



HOWARD COUNTY DEPARTMENT OF POLICE

GENERAL ORDER ADM-22 AUTOMATIC EXTERNAL DEFIBRILLATORS

EFFECTIVE OCTOBER 13, 2020

This General Order contains the following numbered sections:

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I. POLICY

It is the policy of the Howard County Department of Police (HCPD) to deploy Automatic External Defibrillators (AEDs) and train members in their proper utilization.

II. DEFINITIONS

- A. AED Coordinator: An AED and CPR trained member assigned to the Education and Training (E&T) Division who is responsible for implementing and administering the program.
- B. The American Heart Association (AHA): A national organization dedicated to fighting heart disease and stroke.
- C. American Safety and Health Institute (ASHI): An association of health and safety educators that provides certification in CPR and first aid.
- D. Automated External Defibrillator (AED): A device that automatically analyzes the heart rhythm and, if it detects a problem that may respond to an electrical shock, delivers a shock to restore a normal heart rhythm.
- E. Cardiopulmonary Resuscitation (CPR): An emergency lifesaving procedure performed when the heart stops beating.
- F. Emergency Medical Services (EMS): Medical responders to emergencies such as EMTs and paramedics.
- G. Instructor: A member certified by MIEMSS or another approved agency to teach CPR and the application of the AED.
- H. Medical Director: A Maryland licensed physician within the Department of Fire and Rescue Services (DFRS) who is responsible for administering the AED program.

III. TRAINING AND CERTIFICATION

- A. Only members who have been trained and maintain current certification in accordance with standards and protocols established by ASHI, the Medical Director, and E&T, may use HCPD AEDs.
 - 1. An attendance roster of trainings and record of all test scores shall be retained by E&T.

2. At no time will any member of this Department represent himself as medically qualified to provide treatment beyond emergency first aid, CPR, or AED use unless they possess a current specialized medical certification.

B. AED training will include the following, at a minimum:

1. Initial Certification
 - a. LEEMCC-trained officers will be trained and certified in the usage of AEDs during the initial LEEMCC certification course that includes the proper performance, application, and integration of CPR and the AED. Non-LEEMCC trained personnel will be required to complete a training program in the proper performance, application, and integration of CPR and the AED, as approved by E&T.
 - b. The programs will consist of both lecture and practical scenarios.
 - c. A written examination will be utilized to verify knowledge retention. Members must achieve a passing score as established by the American Safety and Health Institute (ASHI).
 - d. A practical evaluation will be utilized to verify competency. Each member must demonstrate competency by meeting established skills identified by ASHI.
2. Re-certification
 - a. LEEMCC-certified Officers are required to maintain current certification as LEEMCC providers. The four (4) hour LEEMCC/ASHI CPR-AED re-certification course will be completed within two (2) years of initial certification and every two (2) years thereafter.
 - b. Non-LEEMCC trained personnel will be required to complete an annual training program in the proper performance, application, and integration of CPR and the AED.

IV. OPERATIONAL PROCEDURES

- A. AEDs will be assigned to the following areas at Department facilities for ready access:
1. Animal Control;
 2. 911 Center;
 3. Duty Officer Stations at each District Station;
 4. Child Advocacy Center (CAC);
 5. Vice and Narcotics (V&N);
 6. Mobile Command Post
 7. E&T – James N. Robey Public Safety Training Center;
 8. E&T – Outdoor Range;
 9. Automated Enforcement Division;
 10. Tactical Section; and

11. Other areas designated by the Deputy Chief for Administration.
 12. Units may be moved to other locations within the HCPD with prior approval from the Deputy Chief for Administration.
- B. A minimum of two (2) AEDs shall be assigned to each patrol squad. Each AED assigned to Patrol will be tracked by the respective District Administrative Officers.
- C. As availability permits, additional AEDs may be assigned to individual First Responders or to designated Patrol units.
- D. When practical, Department members assigned an AED will respond to provide early defibrillation when the following situations are witnessed or reported to the member, and the member is in the general area of the call and likely to arrive before EMS.
1. Cardiac arrest;
 2. Unconscious subject;
 3. Subject stopped breathing;
 4. Drowning;
 5. Electrocution;
 6. Unknown medical emergency or trouble; and
 7. Other situations at the direction of a supervisor.
- E. Department members shall not use the AED for the following:
1. Deceased subject, i.e. rigor mortis, cold to the touch, severe trauma, etc.;
 2. Subject who has spontaneous movement; or
 3. Subject in water.
- F. Upon arrival at the scene, the Department member will first determine if the scene is safe for entry and assure that EMS is responding.
1. If the scene is safe for entry, the member will immediately obtain the AED and assess the patient to determine the presence of signs that would dictate the need for early defibrillation or CPR, to include unresponsive, breathless, and pulseless.
 2. If appropriate, the member will activate and attach the AED to the patient and proceed according to the ASHI AED protocol.
- G. Members utilizing AEDs mounted in Department facilities will do so according to ASHI protocol. EMS shall be called prior to initiating treatment.
- H. Trained AED members working the Duty Officer station will respond to medical incidents within the District Stations to assess the need for CPR or the AED.
- I. Medical incidents and AED usage are to be immediately reported to the appropriate Watch Commander.
- J. Upon arrival of EMS, the Department member will facilitate an orderly transfer of patient care to EMS. The member utilizing the AED will provide the following information to EMS:

1. Patient's age, if known;
 2. Witnessed or unwitnessed arrest;
 3. Approximate time from collapse to EMS arrival;
 4. CPR performed by any bystander;
 5. Number of defibrillations provided;
 6. Patient's response to treatment;
 7. Any known medical conditions or medications; and
 8. Circumstances prior to medical intervention.
- K. Upon transfer of patient care responsibilities, the member utilizing the AED will disconnect the unit from the patient.
1. All electrodes attached to the patient will be left attached so that EMS providers can quick-connect their equipment to the patient.
 2. The member utilizing the AED will request that responding EMS units provide them with a replacement set of electrodes prior to leaving the scene.
- L. The member deploying the AED will replace all other medical items used as part of CPR or AED application. Medical items will be replaced through the Quartermaster.
- M. Once used, the AED will be placed out of service to facilitate the downloading of patient care data. The unit may not be used again until a data download is completed. If available, a replacement AED unit will be issued.
1. The operator will turn the unit in to their respective administrator who will facilitate the process with the Fire Department and notify the AED Coordinator.
 2. All data downloads will be forwarded to the Medical Director within the Department of Fire and Rescue Services.
- N. Prior to returning the unit to service, the AED Coordinator will ensure that the unit is properly equipped and ready for service.

V. REPORTING PROCEDURE

- A. Whenever a member attaches an AED to a patient, the member shall complete:
1. An Incident Report (IR).
 - a. The member will obtain the case number from Communications.
 - b. If the call is classified as a Medical Assist, the officer can clear the call with a "services rendered" status.
 - c. A copy of the IR will be forwarded to the AED Coordinator by the end of the shift.
 2. A Maryland Facility AED Report Form for Cardiac Arrests is required. All the information on the form shall be completed.

- a. The form will be reviewed by the member's supervisor and forwarded to the AED Coordinator by the end of the shift.
 - b. The form may be found online at:

<http://www.miemss.org/home/default.aspx?tabid=68>
- B. If the use of the AED involves a subject under arrest or in police custody, the area Watch Commander or Division Commander will promptly be notified of the situation.
1. A written report shall be completed. All members witnessing any events will be required to complete a supplemental report. The report or supplement will contain detailed information about the circumstances of the incident and all actions taken.
 2. Copies of the reports will be forwarded to Risk Management and the Office of Law.
- C. Anytime an AED or CPR is used on any member of the HCPD, the appropriate Watch Commander or Division Commander will be notified as soon as possible. The affected member's Commander will ensure that appropriate notifications are made through the chain of command to the Chief of Police.
- D. General Order ADM-16, Departmental Deaths and Critical Injuries, will be followed as appropriate.

VI. EQUIPMENT AND MAINTENANCE

- A. Only approved AEDs shall be placed in HCPD facilities and vehicles. The AED coordinator shall maintain a listing of approved AEDs.
- B. All ASHI and manufacturer guidelines for maintenance, inspection, and repair of AEDs will be followed.
- C. Patrol Officers and qualified AED operators assigned an AED as designated by the applicable Bureau or District Commander will inspect the AEDs on a weekly basis. The results of the inspection will be recorded on HCPD Form 6120, AED Monthly Inspection. The inspections will include:
 1. AED location;
 2. AED serial number;
 3. Electrode expiration date(s), adult and child;
 4. Battery expiration date;
 5. Date of inspection;
 6. Inspector signature and ID number;
 7. Carrying case intact with no signs of damage;
 8. Battery charged and ready for use;
 9. Maintenance issues; and
 10. All equipment available in carrying case.

- D. AED Monthly Inspection Forms must be forwarded by the fifth of the following month to the AED Coordinator in E&T for AEDs located in HCPD facilities. The AED Coordinator will ensure that all units are inspected as prescribed.
- E. Anytime an AED is not working properly, battery or pads are approaching expiration, or any maintenance issues are identified in general, the HCPD AED Coordinator shall be notified as soon as possible.
- F. AED units that do not pass inspection for required equipment or for technical reasons will be placed out of service until the equipment is replaced or a manufacturer's technician can repair the particular problem. The unit shall be turned into the AED Coordinator for proper review and determination. Replacement units shall be issued when available.

VII. PATROL RESPONSIBILITIES

- A. District Administrative Officers will maintain and update records on the master database for AEDs assigned to Patrol, to include AED serial numbers, assigned member, date issued, etc.
- B. Patrol Supervisors will ensure that weekly inspection forms are collected and submitted to the District Administrative Officer through their Watch Commander on a monthly basis. District Administrative Officers will report any compliance issues to the respective Watch Commanders.
- C. District Administrative Officers will promptly report any maintenance issues to the AED Coordinator.

VIII. EDUCATION AND TRAINING DIVISION RESPONSIBILITIES

- A. The E&T Division will obtain and be the repository for the following materials associated with the AED program:
 - 1. The serial numbers and assignment of each AED located in a HCPD facility.
 - 2. Inspection and maintenance records associated with each AED located in a HCPD facility.¹ Maintenance and inspection records will be retained for the serviceable life of the unit.
 - 3. Training records for each qualified operator to include certification and re-certification due dates.
 - 4. Hard copy of all data downloads associated with a particular use and copies of submitted quality assurance forms and reports will be requested from the DFRS. Data downloads and Maryland Facility AED Report Form for Cardiac Arrests will be retained for a two (2) year period.
 - 5. The Medical Director agreement(s).
- B. E&T will coordinate the training and certification for all Department members as required by MIEMSS and the Medical Director.
- C. E&T may conduct case reviews of a particular call at their own discretion for training or investigative purposes or at the request of the Medical Director.

IX. AED COORDINATOR RESPONSIBILITIES

- A. Implementing and administering the AED program.
- B. Maintaining necessary records and documentation.

- C. Reporting the use of the AED to the Medical Director.
- D. Facilitating required inspections and maintenance.
- E. Quarterly reviews of all inspection and maintenance records for individual AEDs.
- F. Development of appropriate training programs.

X. MEDICAL DIRECTON

The Howard County Department of Fire and Rescue Services Medical Director shall provide the medical direction and oversight for the AED program as specified in COMAR 30.06.

XI. CANCELLATION

This Special Order will cancel and replace Special Order 2012-03, Automatic External Defibrillators, dated March 9, 2012.

AUTHORITY:



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Chief of Police