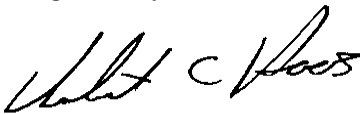
 Cambridge Police Department	POLICY & PROCEDURES		No. 439
	Subject/Title: Automatic External Defibrillator (AED)		
	Issuing Authority:  <hr/> Robert C. Haas Police Commissioner		Review Date: October 13, 2014
			Issue Date: November 10, 2014
		Effective Date: December 2, 2014	Rescinds:
References/ Attachments:		Accreditation Standards:	

I. PURPOSE:

The purpose of this directive is to provide the guidelines for how automatic external defibrillators (AEDs) will be deployed to officers, how the AEDs will be maintained and stored, when and how the AEDs will be utilized in the field, and to identify the cardiac arrest documentation and post-call procedures that must be followed in the event that an AED is utilized.

II. POLICY:

The Cambridge Police department is equipped with AEDs to provide lifesaving intervention to victims of sudden cardiac arrest and improve cardiac arrest survival rates. The deployment of AEDs by the Cambridge Police Department will provide the best chance of survival from cardiac arrest.

III. CERTIFICATION AND TRAINING:

In accordance with the Memorandum of Agreement between the Cambridge Police Department, Mount Auburn Hospital, and the South Middlesex Hospital Association, an AED authorization list shall be maintained by the Cambridge Police Department Training Academy, indicating Department personnel currently trained, certified, and authorized to use the AED. The Training Academy shall provide the authorization list to the Deputy Superintendent who is overseeing the AED program, for entry in to DHQ.

All police personnel are required to complete training and certification for AED operation by a qualified instructor. The instructor shall be responsible for submitting the names of the personnel who successfully complete the AED course to the Training Academy for inclusion on the AED authorization list. A qualified facilitator designated by the Commissioner of Police may perform AED review sessions as needed. At a minimum,

all police personnel will be recertified in AED operation during annual in-service training.

IV. ASSIGNMENT OF EQUIPMENT:

- A. Field Deployment of AED's:** Given the fact that the AED are susceptible to extreme and cold, AED will only be kept in designed primary cruisers that are in continual service (i.e., Car 17; Car 19; Car 1; Car 3; & Car 5) be kept in the cruisers. All additional AED units deployed will be assigned out by the Shift Commander depending upon the availability of additional units and to those officers who are currently certified on the AED.
1. *AED Certified Officers:* Only those officers who are currently certified may use the AED unit.
 - a. An AED Authorization List indicating which officers are currently certified with the AED unit will be maintained both at the Police Station and the Ahern Reporting Station.
 - b. The AED Authorization List will be maintained by the department's AED Coordinator(s).
 2. *Signing Out Additional AED Units:* Normally during roll call, the Shift Commander (or officer holding roll) will designate which officers may sign out an AED unit, provided that officer assigned to the specified cruiser is currently certified with the AED Unit. It is recommended that the Shift Commander adhere to the following protocol when assigning additional AED units to be deployed in the field, depending upon the availability of AED units:
 - a. The primary route cruisers (Car 1R; Car 3R; Car 5R; Car 11R; & Car 13R);
 - b. Additional units may then be assigned out at the discretion of the Shift Commander and depending upon availability.
 - c. At least one unit should be maintained at the Police Station & one unit at the Ahern Reporting Station in the event a spare unit may need to be swapped out during the course of the shift.
 3. *Returning AED Units at the End of a Shift:* Officers who have been assigned an AED unit, and not operating the cruisers identified in Section A, are responsible for returning the AED unit to its designated storage area within the Police Station or the Ahern Reporting Station at the of their tour of duty. The off going officers who have been assigned the AED for their shift that are not one of the AED's mentioned above shall, upon roll call being announced

over will bring the AED in to the station at 125 Sixth Street or the Ahern reporting station and place the AED into the assigned area.¹

4. *Removing the AED from Primary Cruisers:* Anytime one of the primary cruisers are taken out of service for an extended period of time, sent off site for repairs, or will be left outdoors for an extended period of time (Car 17; Car 19; Car 1; Car 3; or Car 5), the AED unit stored in the cruiser will be removed from the cruiser and stored in the designated storage areas within the Police Station or Ahern Reporting Station. Once the cruiser is placed back into service, the AED Unit will be returned to the cruiser.

B. Deployment of AED Unit for Special Events: Depending upon the nature of a special event, an AED Unit should be deployed. The AED Unit should only be checked by an officer who is currently certified on the AED Unit. It will be that officer's responsibility to see that the AED Unit is returned to the proper storage area that is maintained at either the Police Station or the Ahern Reporting Station.

C. Deployment of AED Unit for Training Events: Depending upon the nature of the training event, an AED Unit should be deployed. The AED Unit should only be checked by an officer who is currently certified on the AED Unit. It will be that officer's responsibility to see that the AED Unit is returned to the proper storage area that is maintained at either the Police Station or the Ahern Reporting Station. Some examples of when the AED Unit should be deployed for training events would include, but not necessarily limited to the following:

1. Annual Firearms Qualifications
2. SRT and/or TPF Training Exercises (other than classroom training)
3. Active Shooter Training Exercises
4. Other training events when personnel are expected to exert physical activity

V. MAINTENANCE OF EQUIPMENT:

A. Checking the AED Unit: The Officer assigned the AED shall check the AED at the beginning of his/her shift. The following shall be checked and documented by the officer on the vehicle inspection screen on DHQ:

1. Battery Icon (the icon must read "OK").

B. Duties of AED Coordinator: The AED Program Coordinator shall also inspect every AED on a monthly basis for functionality and suitability for reissuance. At a minimum, the following items shall be inspected by the AED Program Coordinator and documented on a report card attached to the AED:

¹ Storage locations will be maintained in the Ahern Reporting Station and the Front Desk area behind the Clerk.

1. Electrodes (two (2) adult and one (1) pediatric);
2. Battery Icon (the icon must read “OK”).

C. Optimal Storage Conditions: In compliance with the manufacturer’s recommendations for operating temperature, the AED will be carried in the passenger compartment of the cruiser. If the cruiser is a utility vehicle, the cargo area is an acceptable storage location. When the cruiser will be unattended for a prolonged period of time, the officer should be mindful of the AED and the negative effects of extreme cold/hot temperature on the AED. The AED will otherwise be maintained in accordance with the manufacturer’s recommendations. A facility authorized by the manufacturer will perform all required maintenance.

VI. RESPONSE TO CARDIAC ARREST:

A. Priority Response for Cardiac Arrest Calls: Because defibrillation of a cardiac arrest patient supersedes all other medical interventions, personnel must act in accordance to the following protocol:

1. If the officer to whom the AED is issued is committed to a call for service and cannot leave that scene, then another cruiser equipped with an AED will be dispatched to the medical emergency if available and nearby.
2. An Officer committed to a call for service shall not leave that call without permission from a supervisor.

B. Deployment Protocols for AED: The AED will be brought on scene and utilized when appropriate when dispatched to the following types of calls:

1. Cardiac Arrest;
2. Chest Pain;
3. Unconscious/Unresponsive;
4. Drowning;
5. Unknown Medical;
6. Personnel may, at their discretion bring the AED to other medical emergencies as well.

VII. ON-SCENE AED PROTOCOLS:

- A. Utilization of the AED:** At all times, the AED will be operated in full accordance with the Massachusetts Statewide Treatment Protocols, including any protocol modifications prescribed by the South Middlesex EMS. Any deviation from the protocol must be documented in both a QED Report and the South Middlesex EMS SAED Report Form: www.surveymonkey.com/s/AEDRecord. The following protocols shall also be adhered to:
1. The AED will be applied only to patients in cardiac arrest that has no apparent pulse or breathing.
 2. Because the Cambridge Police Department is a first-response agency without the ability to transport, an ambulance must be called to transport the victim.
 3. If a Basic Life Support ambulance or Fire Department apparatus arrive on-scene, Cambridge Police Department personnel will continue to provide patient care in accordance with established protocols using the Cambridge Police Department AED. Cambridge Police Department personnel shall retain command and control over the AED unit at all times whenever possible but should make all attempts to retrieve the AED as soon as practical.
 - a. If in use, the Cambridge Police Department AED shall remain attached to the patient. It is not appropriate to remove a working AED unit to apply another AED. Only a paramedic or higher medical authority may direct the removal of the AED for the application of a manual defibrillator.
 4. Upon arrival of any EMS personnel of higher medical training and certification, Cambridge Police Department personnel will complete their current cycle of shocks with the AED unit and then immediately transfer care to the higher medical authority, which will assume all patient care. Further involvement by Cambridge Police Department personnel will be at the direction of the higher medical authority. Cambridge Police Department personnel will remain in control of the Department AED(s) at all times. Additionally:
 - a. A verbal report will be given at the time of transfer of care, and;
 - b. The last names of responding medical personnel and agency affiliation (Fire and EMS) will be obtained and recorded in the QED report.
 6. It is not necessary for a Cambridge Police Department representative to accompany the patient to the hospital. However, if an EMT or paramedic specifically requests, and the appropriate supervisor approves, Cambridge Police Department personnel may accompany the ambulance to the hospital to assist with patient care.

VIII. CARDIAC ARREST DOCUMENTATION AND POST-CALL PROCEDURES:

- A. Documentation Requirements:** The following procedures shall be followed in the event that an AED is utilized for a cardiac arrest event:
1. The responding officer shall document all relevant facts from the cardiac arrest event in both a QED report (Miscellaneous) and the South Middlesex EMS SAED Report Form, the on line form is available on DHQ and also at www.surveymonkey.com/s/AEDRecord.
 2. The AED Program Coordinator will be contacted as soon as practicable to download the data from the AED.
 3. The AED will be removed from service and stored in the secure storage room across from the Shift Commander's Office until the AED Program Coordinator downloads the data from the AED.
 4. Once the data is downloaded, the AED Program Coordinator will be responsible for placing the AED back in to service. This process will include replacing any expendable parts used during the previous cardiac event and inspecting the device for functionality and suitability for reissuance.