the system office decides to purchase or place a public access AED, then they shall establish plans to ensure public access AEDs are properly placed, registered, maintained, tested, and documented.

Subpart A. AED coordinator. An AED Coordinator shall be assigned for each site deploying public access AEDs. The AED Coordinator:

- a. Where practical, shall be CPR certified (American Heart Association or American Red Cross) ideally at the instructor level, with an understanding of the use of AEDs.
- b. Shall assure compliance with American Heart Association or current guidelines for CPR and AED use.
- c. Shall oversee the procurement, registration, placement, maintenance, testing, and documentation of public access AEDs and related response equipment.
- d. Shall ensure a site AED Procedure Manual is prepared and updated.
- e. Shall develop an emergency response plan appropriate for the nature of the site the AED is intended to serve.
- f. Shall participate in case reviews, data collection and other AED quality assurance activities.
- g. Shall communicate AED status, incidents, and updates with their Safety Committee for campus public access AEDs and the safety committee for system office public access AEDs.
- h. Shall work with the system office Public Safety & Compliance staff on updates in AED practice and protocols.
- i. Shall be encouraged, when certified, to offer AED and/or CPR training to staff lay volunteers.

Subpart B. Safety committee. The college and university safety committees shall:

- a. Review the AED Program annually to evaluate overall effectiveness.
- b. Ensure adequate resource needs are communicated to campus or system office leadership to achieve AED program goals.

Part 5. AED Devices. Campuses will utilize the following recommendations for providing public access AEDs:

Subpart A. Equipment. Each public access AED location will include the following items which will be inspected on a routine basis:

- a. AED: Brand to be determined by AED Coordinator and Safety Committee.
- b. Carrying case – 1 each
- c. Wall mount with alarm – 1 each
- d. Spare battery – 1 each site/campus
- e. Spare set of pads – 1 each site/campus
- f. Defibrillation pads – 1 set, also recommend a pediatric set be included
- g. Accessories: Scissors, alcohol wipes, razor, pocket mask, and gloves.
- h. Signage: Signs bearing the universal AED symbol in order to increase the ease of access by the public to the AED in the event of an emergency are encouraged.

Subpart B. Placement. Public access AEDs should be placed in high traffic areas (i.e. Reception areas, auditoriums, fitness areas, cafeterias and near elevators). Once placed, the location shall be documented and updated as part of the registration process (See Subpart C).

Subpart C. Registration. Each public access AED shall be placed into an AED registry that provides an AED maintenance program that will alert the AED owner when the AED has electrodes and batteries due to expire or replaces those expiring electrodes and batteries for the AED owner. The AED Coordinator shall notify the AED registry of any changes in the information that is required in the registration within 30 working days of the change occurring.

Registration includes providing:

- a. AED manufacturer, model, and serial number;
- b. Specific GPS coordinates location where the AED will be kept; and
- c. Address, and telephone number of a contact person (AED Coordinator) where the AED is located.

Subpart D. Inspections and maintenance. The AED Procedure Manual shall include instructions for AED inspections and maintenance as needed.

Subpart E. Regular inspections. Each AED shall be checked regularly to verify its readiness for use. It is not necessary to open the case; the Status Indicator can be seen through the window in the case. The Status Indicator shall be checked for an “X” symbol, designating working order. If no “X” is seen, there is something wrong. Follow the directions for troubleshooting provided in the user guide and report to the AED Coordinator as soon as possible.

Subpart F. Monthly maintenance. Each AED shall be checked monthly for readiness and any visible damage that may cause disruption of use. All accessories shall also be checked for presence, damage or defects, and expiration dates. Any defective accessories shall be replaced immediately and reported to the AED Coordinator for resolution. If the AED does not have a working battery, it shall be taken out of service until the battery can be replaced. If the AED is inoperable or has visible defects that could potentially impair its operation, the AED shall be given to the AED Coordinator for dispensation. (See Attachment A)

Subpart G. After each use inspections. The AED shall be checked after each use prior to returning the unit to service to its designated location and in full working order. This check shall include:

- a. Status indicator
- b. Supplies, accessories, and spares for damage and expiration dating. Replace all materials used during the event
- c. Operation of the AED by removing and reinstalling the battery and running the battery insertion self-test. Also perform when replacing pads.
- d. AED exterior and the connector socket for cracks, signs of dirt, contamination, or other signs of damage.
- e. Connector socket to make sure that defibrillation pads are disconnected from the AED when not in use (if appropriate for your model).
- f. Data card if one has been used. EMS personnel may request removal of the data card for post incident review and data collection.

Subpart H. Reports of damage. All scheduled AED maintenance checks shall follow the manufacturer’s recommendations. Any performance discrepancies, device defects, or missing, expired, and/or damaged accessories shall be reported to the AED Coordinator immediately.

While maintenance required for an AED is minimal, it is important that a regular check be performed to assure readiness.

Part 6. Application. This guideline applies to all Minnesota State Colleges and Universities institutions and the system office.

Legislative references:

Minnesota. Statutes §403.51

Attachment A

Monthly Automated External Defibrillator (AED) Inspection/Maintenance Log

Brand: Automatic External Defibrillator	AED Serial Number:
AED Model Number:	Expiration dates:
AED LOCATION:	Pads:
	Battery:

WEEKLY INSPECTION

Check the Status Indicator:	Flashing Green Ready Light - OK	No Light -needs attention
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MONTHLY MAINTENANCE (1st Week of Each Month)

Check supplies: pads, battery, alcohol wipes, scissors, razor, gloves, and bag valve/pocket mask for damage and/or expiration date. If spare batteries or pads check those also.
Remove the AED from the soft case and check for cracks or other signs of damage. Check that the AED is clean no dirt or contamination and no signs of damage. Move to an area that won't disturb office workers and push Green start button. Listen for pre-recorded instructions. (5 sec.) Push Green button again to shut off the AED.

AED WEEKLY CHECKLIST 2014 Date and Initial

	JAN	FEB	MAR	APR	MAY	JUN
1 ST WEEK						
2 ND WEEK						
3 RD WEEK						
4 TH WEEK						
5 TH WEEK						
	JUL	AUG	SEP	OCT	NOV	DEC
1 ST WEEK						
2 ND WEEK						
3 RD WEEK						
4 TH WEEK						
5 TH WEEK						

COMMENTS/PROBLEMS/CORRECTIVE ACTIONS DOCUMENTED (ON BACK OF SHEET).

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