

**CITY OF OCONOMOWOC POLICE DEPARTMENT
POLICIES & PROCEDURES**

DATE: September 7, 2020

HISTORY: April 17, 2017
April 28, 2007
October 25, 2001

SUBJECT: Automatic external Defibrillation Protocol

POLICY NUMBER: 01-030

I. POLICY

The City of Oconomowoc Police Department will maintain the training of its officers, and maintain its AED equipment to ensure the highest level of medical response available to citizens in the community.

II. PURPOSE

The purpose of this policy is to establish guidelines for the use and care of the Automatic External Defibrillator (AED).

III. GENERAL USE REQUIREMENTS

- A. All patients must be pulseless, apneic (PNB) and over the age of one (1) year old.
- B. Unconscious, no pulse, not breathing:
 - 1. Anytime a patient is defibrillated, they must be transported by ambulance to the hospital.
 - 2. Police personnel shall have a priority of connecting the AED unit to the patient on the scene. This should be done immediately after conducting the A, B, C's on the patient.
 - 3. Defibrillation is done before initiating any CPR, or moving the patient to a larger area.
 - a) If two officers respond, one officer should begin CPR while the second officer prepares the AED, and applies pads.
 - 4. When AED advises to stand clear analyzing patient, all CPR should immediately stop.
 - a) If the AED unit malfunctions, the AED unit will be disconnected from the patient and Basic Cardiac Life Support (CPR) will continue as necessary.
 - 5. If the AED unit fails at the scene, and patient defibrillation is required, the police personnel will request that another AED unit be brought to the scene.

IV. PATIENT ASSESSMENT

- A. Defibrillation comes first
 - 1. Do not hook up oxygen or do anything that delays analysis of rhythm or defibrillation.

V. AUTOMATIC EXTERNAL DEFIBRILLATION EQUIPMENT

- A. The AED pads can be connected to the patient that is in critical condition, unconscious, etc.
 - 1. The connector should not be plugged into the AED as this will put the machine into an analysis phase.
- B. The AED pads are to applied to pulseless/apneic (PNB) patients, who do not meet AHA criteria (i.e. rigor mortis, etc.) for non-resuscitation.

VI. PAD PLACEMENT

- A. Sternum Pad
 - 1. Just below the clavicle, one edge of pad near the middle of chest with the post to the outside.
- B. Apex Pad
 - 1. Just below the nipple line, middle of the pad in the mid-axillary line with the post to the outside (approximately 3 inches below the armpit).
- C. Try not to place pads on nitro patches
 - 1. Remove and wipe area clean with a towel.

VII. INDICATIONS

- A. This protocol is intended for those patients exhibiting signs and symptoms of cardiac arrest.
- B. Age over 1 year old
- C. Patient is pulseless and unresponsive (PNB)

VIII. CONTRAINDICATIONS

- A. Any condition incompatible with life (rigor mortis, lividity, decapitation).
- B. Conditions deemed environmentally unsafe.
- C. When valid DO NOT RESUSCITATE (DNR) orders or valid DNR bracelets exist.

IX. PROCEDURE

- A. Confirm the patient is unconscious, not breathing and without a pulse (PNB).
- B. Turn on the AED.
- C. Apply and connect the electrodes.
- D. Follow voice prompts and screen messages.
- E. When AED advises to shock, announce "I'm clear, you're clear, everyone's clear" and conduct a visual inspection (very important).
- F. Once everyone is clear, press the shock button.
- G. Check carotid pulse for 10 seconds.
- H. If subject has no pulse, start CPR for 2 minutes.
- I. Re-analyze for a second cycle.
 - 1. If shock is advised, repeat steps E and F.
- J. If pulse is present, monitor ventilation and pulses.
 - 1. If not breathing adequately, assist ventilation (rescue breathing - 1 breath every 5-6 seconds).
- K. If no pulse is present, continue CPR for 2 minutes.

X. PERSISTENT VENTRICULAR FIBRILLATION

- A. If ambulance is not at the scene, continue to shock as long as shockable rhythm persists along with intervals of 2 minutes of CPR, or until the ambulance arrives.
- B. Additional shocks may only be delivered at scene or en route by approval of on-line medical direction, per the EMT's protocol.

XI. DOCUMENTATION

- A. After each use, the officer shall complete an "AED Event Report Form".
- B. Upon completion, this form should be forwarded to the Operations Lieutenant via the chain of command.

XII. EQUIPMENT AND MAINTENANCE

- A. AED units are assigned to a numbered squad duty bag, which are assigned on a daily basis.
- B. The shift supervisor will be responsible for inspection of the unit.
- C. Any malfunctions, missing, or used supplies shall be documented and reported to the Operations Lieutenant.
- D. The replacement of supplies and monthly inspections shall be conducted by an officer designated by the Operations Lieutenant.

XIII. EXCEPTIONS TO THIS POLICY MAY BE AUTHORIZED ONLY BY THE CHIEF OF POLICE

This policy is effective immediately,
and will supersede any directives or understandings in conflict

City of Oconomowoc Police Department

Automatic External Defibrillator Report

CAD number: _____ Date: _____

Patient's name: _____ DOB: _____

Address: _____

Location of incident: _____

Sporting event: () Yes () No () Spectator () Participant

Dispatched time: _____ Arrival time: _____

Was arrest witnessed: () Yes () No
Name: _____

Was CPR being preformed when you arrived on scene: () Yes () No
Name: _____

Were shocks delivered: () Yes () No Number of Shocks: _____

Problems with AED: () Yes () No
Nature of problem: _____

Was the patient revived: () Yes () No

Comments: _____

Officers on scene: _____

Officer completing form: _____