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 Approval

Victor R. Means III  
Director, Safety Services

Date

4/18/05

Michael Hooten  
Assistant V.P. Fiscal Affairs  
Regional Dean School of Allied Health

4/19/05
Texas Tech University Health Sciences Center
Amarillo, Texas

Life Safety Management Plan

Purpose

To ensure faculty, staff, students, resident physicians, and tenants are aware of their responsibility in responding to and reporting life safety incidents that may occur at Texas Tech University Health Sciences Center facilities in Amarillo, Texas.

Review

The Safety Services Manager will review this plan in January every other year. Suggestions for revision will be forwarded to the Director of Safety Services in Lubbock and the Assistant Vice President for Fiscal Affairs in Amarillo.
Policy & Training

All TTUHSC employees will receive campus-wide emergency code and evacuation procedures in the New Employee Safety Orientation Program (NESOP), which is conducted during the New Employee Orientation (NEO).

Emergency Personnel Responsibility

It is the responsibility for TTUHSC Facilities Operations and Maintenance, Police Department, and Safety Services personnel to be available during emergency code procedures and activation of the Emergency Operations Center. The departments responsible for direction during respective code procedures will provide written plans to supplement this plan, provide guidance, and current information to the Assistant Vice President for Fiscal Affairs (AVPFA) or designee. The AVPFA or designee will provide orders to activate and mobilize support to meet all natural disasters or civil disturbances. In the absence of the AVPFA, emergency code procedures and the emergency operations center will be activated by a representative of the departments responsible for the respective code procedures. Primary department supervisors are responsible for alerting subordinate personnel and assembling those persons necessary to meet an emergency.

The Primary location for the Emergency Operations Command Centers is 1400 Wallace Boulevard room 107. Other locations may be utilized depending on the nature and location of the emergency.

TTUHSC Department and Tenant Responsibility

- Each department is responsible for maintaining a current phone list for their department.
- Each department is responsible for designating one (1) person and two (2) alternates to receive information from emergency personnel by submitting Attachment A (pg. 12) to the Amarillo Office of the TTUHSC Police on an annual basis, or as necessary.
- Each department is responsible, by utilization of their respective designee, for alerting, evacuating, disseminating information, and maintaining accountability of all persons in their department during emergency code procedures.
- Departments operating at locations other than TTUHSC campuses are responsible for ensuring compliance with this plan and maintaining a site-specific plan for emergency operations.

Non Ambulatory Individuals

TTUHSC may employ or care for non-ambulatory individuals. Primary department supervisors are responsible for providing an evacuation plan and assisting these individuals to an area of refuge during emergency code procedures. This information should be disseminated to all parties involved and added to a department section of this plan.

General Guidelines - Fire Emergency
Follow the exit signs and move horizontally away from the incident area to the stairwell at the opposite end of the building. If a non-ambulatory patient needs medical assistance, the nearest employee should notify a member of the medical staff. Non-ambulatory individuals and the assisting member of the medical staff should remain in the stairwell and wait for emergency personnel to assist in their evacuation.
Procedure

Emergency Codes

Emergency codes are announced over the public announcement system in the TTUHSC SOM/SOAH building at 1400 Coulter. Emergency codes are announced via call log in the TTUHSC Clinic, SOP, and WHRI buildings at 1300 Coulter, 1410 Coulter, and 1400 Wallace Boulevard respectively. Departments are responsible for providing the Amarillo Office of the TTUHSC Police with one (1) department contact and two (2) alternatives (Attachment A) to receive information from emergency personnel. Upon activation of an emergency code, you may want to notify the following:

- Code Red / Facilities Operations and Maintenance Director 806-354-5647
  - after hours on call cell phone 806-679-4890
- Assistant Vice President for Fiscal Affairs 806-354-5588
  - cell phone 806-679-0594
- TTUHSC Police Officer 806-354-5568
  - cell phone 806-679-4392
- Safety Services Manager 806-354-5441
  - cell phone 806-679-7854

Fire Drill

In the event of a Fire Drill the following guidance procedures shall be followed.

1) An announcement of a fire drill will immediately precede the fire alarm activation.
2) All faculty, staff, resident physicians, students, and tenants shall evacuate the building immediately by proceeding to the nearest exit and department predetermined reassembly area. A department supervisor shall conduct personnel accountability.
3) The following exceptions are observed.
   a. Patients and visitors may remain inside the building during an evacuation drill. A plan for the security of department items should be in place during employee absence.
   b. Employees involved in direct patient care (face-to-face) may remain with the patient during the evacuation drill.
   c. Laboratory employees involved in a timed procedure may stay with their experiment during an evacuation drill.
4) During the evacuation drill an audit will be performed on the buildings fire alert systems and responsiveness of personnel.
5) After the alarms have stopped, an announcement from emergency personnel will be made to re-enter the building.
Code Red - Fire Emergency

A Fire Alarm and/or Code Red announcement denotes a fire emergency. All occupants within the building are required to evacuate immediately by following the R-A-C-E procedure. Occupants will reassemble outdoors in a department predetermined reassembly area. Department supervisors are responsible for the accountability of all occupants in their area. Report occupant accountability to the Assistant Vice President for Fiscal Affairs, or their designee.

After the alarms have stopped, an announcement from emergency personnel will be made to re-enter the building.

Department Unit Safety Officers (USO) will ensure a clear path is available to the nearest stairwell for exit, assist with non-ambulatory personnel as defined in non-ambulatory paragraph on page three (3) in this document, assist to close department doors while exiting the building, and proceed to the department predetermined reassembly area.

R - Rescue anyone in danger
A - Activate the fire alarm system
C - Contain the fire by closing, but not locking doors
E - Evacuate the building by following the nearest exit sign

Guidance Procedure for Recognition of a Fire Emergency

If you can see smoke or an actual fire you should go to the nearest fire alarm pull station and pull the lever. Pulling the fire alarm will activate the fire alarm system throughout the building and automatically notify the Amarillo Fire Department by a 24-hour contracted security monitor.

Use of TTUHSC Fire Extinguishers

At their discretion, individuals may choose to utilize a fire extinguisher by following the P-A-S-S procedure.

P - Pull the fire extinguisher trigger pin
A - Aim the fire extinguisher discharge hose at the base of the fire
S - Squeeze the fire extinguisher trigger
S - Sweep the discharge hose from side to side at the base of the fire
Code Brown - Severe Weather Alert System

Contact the Amarillo Office of the TTUHSC Police Immediately:
Business hours:  806-354-5568
cell phone:   806-679-4392

The Code Brown announcement will be utilized to announce the TTUHSC at Amarillo campus is in immediate danger of being struck by severe weather (examples may include: hail, high winds, or tornado). In the event of a Code Brown announcement, evacuate immediately using predetermined routes to the storm shelter area. Remain in the shelter area until notified by emergency personnel.

Departments are encouraged to purchase their own weather service radios and to monitor broadcasts if there is any indication of severe weather.

Please see the attached TTUHSC OP 76.15 and Attachment A.
Severe Weather Alert System  
TTUHSC at Amarillo

PURPOSE:
The purpose of this attachment is to identify the procedures to alert all TTUHSC Amarillo employees, students, patients, visitors, and tenants [other than at the William P. Clements unit] of severe weather conditions. The procedures identified in this attachment are intended to provide as much advance notice as possible.

REVIEW:
This attachment will be reviewed by February 1 of every four years (E4Y) by the Assistant Vice President for Fiscal Affairs - Amarillo, with recommendations for revisions forwarded to the Executive Vice President by February 15.

POLICY/PROCEDURE:

A. **Monitoring** - The National Weather Service NOAA Weather Radio is monitored by the TTUHSC Amarillo Police Office [APO]. Departments are encouraged to have their own weather service radio and monitor these broadcasts if there is any indication of severe weather.

B. **Emergency Evacuation Plan** - Each department shall design, publish and post an Emergency Evacuation Plan [EEP] in all physical areas controlled by the department. The EEP shall be provided to the APO and must be kept current at all times. The APO will maintain written copies of each departmental EEP. The EEP shall consist of the following:

1) A route to follow from a specific area in the department to the nearest primary and secondary identified Severe Weather Shelter Areas.
2) A designation of two (2) employees to serve as a Severe Weather Contact (SWC) and a backup SWC.
3) Inter-departmental call schedules for all departmental employees.

For assistance in preparation of the EEP, please contact the TTUHSC Amarillo Safety Services office at 354-5441.

C. **Notification** - When a weather statement in the form of an advisory, watch or warning is issued by the National Weather Service which includes the geographic area of the TTUHSC Amarillo facilities, the APO will monitor the weather conditions. If severe weather is projected to impact the TTUHSC facilities, the APO will notify, by telephone, each department’s primary or backup SWC. The SWC will initiate an intra-departmental call schedule to alert departmental employees, students, patients, visitors and tenants of the weather conditions. If the TTUHSC Amarillo facilities are in immediate danger of being struck by severe weather, the APO will issue a Code Brown, notifying every TTUHSC Amarillo employee by telephone or public announcement system.

D. **Weather Statements** - Refer to #2 in the main body of this OP for explanations of the various weather statements that may be issued by the National Weather Service.

E. **Weather Statement Codes** - When the APO notifies the SWC of severe weather situations, the codes listed in #5 of the main body of this OP will be used.

F. **Departmental Responsibilities** - Upon notification of a weather statement, each department shall be responsible for immediately ensuring all employees, patients, students and visitors are made aware of the situation. Departmental employees will keep all individuals in their departmental area aware of what actions or procedures will be followed should weather conditions warrant further protective efforts. The backup SWC should verify all passageways are clear and
unobstructed should evacuation become necessary.

In the event a “CODE BROWN” is announced, all employees, students, patients, visitors and tenants shall PROCEED IMMEDIATELY TO THE NEAREST IDENTIFIED PRIMARY SEVERE WEATHER SHELTER AREA [indicated on the location’s posted Emergency Evacuation Plan (EEP)]. Employees shall assist and guide all students, patients, visitors and tenants to Severe Weather Shelter Areas. In the event an employee, student, patient, visitor or tenant cannot get to a primary shelter area, they shall move to an identified secondary severe weather shelter area. If a patient ABSOLUTELY cannot mobilize or be moved to an identified shelter area, the patient shall be moved away from windows and be covered with extra blankets, pillows, etc. to maximize the protection of the individual.

G. **Severe Weather Assistance Team [SWAT]** - Personnel from Facilities Operations and Maintenance and Safety Services shall be available to assist the APO, should the need arise, during severe weather condition. The APO will instruct all available personnel from these departments to report to the APO command center in Room 107B of the Woman’s Health Research Institute Building to provide assistance.

H. **Change In or Cancellation of Codes** - The APO will contact all SWC and notify them of any change in the previously announced weather statement. In the event a “Code Brown” was declared, the APO and members of the Severe Weather Assistance Team [SWAT] will mobilize to the Severe Weather Shelter Areas to announce the cancellation of the “Code Brown.”

I. **Assistance** - Any department needing assistance during incidents of severe weather should contact the APO at 354-5568 [Pager 349-2775]. The APO will coordinate the responses to all requests.

J. **Non-TTUHSC Facilities** - TTUHSC operations housed at non-TTUHSC facilities will be notified of any severe weather conditions through their SWC. Employees located at facilities not under control of TTUHSC Amarillo will need to familiarize themselves with the evacuation routes and shelter locations of their workplace.
**Code Green – Internal Disaster**

A **Code Green** announcement denotes an internal disaster situation in which the building has sustained damage and/or created circumstances which necessitate immediate relocation or evacuation of area occupants. Examples may include an explosion, chemical spill, or major water leak.

If the Code Green is in the immediate vicinity, evacuate using predetermined routes to your department’s reassembly area and wait for further instructions from emergency personnel.

If you are involved in the incident, please report to the Assistant Vice President for Fiscal Affairs (AVPFA), designee, or emergency personnel.

If the Code Green is not in the immediate vicinity, stay in your department area, close all department doors and windows, and wait for further instructions.
Code Black - Bomb Threat Procedures

Contact the Amarillo Office of the TTUHSC Police Immediately:
Business hours:  806-354-5568
cell phone:   806-679-4392

A Code Black announcement denotes that a bomb threat has been received. All occupants should evacuate the building using predetermined evacuation routes to your department’s reassembly area. TTUHSC Police Officers will assume responsibility for handling the threat.

The person receiving the threat should try to obtain the following information from the caller:

1) Exact location of the bomb, building name, address, floor, room number, etc.
2) Ask when the bomb will detonate.
3) Ask what kind of bomb.
4) Any additional information that might be useful in determining the location or identity of the caller, background noises, age, sex, race.

Please see the attached TTUHSC OP 76.17 and Attachment A.
HSC OP: 76.17, Bomb Threat Procedures

PURPOSE: The purpose of this Operating Policy/Procedure (OP) is to establish procedures and assign responsibility for handling bomb threats on University property.

REVIEW: This OP will be reviewed by August 15 of each odd-numbered year by the Chief of Police, with recommendations for revision forwarded to the Senior Vice Chancellor/CFO or designee by September 1.

POLICY/PROCEDURE:

Upon receipt of a bomb threat, the person receiving the call should immediately notify the appropriate campus Texas Tech Police (see below) and then their departmental supervisor. A checklist is available to assist in obtaining helpful information (Attachment A). The local Texas Tech Police will immediately dispatch officers to the location of the reported threat to perform a cursory search of the premises and assume responsibility for handling the threat.

Should a search require a substantial disruption of normal activities, the Chief of Police will notify the Senior Vice Chancellor/CFO or designee, and the President on the Lubbock campus. At the regional campuses, the local campus police will notify the Regional Dean or designee. The Texas Tech Police will coordinate the dissemination of necessary information to the Office of News and Publications.

1. Obtain Maximum Information.

Whenever possible, the person receiving the call should keep the caller on the telephone as long as possible, utilize the check list for bomb threats (Attachment A) and/or write down as much of the following information as can be obtained.

   a. Exact location (building name, address, wing, floor, and room number).
   b. When the bomb will detonate.
   c. Kind of bomb.
   d. Any other information that might prove useful in determining location of bomb or identity of caller (i.e., background noises, age, sex, race of caller, etc.).

2. Report Immediately.

   a. The person receiving the call should immediately notify the appropriate Police Department as shown below.

      | Location       | Division            | Phone Number       |
      |----------------|---------------------|--------------------|
      | In Amarillo    | HSC Police          | 354-5568           |
      | In El Paso     | HSC Police          | 545-6531           |
      | In Lubbock     | Texas Tech Police   | 743-2000 or 9-911  |
      | In Odessa      | Odessa Police       | 335-5279 or 9-911  |

   b. Describe in detail the specifically claimed time of explosion and the location of the bomb as well as all other information obtained from the caller.

   c. Give your name, office or room number and the office phone number.

   d. Meet the police at a pre-arranged location to furnish additional information (check list for bomb threats).
e. The emergency plan used for evacuating the building for fires may be used for clearing the building in a bomb threat situation. **Pull the fire alarm only if the explosive device has been located.** When outside, move away from the building.

f. Should the Police decide to evacuate the building, the following procedures will be followed:

   - **In Lubbock** “Code Black” will be announced over the public address system. The building should be evacuated by the posted fire evacuation routes. Elevators are not to be used for evacuation purposes.
   - **In Amarillo** The fire alarm will be activated.
   - **In El Paso** The fire alarm will be activated, or verbal site-to-site notification will be done.
   - **In Odessa** The local police will decide on evacuation and notify the individuals with administrative authority for the campus.

3. **Searching for the Bomb.**

   It is not the responsibility of a faculty member, staff member or student to risk his/her life or that of a subordinate employee by searching for a bomb. Individuals have the right to refuse the request of an officer if asked to assist in the search. At an individual's own risk, he/she may volunteer to look for suspicious objects. This may prove very helpful since faculty, staff and students can more readily spot unusual circumstances due to familiarity with their area.

4. **Return to the Building.**

   When the “Code Black” is cancelled, faculty, staff, and students may return to the building, with the understanding that no explosive device has been found, but that such a device may still exist that has not been located.

5. **Right to Change Policy.**

   Texas Tech reserves the right to interpret, change, modify, amend, or rescind this policy in whole or in part at any time without the consent of the employees.
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

TEXAS TECH POLICE DEPARTMENT

Place This Card Under Your Telephone

QUESTIONS TO ASK:

1. When is bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

EXACT WORDING OF THE THREAT:

_______________________________________
_______________________________________
_______________________________________
_______________________________________

SEX OF CALLER: __________ RACE: __________

AGE: __________ LENGTH OF CALL: __________

NUMBER AT WHICH CALL IS RECEIVED:

_______________________________________

TIME: __________ DATE: ______/_____/______

If voice is familiar, who did it sound like?

_______________________________________

BACKGROUND SOUNDS:

____ Street Noises ______ Factory Machinery
____ Animal Noises ______ Voices
____ Clear ______ PA System
____ Static ______ Music
____ Local ______ House Noises
____ Long Distance ______ Motor
____ Office Machinery ______ Other_______

THREAT LANGUAGE:

____ Well Spoken ______ Incoherent
(educated) ______ Taped
____ Foul ______ Message read
____ Irrational ______ by threat maker

REMARKS: _____________________________

REPORT CALL IMMEDIATELY TO:

Amarillo: HSC Police 354-5568
El Paso: HSC Police 545-6531
Lubbock: Texas Tech Police 743-2000 or 
9-911
Odessa: Odessa Police 335-5279 or 
9-911

DATE: ______/_____/______

NAME: ____________________________

POSITION: __________________________

PHONE NUMBER: ____________________
Code White - Building Evacuation

Contact the Amarillo Office of the TTUHSC Police Immediately:
Business hours: 806-354-5568
cell phone: 806-679-4392

A Code White announcement denotes an immediate evacuation of the entire building. This evacuation is utilized for facility wide internal disasters or catastrophic life threatening situations. Examples include: explosion, chemical spill, gas leak, etc. The AVPFA or designee, with the direction of Safety, Police, and Facilities Operations and Maintenance will direct personnel to safe areas during an evacuation announcement. **No employee will conduct area checks during a total evacuation. No employee will enter the building to conduct a search, assist, or rescue function without guidance from the AVPFA or designee.**

**THE CODE WHITE WILL NEVER BE USED AS A DRILL.**
Code Blue – Medical Emergency / AED Response

A Code Blue announcement denotes a cardiac arrest and/or respiratory arrest situation.

Call 9-911, Activate the Campus AED response system, Begin CPR, and designate someone to wait for emergency personnel at the building entrance. AED response numbers are located on all TTUHSC telephones.

AED units and emergency personnel are located at the following buildings:

Harrington Library of Health Sciences 806-354-5447
1400 Wallace Boulevard

School of Medicine/School of Allied Health 806-354-5920
1400 Coulter Street

School of Pharmacy 806-356-4000 ext. 233
1300 Coulter Street

TTUHSC Family Medicine Clinic at BSA 806-212-3500
1600 Wallace Boulevard

The Responder who provided care to the patient during the event must document all accounts of the event on the AED Incident Report form. The Incident Report form will be submitted to the AED Site Coordinator in Safety Services at 806-354-5441.

Please see the attached TTUHSC OP 75.08 and TTUS Early Defibrillation Policies and Procedures.
HSC OP: 75.08, Cardio-Pulmonary Arrest Response (Code Blue)

PURPOSE: The purpose of this Health Sciences Center Operating Policy and Procedure (HSC OP) is to provide guidance and policy in the event of cardio-pulmonary arrest emergencies both in the clinical environment and in non-clinical areas.

REVIEW: This HSC OP will be reviewed on January 1 of each odd-numbered year (ONY) by the Director of Safety Services, the Director of Nursing Services - Clinic Administration, and the SOM Associate Dean for Clinical Affairs, with recommendations for revisions forwarded to the Executive Vice President by March 15.

POLICY / PROCEDURE:

Definition: Code Blue signifies a Cardio-Pulmonary Arrest which requires immediate response to intervene in a life threatening situation.

1. Responsibilities in Clinical Areas. In the event of a Code Blue situation in a clinical area, the clinical personnel should:
   a. Dial the (9) 911 EMS System (report a Code Blue/Cardio-Pulmonary Emergency)
   b. Initiate CPR, and intervene to the extent possible based on Medical Management and equipment available in that location;
   c. Notify receptionists of code situation and post guides to give exact location of code; and
   d. Upon arrival of the EMS, assist the team and arrange for transport of the patient to the emergency room.

2. Responsibilities in Non-Clinical Areas. Persons identifying a Code Blue situation should dial the (9)-911 system and remain in attendance with the person in distress until emergency assistance is obtained.

3. After Clinic hours, any emergency situation including a Code Blue situation should be handled by calling the (9)-911 system and providing life support measures according to the level of training of available personnel.

4. Specific guidelines regarding implementation, procedures and responsibilities to implement this policy are supplemented in the TTUHSC Ambulatory Clinic Policy & Procedure Manual and TTUS Early Defibrillation Policies and Procedures. Individual campus operating procedures will be reviewed and updated annually by the campus administration and response team with copies of the updated policies provided to the respective campus Offices of Police, Safety, and Risk Manager, as applicable.
Texas Tech University System

The following document describes the policies and procedures, including medical protocols, to be used in governing the HeartFirst AED program of Texas Tech University System. It is the goal of this program to provide a rapid response to sudden cardiac arrest for employees and guests of Texas Tech University System. It is the intent of this document to give the AED Responders general guidance in response to an incident of sudden cardiac arrest (SCA). The document is not intended to cover all circumstances involved in such emergencies. It is the responsibility of the HeartFirst Program Medical Director to provide continuous guidance, monitoring, and evaluation of the program contents. All AED Responders must operate within the parameters of this early defibrillation program; the appropriate officers listed on this signature page must approve any deviations from its guidelines. Texas Tech University System and its HeartFirst Program Medical Director have approved all protocols for the early defibrillation program. Annual review of this document will be conducted by the Office of Risk Management and the HeartFirst Program Medical Director for content and guideline modifications to meet national standards.

The policies and procedures described in this document will be in effect from the signed date until Texas Tech University System and/or the HeartFirst Program administrators make further review and changes.

___________________________________ _______________________
HeartFirst Program Medical Director Date
Frederick Hagedorn, M.D.

___________________________________ _______________________
Director, Risk Management Date
Steven Bryant, ARM
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1. **Scope**

This document describes the policies and procedures of Texas Tech University System relating to its HeartFirst early defibrillation program (HeartFirst) utilizing employees who serve as trained responders in CPR and Automatic External Defibrillator (AED) therapy in the event of a medical emergency.

2. **Purpose**

The purpose of this document is to establish a consistent guideline for application, location, maintenance, and various other components described herein involving the HeartFirst early defibrillation program. It is the intent of Texas Tech University System to provide the appropriate AED coverage for this entity in accordance with established guidelines. A response time of four (4) minutes from time of incident to first shock is the intended goal whenever possible, in order to increase the likelihood of survival in the event of sudden cardiac arrest (SCA).

It is recognized that variances of this policy may be adopted to accommodate the specific requirements of the Health Sciences Center and its Regional Campuses. Such variances must be documented and kept on file in the appropriate Regional office. Variances are permissible provided the intent of this document is maintained. Variances in the type of automatic external defibrillator device are not permissible.

3. **Definitions**

**AED Responder.** An individual who is trained in AED use and is available to respond to SCA medical emergencies.

**Automated external defibrillator (AED).** An automated computerized medical device programmed to analyze heart rhythm, recognize rhythms that require defibrillation, and provide visual and voice instructions for the device operator, including, if indicated, to push the button to deliver an electric shock.

**Bystander first aid/CPR.** Initial first aid/CPR provided by a trained individual who is not part of an organized medical response system such as EMS.

**Cardiopulmonary resuscitation (CPR).** Rescue breathing and external cardiac compression applied to a victim in respiratory and/or sudden cardiac arrest.
Emergency Medical System (EMS). Professional community responder agency for emergency events, which provide medical assistance and/or ambulance transport.

Rescue breathing. Artificial ventilation of a victim in respiratory and/or sudden cardiac arrest.

Sudden cardiac arrest (SCA). A significant life-threatening event when a person's heart stops or fails to produce a pulse.

4. Early Defibrillation Program Overview

Texas Tech University System provides a medical emergency response that includes cardiopulmonary resuscitation (CPR) and emergency defibrillation. The goal of the early defibrillation program is to participate actively in the Chain of Survival, illustrated below, by providing early defibrillation to any victim of sudden cardiac arrest (SCA) on our campus, within four minutes of witnessed collapse or discovery of the victim.

Figure 1. Chain of Survival

5. AED Responder Roles and Responsibilities

See Appendix A for the Roster of AED Responders.

5.1 Office of Risk Management. It is the responsibility of the Office of Risk Management to:

(1) Communicate the costs and benefits of expanding the existing medical emergency response by including AED use.
(2) Ensure adequate resources are allocated to achieve AED program goals.

(3) Identify one Site AED Coordinator each for Texas Tech University, Texas Tech University Police, and Texas Tech University Health Sciences Center who understands early defibrillation and the use of AEDs, and demonstrate the ability to manage employees.

(4) Communicate with the physician providing oversight, AED responders, management and EMS regarding the early defibrillation program.

(5) Develop and maintain the AED emergency response plan and system policies and procedures.

(6) Review the program annually to evaluate effectiveness.

(7) Participate in case reviews, responder training and retraining, data collection and other quality assurance activities.

(8) Assure compliance with state and local regulations regarding AED use.

(9) Maintain a supply of consumables for immediate replenishment.

(10) Maintain a System list of AED responders and their training records.

(11) Maintain confidential files of event data.

(12) Maintain files of records pertinent to the AED program and assure responsibilities delegated to others as outlined herein are completed.

5.2 **HeartFirst Medical Director.** It is the responsibility of the HeartFirst Medical Director to:

(1) Provide medical consultation and expertise.

(2) Develop and/or approve protocols for the use of the AED and other medical equipment.

(3) Act as a liaison between the early defibrillation program and EMS.

(4) Approve the AED training program and ensure rescuers are properly trained.

(5) Review all incidents involving the use of the AED.
(6) Provide post-incident debriefing support.

(7) Assure program compliance with Texas Tech University System AED response protocols, policies and procedures, and training.

(8) Coordinate requests from Regional Medical Directors for changes in the HeartFirst Program medical protocol.

5.3 **Site AED Coordinator.** It is the responsibility of the Site AED Coordinator to:

(1) Participate in responder training, data collection, other quality assurance activities, and assist in retraining, as needed.

(2) Assure maintenance of the AEDs and related response equipment. Report any performance discrepancies, device defects, or missing, expired, and/or damaged accessories to the Office of Risk Management immediately.

(3) Maintain a list of trained AED responders at their site and communicate additions and changes to the Office of Risk Management.

(4) Following an event assure the data card or event data therefrom is promptly sent to the Office of Risk Management.

(5) Ensure compliance with the policies and procedures of the AED program.

(6) Assure compliance with state and local regulations regarding AED use.

(7) Devise methods to facilitate efficient execution of their responsibilities such as recruiting “Assistant Site Coordinators”.

5.4 **AED Responders.** It is the responsibility of the AED Responders to:

(1) Successfully complete all required AED training and skills evaluations as detailed in this document.

(2) Respond to emergency calls according to the site's AED response protocol.

(3) Follow the guidelines of the AED program and remain current on the AED training required by Texas Tech University System.
6. **AED Equipment**

See Appendix B for the *AED Location and Equipment Sheet*.

6.1 **Description.** The equipment provided in support of the early defibrillation program is to be used in the event of an SCA at a Texas Tech University System location. This equipment shall not be used outside the parameters of the AED program except as approved by the Office of Risk Management. Each device will be maintained according to Texas Tech University System policy and following manufacturer’s guidelines. Texas Tech University System has elected to use the HEARTSTREAM AED for its AED program.

6.2 **Location.** Each AED location should include the following items:

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heartstream AED with battery installed</td>
<td>1</td>
</tr>
<tr>
<td>Carrying Case</td>
<td>1</td>
</tr>
<tr>
<td>Spare Battery scheduled replacement</td>
<td>NA</td>
</tr>
<tr>
<td>Defibrillation Pads (2-Adult &amp; 1-Pediatric)</td>
<td>3 sets</td>
</tr>
<tr>
<td>Data card</td>
<td>1</td>
</tr>
<tr>
<td>Accessories (scissors, towel, razor, pocket mask, gloves)</td>
<td>1 set</td>
</tr>
</tbody>
</table>

6.3 **Accessories.** All accessory equipment must remain with the AED unit and must be inspected monthly for readiness for use and integrity of the device. This is part of the periodic inspection and is the responsibility of the Site AED Coordinator.

7. **AED Maintenance**

See Appendix C for the *Periodic Maintenance Checklist*.

7.1 **Reports of Damage.** Follow the manufacturer’s recommendations for all scheduled AED maintenance checks. Report any performance discrepancies, device defects, or missing, expired, and/or damaged accessories to the Site AED Program Coordinator immediately.

7.2 **Calibration.** The HEARTSTREAM AED requires no calibration or verification of energy delivery. The HEARTSTREAM AED has no user-
serviceable parts. The AED performs regular self-tests to assure that it is ready for use. While the maintenance required for the Heartstream AED is minimal, it is important that a regular check of the AED be performed to assure readiness, as described in the Heartstream AED User’s Guide.

7.3 **Suggested Maintenance Schedule.** Refer to the suggested maintenance schedule in the HEARTSTREAM AED User’s Guide, which also provides detailed instructions for responding to each maintenance task.

7.4 **Cleaning.** When necessary, clean the AED using recommended cleaning agents, per the HEARTSTREAM AED User’s Guide.

8. **AED RESPONSE PLAN OVERVIEW**

8.1 **Initiation of HeartFirst AED Response.** Any individual who recognizes a medical emergency initiates the HeartFirst AED Response Plan immediately; by calling the appropriate phone number to request emergency services (911 or 9911) or activating CODE BLUE, then calling the AED responder(s) listed on the placard and provide the following information:

- Reporting employee’s name
- Type of emergency
- Location of emergency
- Brief description of the patient

8.2 **9-1-1 Notification.** For most campus phones 9911 will reach Texas Tech University Police. Noted exceptions are strategically located BLUE phones, cell phones, and certain phones located off the main TTU/TTUHSC campuses. Use 911 on these phones. Preparation is the key and as a responder you must know which number to dial. Appropriate personnel and equipment will be dispatched to your location.

8.3 **AED Responder.** At the scene, the AED responder verifies scene safety before assessing the patient, and then renders appropriate care based upon the patient’s condition and Texas Tech University System AED response protocols.
8.4 **EMS Contact and Lead-In.** When possible, the AED responder contacts EMS and provides lead-in instructions (directions for reaching the patient on site) to the responding EMS unit, while continuing to provide appropriate patient care until a higher medical authority arrives or the patient refuses care. Responders may instruct a bystander to provide EMS contact and lead-in.

8.5 **Transfer of Patient Care.** Once EMS arrives, the AED Responder transfers patient care to the EMS agency for appropriate advanced medical treatment and provides a report including:

- The initial time of discovery.
- Any care given prior to the Responder’s arrival
- Patient’s condition upon the Responder’s arrival
- All treatment rendered to the patient by the Responder.
- Any available medical information about the patient.

8.6. **Post-Event Procedures.** After transferring patient care to EMS responders, the AED Responder conducts the following post-event procedures in accordance with the protocol as provided in Appendix D, *HEARTSTREAM AED Response Protocol and Flow Chart*:

- Post-use equipment check
- Removal of data card for data collection
- Replacement of necessary supplies used
- Return of the AED to its designated location

8.7 **Debriefing Procedures.** As soon as possible, a debriefing is conducted to evaluate the HeartFirst response and the potential need for emotional support of the responders involved. This debriefing can be conducted on an informal basis with the responder or with the assistance of professional counselors. The Site AED Coordinator and Office of Risk Management conduct an evaluation of all aspects of the emergency response and the strengths and deficiencies of the response plan as revealed by the incident. Modifications made to the plan must be approved by the Medical Director and properly communicated to all AED Responders of record.
9. **AED Response Protocol Authorization**

9.1 **Protocol Approval.** The AED program Medical Director devises or reviews Texas Tech University System AED response protocols and approves them by signing. The signed protocols are for use only by Texas Tech University System AED Responders under the Medical Director’s guidance.

9.2 **Protocol Revisions.** The HeartFirst program Medical Director only may approve changes to the medical response protocols of this policy. The Office of Risk Management and the HeartFirst program Medical Director are the only individuals authorized to revise the Texas Tech University System AED response protocols. Revisions may be based on an annual or more frequent review of the content and the AED program’s performance data.

9.3 **Operational Guidelines.** The AED Responders are to perform only to the level of their training and the guidance provided in the Texas Tech University System HeartFirst program protocols.

9.4 **Protocol Qualifications.** All AED Responders are authorized to use the AED response protocols based upon:

- Successful completion of the Texas Tech University System approved AED instructional program, and
- Appointment to the AED Responders roster.

10. **Protocol Guidelines**

See Appendix D for the *HEARTSTREAM AED Response Protocol and Flow Chart*.

10.1 **AED Application Guidelines.** Once the AED is turned on and the pads applied to the patient, the AED Responder shall not remove the pads or turn off the device unless prompted by the device itself or directed by a higher medical authority. In all cases, the Responder shall continue to assess the patient’s airway, breathing, and circulation and provide CPR as indicated.
10.2 **AED Application Criteria.** The AED shall be applied only to patients who are unresponsive and not breathing.

10.3 **Defibrillation Procedure.** Defibrillation shocks are to be delivered only in accordance with the Texas Tech University System AED response protocol. If the device advises no shocks, the AED Responder should follow the approved protocols for patient care and CPR.

10.4 **Wet Environments and Metal Surfaces.** The HEARTSTREAM AED can be used in fresh and saltwater environments and on metal surfaces that are wet or dry. Always follow all HEARTSTREAM AED recommended safety precautions.

10.5 **Excessive Chest Hair.** If required for proper defibrillation pad adhesion, any excess hair on the patient’s chest is shaved with a prep razor supplied in the AED kit. A smooth shave is not required.

10.6 **Medication Patches.** Using a gloved hand, remove any medication patches, if present, from the patient’s chest prior to pad placement and wipe the skin clean with a cloth.

10.7 **Implanted Pacemakers and Defibrillators.** If the patient has an implanted pacemaker or internal defibrillator, do not place the defibrillation pads directly over the implanted device. If the presence of an implanted device affects pad placement, place the defibrillation pad as close to the recommended pad placement as possible.

10.8 **AED Abuse or Vandalism.** No abuse or vandalism of the AED is to be tolerated. If abuse or vandalism is suspected, it is to be reported to the AED Coordinator immediately so that the AED can be evaluated for proper operation.
11. **AED Response Protocol***

11.1 *Initial Assessment.* The first AED Responder conducts an initial assessment to determine the level of response required. This initial assessment includes:

- Assessment of the scene for safety of self and other responders.
- Use of gloves and other universal precautions prior to patient contact.
- Assessment of the patient for absence of responsiveness, respiration, and signs of circulation.
- Assessment for additional information about the patient or scene.

Information gathered at the scene should be relayed to TTU Police and/or other emergency services for dissemination to responding parties.

11.2 **AED Response Plan and Emergency Call.** The initial AED Responder verifies that the AED response plan has been activated and that emergency services have been notified. If the AED is not present at the scene, the responder verifies that it is being brought immediately.

11.3 **CPR Procedures.** In the absence of the AED, the AED Responder initiates the ABCs of CPR – establishing an airway, ventilating the patient, and beginning chest compressions – until the AED arrives.

11.4 **AED Application.** Turn on the AED as soon as it arrives at the scene and follow its prompts. If more than one AED Responder is present, one can apply the defibrillation pads and operate the AED while the other continues CPR until told to stop. Perform any special procedures required (removal of medication patches, shaving of excessive chest hair, etc.) as outlined in the HEARTSTREAM AED response protocol guidelines (Section 10) prior to placing the pads on the patient’s bare chest.

11.5 **AED Heart Rhythm Analysis.** When the pads are properly attached to the patient and connected to the AED, the device will automatically analyze the patient for a shockable rhythm – such as ventricular fibrillation (VF).

---

* This should match Appendix D, as created by Texas Tech University System.
Ensure that no one touches the patient during rhythm analysis. On completion of rhythm analysis, the AED will prompt the rescuers as to the appropriate course of action. Follow the device prompts in treating the patient.

11.6 **AED Defibrillation Safety Precautions.** If the AED gives a “Shock Advised” prompt, first ensure that no one is touching by examining the patient area and loudly stating “I’m clear, you’re clear, everyone clear!” Then press the shock button to deliver a shock to the patient as prompted. Shock delivery will be followed by re-analysis of the patient’s heart rhythm by the AED. If additional shocks are advised by the AED, follow the above sequence until the AED prompts otherwise or EMS arrives.

11.7 **AED Shock Sequence.** Based upon Texas Tech University System AED response protocols and in accordance with AED prompts, administer a shock sequence of up to three (3) consecutive shocks to the patient, followed by one (1) minute of CPR if signs of circulation are absent.

11.8 **No Shock Advised Procedure.** If the AED gives a “No Shock Advised” prompt and the patient is not breathing and has no signs of circulation, administer CPR until the patient regains signs of circulation, the AED advises to stop CPR for analysis, or EMS arrives and assumes care of the patient. If the patient is not breathing but does have signs of circulation, perform rescue breathing until the patient regains adequate respiration, the AED advises to not touch the patient for analysis, or EMS arrives and assumes patient care. Conduct continuous monitoring of the patient’s condition and evaluation of rescue in accordance with AED Responder training.

11.9 **Patient Monitoring.** Once the AED has been applied to the patient, do not turn off the AED or remove the defibrillation pads unless prompted by the device (e.g., “Replace battery” or “Replace pads”). The AED will continue background monitoring of the patient’s heart rhythm and alert the rescuers if additional shocks are required. Continue to assess the patient’s airway, breathing, and circulation and provide CPR as indicated.
12. Transfer of Patient Care to EMS

12.1 EMS Arrival. Upon arrival of EMS, transfer patient care to the EMS team. If requested by EMS, assist in patient care; otherwise, initiate post-incident procedures (see section 13).

12.2 Oral Report. Give the EMS agency a complete oral report of the event and any significant findings. Unless requested to remain at the scene to assist, complete the Texas Tech University System AED Incident Report.

12.3 AED Incident Report. The AED Incident Report may be copied and given to the EMS agency as part of the patient care document, either while EMS is on-scene or after the ambulance has left with the patient. If the report is to be given later, it is the responsibility of the Site AED Coordinator to oversee this data transfer and delegate authority if necessary.

12.4 AED Data Card Retrieval. An AED Responder at the incident is responsible for retrieval of the AED data card for data collection.

13. POST-INCIDENT PROCEDURES

See Appendices E and F for the AED Incident Report and the Post-Incident Critique Form.

13.1 AED Incident Report. The Responder who provided care to the patient must document all accounts of the medical event and any patient care given on the AED Incident Report form. The Responder will then provide the completed AED Incident Report to the Site AED Coordinator for data collection and quality review.

13.2 AED Report Confidentiality. The AED Incident Report is a part of the patient care record and is confidential to both the patient and Texas Tech University System. This report is not to be copied or altered once it is completed. Discussion of all aspects of the event is to be limited to Responders, in debriefing, or in training sessions. To prevent violation of patient confidentiality, AED Responders are to refrain from open discussion about any aspects of the medical event. Patient confidentiality must be maintained in accordance with all state and federal regulations.
13.3 **Response Protocol Irregularities.** Any protocol or equipment irregularities that occurred during the SCA event are to be reported to the Site AED Coordinator immediately for appropriate action. The Coordinator is to ensure that the Director Risk Management is notified of any equipment irregularities so that the device manufacturer may be contacted immediately.

13.4 **AED Debriefing Procedures.** A debriefing, headed by the Site AED Coordinator, is to be conducted with all Responders to the event, the Director Risk Management and/or Medical Director if necessary, and professional counselors if deemed appropriate by the Site AED Coordinator, Director Risk Management, or the Medical Director.

13.5 **Post-Event AED Check Procedures.** Before returning the AED to service, the AED responder shall perform the following post-event procedures:

- Check the AED visually for damage or missing parts.
- Request replacement of all supplies used during the event.
- Remove the data card for data collection and install a replacement data card or, after incident data has been downloaded, reinstall the original data card in the AED.
- Run a battery insertion test and replace the battery if indicated.
- Return the AED to its designated area for future use.

13.6 **Post-Incident Critique.** A Post-Incident Critique form shall be completed at the conclusion of each drill and each real SCA event to evaluate the response model and debrief the AED Responder(s). The completed form shall be discussed in the debriefing meeting following the drill or event. Further discussion shall be conducted with the Director Risk Management or HeartFirst Program Medical Director as necessary. In either event, written copies of the form may be distributed to management within the Texas Tech University System organization for administrative review.
14. **Data Collection**

14.1 *AED Incident Report and Data Card.* Data collection begins with the AED Incident Report and data card from the AED. These two components are to be given to the Site AED Coordinator as soon as possible.

14.2 *Data Card Removal.* Remove the data card and label it with the patient’s name. After removing the data card from the AED, either install a replacement card in the AED prior to returning the device to service, or reinstall the original data card after all data from the incident has been downloaded. Each Site Coordinator has the device and software necessary to download the data. Contact the Office of Risk Management for specific instructions.

14.3 *Data Card Transfer.* Data is to be gathered and given to the Director, Risk Management. The data should be reviewed by the Site AED Coordinator, the HeartFirst Program Medical Director, and Director, Risk Management in order to assess responder performance and for quality assurance.

14.4 *Data Download Procedure.* Data gathered from the event shall be downloaded onto Philips Medical Systems CODERUNNER data management software to render the data into a readable format for analysis. The Director of Risk Management or the Site AED Coordinator can conduct data download. Once a Site AED Coordinator downloads the data, it is to be sent via email to the Office of Risk Management and may be emailed to the appropriate emergency medical professional at the receiving hospital. Upon verification of receipt by the ORM the data may be deleted from the Site AED Coordinator’s computer.

Emergency medical professionals at the receiving hospital will have access to Philips Medical Systems CODERUNNER data management software via a secure Internet connection in order to read and/or print the data for medical management of the patient.
14.5 **Data Storage.** Downloaded data and post-incident critique forms are to be stored in a secure location under the direct supervision of the Office of Risk Management.

15. **Training and Drill Procedures**

See Appendix F for the *Post-Incident Critique Form.*

15.1 **AED Training Requirements.** The AED Responders shall be responsible for maintaining all required AED/CPR training. Texas Tech University System requires successful completion of the American Heart Association CPR and AED training course or the American Red Cross CPR and AED training course.

The Office of Risk Management with assistance from Site AED Coordinators shall track training requirements and notify each Responder of any deficiencies or renewals required.

15.2 **AED Response Plan Drills.** Periodic drills of the AED response plan and protocols shall be conducted to evaluate the effectiveness of the AED program. These drills may comprise a live re-enactment of an SCA event or classroom discussion of the overall response plan and protocols. Additional critique discussions with the AED Responders may also follow any actual AED events.
APPENDICES

The following appendices are provided in a format suitable for copying and posting as appropriate:

A. AED Responder Roster
B. AED Location and Equipment Sheet
C. Periodic Maintenance Checklist
D. AED Response Protocol and Flow Chart
E. AED Incident Report
F. Post-Incident Critique Form
APPENDIX A

AED Responder Roster
Contact Texas Tech University System Office of Risk Management for AED Responder information.
APPENDIX B

AED Location and Equipment Sheet
CONTACT TEXAS TECH UNIVERSITY SYSTEM OFFICE OF RISK MANAGEMENT FOR INFORMATION REGARDING AED LOCATIONS.
APPENDIX C

Periodic Maintenance Checklist
PERIODIC MAINTENANCE CHECKLIST

<table>
<thead>
<tr>
<th>AED Model Number:</th>
<th>AED Serial Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AED Location:</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

**Scheduled Frequency**

**AED**
- Clean, no dirt or contamination; no signs of damage

**Supplies Available**
- 2 sets defibrillation pads, sealed, undamaged, within expiration date
- 1 set infant/child defibrillation pads, sealed, undamaged, unexpired
- Ancillary supplies (hand towel, scissors, razor, gloves, rescue breathing device)
- Battery, within “Expiration” date
- Data card, undamaged

**Status Indicator**
- Flashing black hourglass; self-test passed.

**Inspected by**
- (operator signature or initials)

**Remarks, Problems, Corrective Actions**
APPENDIX D

AED Response Protocol and Flow Chart
AED RESPONSE PROTOCOL AND FLOW CHART

The following HEARTSTREAM AED response protocol is for use by the AED Team of Texas Tech University System. The HeartFirst Program Medical Director approves it for use by approved members only. The protocol will be reviewed on an annual basis and replaced by a revised protocol as necessary. See the AED Response Protocol Flow Chart, following.

Conduct an initial assessment:
- Assess for scene safety; use universal precautions.
- Assess patient for unresponsiveness.
- If unresponsive, activate emergency services. Call 911, 9911 or appropriate number.

Assess breathing
- Open airway
- Look, listen and feel for breathing
- If breathing is absent, deliver two rescue breaths

Assess circulation
- If signs of circulation are absent, provide CPR. Continue CPR until AED arrives.

Begin AED treatment
- As soon as the AED is available, turn on the AED and follow the prompts.
- Shave chest with disposable razor if indicated. Discard razor in a safe manner. Wipe chest if it is wet.
- Apply defibrillation pads. Look at the icons on the AED pads and place the pads as shown in the illustrations. Ensure pads are making good contact with the patient’s chest. Do not place the pads over the nipple, medication patches, or visible implanted devices.
- Deliver a shock to the patient if advised by the AED, after first clearing the patient area. Administer additional shocks as prompted by the AED, until the AED advises no shock or has delivered a series of three consecutive shocks and prompts to check the patient.
- When advised by the AED, check the patient’s airway, breathing, and signs of circulation and initiate CPR if circulation is absent.
- Continue to perform CPR until otherwise prompted by the AED or EMS personnel.
- Continue to follow the HEARTSTREAM AED prompts until EMS arrives.
When EMS arrives
Responders working on the victim should document and communicate important information to the EMS provider, such as:

- Victim's name
- Known medical problems, allergies or medical history
- Time the victim was found
- Initial and current condition of the victim
- Information from the HEARTSTREAM AED's screen:
  - Number of shocks delivered
  - Length of time defibrillator has been used
- Assist as requested by EMS providers

Post-Use Procedure

- AED responder: Remove the data card while transferring care of patient to EMS. Notify the Site AED Coordinator of the event. Give the data card and tray and the AED Incident Report to the Site AED Coordinator within 24 hours post-event.
- AED responder: Check the AED and replace any used supplies as soon as possible following the event so that the AED may be returned to service. Perform the after-patient-use maintenance on the AED.
- Site AED Coordinator: notify HeartFirst Program Medical Director and Director of Risk Management.
- Site AED Coordinator: download data from data card and send the confidential data via email to the Office of Risk Management (ORM) or send data card to ORM.
- Site AED Coordinator: conduct employee incident debriefing, as needed.
- Site AED Coordinator: complete the incident follow-up report and forward to HeartFirst Program Medical Director and Director of Risk Management.

Maintenance after Each Patient Use

- AED responder: Inspect the exterior and connector for dirt or contamination.
- AED responder: Check supplies, accessories and spares for expiration dates and damage. Notify the Office of Risk Management of supplies needing replenished. Office of Risk Management will provide replacement supplies.
- AED responder: Check operation of the Heartstream AED by removing and reinstalling the battery and running a battery insertion test.
- AED responder: Remove PC data card and replace it with an empty tray. Place data card and tray in the envelope for delivery to the Site AED Coordinator or ORM.

Medical Director (signature): ______________________ Date:__________________

Director Risk Management (signature): _______________ Date:__________________
**HeartFirst AED RESPONSE PROTOCOL FLOW CHART**

Immediately upon arrival:
- Assess scene for safety.
- Verify sudden cardiac arrest.

Assess responsiveness:
- Activate EMS and in-house Emergency Response Plan
- Open airway and assess breathing
- Absent? Deliver two (2) rescue breaths
- Assess for signs of circulation
- Absent? Proceed to CPR/AED

After verification of sudden cardiac arrest:
- Perform CPR if there is a delay in obtaining or using the AED; otherwise, use AED immediately upon its arrival
  - Turn on the AED
  - Apply defibrillation pads
  - Follow voice and text prompts

Allow AED to analyze heart rhythm (automatic):
- Shock Advised
  - “Clear” patient verbally and visually prior to shock delivery.
  - Deliver shock.
  - Defibrillate up to three (3) times, as advised by AED.
  - Check for signs of circulation.
  - If circulation absent, perform CPR for one (1) minute.
  - Continue sequence of three (3) shocks and one (1) minute CPR until a “no shock” prompt or external EMS arrives and instructs you to stop.

- No Shock Advised
  - Check for signs of circulation.
  - Absent? Perform CPR.
  - Present? Support airway and breathing.

- Continue until AED provides additional prompts or external EMS arrives and instructs you to stop.

- Leave the AED attached to the patient until instructed to remove it by EMS personnel or higher medical authority.
APPENDIX E

AED Incident Report
Texas Tech University System

**Texas Tech University System AED INCIDENT REPORT**

**Incident Details**

<table>
<thead>
<tr>
<th>Patient Name: _____________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient DOB: <em><strong>/</strong></em>/___ Patient Age: ________ Patient Gender: ___________</td>
</tr>
<tr>
<td>Incident Date: <em><strong>/</strong></em>/___ Incident Time: __________ (hour: minute)</td>
</tr>
<tr>
<td>Incident Location: __________________________________________________________</td>
</tr>
</tbody>
</table>

**Event History**

<table>
<thead>
<tr>
<th>Patient activity prior to event: ___________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient complaints prior to event: ___________________________________________</td>
</tr>
<tr>
<td>Was the event witnessed? ....................................................... No Yes, at _____(time) / rescuer: ___________</td>
</tr>
<tr>
<td>Was CPR started? .................................................................. No Yes, at _____(time) / rescuer: ___________</td>
</tr>
</tbody>
</table>

**Assessment and Treatment**

<table>
<thead>
<tr>
<th>Were ABC’s assessed? ............................................. No Yes, at _____(time) / rescuer: ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was CPR initiated? ................................................ No Yes, at _____(time) / rescuer: ___________</td>
</tr>
<tr>
<td>Was shock #1 delivered? ........................................ No Yes, at _____(time) / rescuer: ___________</td>
</tr>
<tr>
<td>Was shock #2 delivered? ........................................ No Yes, at _____(time) / rescuer: ___________</td>
</tr>
<tr>
<td>Was shock #3 delivered? ........................................ No Yes, at _____(time) / rescuer: ___________</td>
</tr>
<tr>
<td>Was ROSC achieved? ................................................ No Yes, at _____(time) / rescuer: ___________</td>
</tr>
<tr>
<td>Was respiration regained? ........................................ No Yes, at _____(time) / rescuer: ___________</td>
</tr>
<tr>
<td>Was consciousness regained? .................................. No Yes, at _____(time) / rescuer: ___________</td>
</tr>
<tr>
<td>Was patient transferred to EMS? ............................ No Yes, at _____(time) / rescuer: ___________</td>
</tr>
</tbody>
</table>

**Report Completed by: _________________________________ Date: ___/___/___**

*NOTE: Use back of this sheet for additional comments.*

**Routing:**
- Site AED Coordinator
- Director Risk Management
- HeartFirst Program Medical Director
APPENDIX F

Post-Incident Critique Form
POST-INCIDENT CRITIQUE FORM

Patient Data
Patient Name: _________________________________ Incident Date:_______________
If know: DOB: _________________Age:______________Gender: ____

Call Notification (include hour : minute : second for times recorded)
How was Responder alerted? _________________ Time alerted:___ : ___ : ___
How was Responder dispatched? _________________ Dispatch time:___ : ___ : ___
Who initiated 9-1-1 call? _________________ Time called:___ : ___ : ___
AED Responder arrival time: ___ : ___ : ___ AED arrival time:___ : ___ : ___

SCA Event Report
Collapse/recognition: ___ : ___ : ___ Bystander CPR started:___ : ___ : ___
9-1-1 called: ___ : ___ : ___ EMS dispatched: ___ : ___ : ___
AED Responder arrival: ___ : ___ : ___ AED arrival: ___ : ___ : ___
Patient unresponsive: □ Yes □ No Documented time:___ : ___ : ___
Rescue breathing started:□ Yes □ No Documented time:___ : ___ : ___
CPR started: □ Yes □ No Documented time:___ : ___ : ___
AED applied: □ Yes □ No Documented time:___ : ___ : ___
First shock advised: □ Yes □ No Documented time:___ : ___ : ___
Additional shocks: □ Yes □ No Total # of shocks delivered: __________
Return of circulation (pulse):□ Yes □ No Documented time:___ : ___ : ___
Return of respiration: □ Yes □ No Documented time:___ : ___ : ___
EMS scene arrival: ___ : ___ : ___ EMS arrival at patient: ___ : ___ : ___
Patient condition at EMS hand-off: ________________________________
Patient transported: ___ : ___ : ___

Transported to: ____________________________________________
Patient condition at hospital (if known): ____________________________________________

Report Completed by: ___________________________ Date: ___________________________
Code Pink – Missing Child

Contact the Amarillo Office of the TTUHSC Police Immediately:
Business hours: 806-354-5568
cell phone: 806-679-4392

A Code Pink announcement denotes a child is reported missing from the TTUHSC campus at Amarillo.

If a child is reported missing to a TTUHSC employee, the employee shall immediately notify the reception desk or other individual with the capability to broadcast a Code Pink announcement via building paging system. The announcement shall include a physical description of the child (gender, age, hair color, height, weight, etc) and the clothing they were last seen wearing. This broadcast will immediately precede notification to the TTUHSC Police. The Police Guard on duty may post TTUHSC emergency personnel or other employees to screen individuals at building entrances and parking areas until the child is located.

Departments should request occupants to stay in their areas and perform a search of all areas in the department.
Attachment A

Department Contacts for Emergency Information

Each department is responsible for designating one (1) person and two (2) alternates to receive information from emergency personnel by submitting Attachment A (pg. 12) to the Amarillo Office of the TTUHSC Police on an annual basis, or as necessary.

Each department is responsible, by utilization of their respective designee, for alerting, evacuating, disseminating information, and maintaining accountability of all persons in their department during emergency code procedures.

<table>
<thead>
<tr>
<th>Person</th>
<th>Phone number/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>____________________________   _____________________________</td>
</tr>
<tr>
<td></td>
<td>______________________________</td>
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<td>(2)</td>
<td>____________________________   _____________________________</td>
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