



UNITED STATES MARINE CORPS  
MARINE CORPS AIR STATION  
BEAUFORT, SOUTH CAROLINA 29904-5001

ASO 5100.1B  
DSS  
03 FEB 2016

AIR STATION ORDER 5100.1B

From: Commanding Officer, Marine Corps Air Station Beaufort  
To: Distribution List

Subj: PUBLIC ACCESS DEFIBRILLATOR (PAD) PROGRAM

Ref: (a) SECNAVINST 5100.17  
(b) Deputy Commandant, Installations and Logistics Policy Letter dated 22 August 2011  
(c) MCO 11000.11 Marine Corps Fire & Emergency Services Program  
(d) FMR Bulletin 2009-B2  
(e) MCO 5100.29 Marine Corps Safety Program

Encl: (1) F&ES Public Access Defibrillator Program (PAD)

1. Situation. Enclosure (1) of the Order promulgates the standing operating procedures (SOP) for the safe use and operation of Automated External Defibrillator (AED) devices aboard Marine Corps Air Station Beaufort in accordance with the references.

2. Mission. To provide AED and cardiopulmonary resuscitation (CPR) to victims of Sudden Cardiac Arrest (SCA) aboard Marine Corps Station Beaufort in an attempt to preserve lives that might ordinarily be lost without bystander intervention.

3. Cancellation. ASO 5100.1A Automated External Defibrillator (AED) Safety Program

4. Execution.

a. Commander's Intent and Concept of Operations.

(1) Commander's Intent. This Order is applicable to all individuals and organizational elements aboard the Air Station operating and using AEDs in response to SCA emergencies.

(2) MCAS Beaufort Fire & Emergency Services (F&ES) PAD program shall be administered IAW Navy Medical and Marine Corps AED rules and regulations as well as the American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC).

(3) PAD program practices and procedures shall be tailored to effectively respond to SCA incidents that may occur in facilities aboard the Air Station and Laurel Bay.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

b. Concept of Operations. The AHA estimates that 250,000 Americans die each year from SCA as a result of coronary artery disease. SCA resulting from ventricular fibrillation is a treatable condition and potentially survivable when prompt action is taken. Since most instances of sudden cardiac arrest occur outside the hospital setting, the quick response of community members can have significant impact on survival rates. This quick response by community members equipped with training and an AED has been proven to significantly improve the outcome of sudden cardiac arrest.

(1) All PAD program AEDs shall be maintained and managed in accordance with enclosure (1) and AHA standards, to include but not limited to: inventory, inspecting, calibrating, cleaning, testing, and repairing as required.

(2) MCAS Department of Safety and Standardization (DSS) shall have oversight of the Public Access Defibrillator program and is fiscally responsible for its operation.

(3) MCAS F&ES shall have operational control of the PAD and is responsible for its day-to-day operations.

c. Tasks

(1) Director, Department of Safety & Standardization

(a) Provide oversight of the PAD program.

(b) Report adverse events such as a device related death and serious injury to the device manufacturer IAW the Safe Medical Devices Act (SMDA).

(2) Fire Chief, MCAS Fire & Emergency Services (F&ES)

(a) Appoint a PAD Program Coordinator to manage the day-to-day operations of the PAD program.

(b) Maintain control and accountability of all AED devices throughout the Air Station and ensure proper preventative maintenance is conducted IAW manufacture guidelines.

(c) Provide CPR and AED training to government employees (active duty & federal civilians) who work in PAD program identified buildings aboard MCAS Beaufort.

(3) Unit Safety Representatives

(a) Serve as facility AED coordinators and take custody of assigned AEDs and maintain them in accordance with prescribed regulations and standards.

(b) Inspect all AED devices monthly to ensure they are serviceable and ready for use at all times.

(c) Submit an AED Incident Report within 48 hours to DSS following the use of an AED during a SCA incident.

(4) Volunteer Responders

(a) May use PAD program AED's in the case of SCA even if they haven't received any training on its usage.

(b) Ensure that EMS and trained personnel are summoned as soon as practical during any incident where SCA is suspected.

(c) Provide the F&ES PAD Coordinator and DSS Representatives with SCA incident specific information to facilitate the completion of the AED response documentation and incident reports as required.

(5) Officers In Charge and Civilian Employees

(a) Ensure subordinate personnel receive orientation and in certain cases CPR/AED training to facilitate response to emergency medical situations that occur in their area of cognizance.

(b) Report the use of an AED device to F&ES & DSS representatives as soon as feasible.

5. Coordinating Instructions. All Air Station personnel affected by this Order will ensure strict compliance with this directive.

6. Administration and Logistics. MCAS DSS will administer revision and/or modifications of this order with concurrence of the F&ES Fire Chief. All recommendations concerning changes to this order shall be submitted to the DSS for review.

7. Command and Signal

a. Signal. This order is effective the date signed.

b. Command. This Order is applicable to all military and civilian personnel assigned to Marine Corps Air Station Beaufort.

c. Concurrence. The CO of Marine Aircraft Group 31 concurs with this Order as it pertains to members of the 2<sup>nd</sup> Marine Air Wing aboard MCAS Beaufort.



P. D. BUCK



# PUBLIC ACCESS AED PROGRAM

Updated: March 2015

## Table of Contents

1.0	Background:.....	1
2.0	Goal of Public Access Defibrillator Program (PAD):.....	1
3.0	Administration of PAD:.....	1
4.0	Placement of AED's aboard MCAS Beaufort:.....	1
5.0	AED Acquisitions:.....	2
6.0	PAD AED Inventory/Maintenance:.....	2
7.0	CPR Instructions:.....	3
8.0	AED Instructions:.....	3
9.0	Post Use Procedure:.....	4
10.0	PAD Training Requirements:.....	4
	Appendix A: Adult CPR/AED Algorithm:.....	1
	Appendix B: AED Post Usage Check List:.....	1
	Appendix C - AED Usage Incident Report.....	2
	Appendix D: Emergency Response Work Sheet.....	4

## Public Access Defibrillator Program

### 1.0 Background:

- 1.1. The American Heart Association estimates that 250,000 Americans dies each year from sudden cardiac arrest as a result of coronary artery disease. Sudden cardiac arrest (SCA) resulting from ventricular fibrillation is a treatable condition and potentially survivable when prompt action is taken. Since most of these instances occur outside the hospital setting, the quick response of community members is imperative to increase survival rates. When community members are equipped with training and an Automatic External Defibrillator (AED) survival rates have been proven to significantly improve.

### 2.0 Goal of Public Access Defibrillator Program (PAD):

- 2.1. MCAS Beaufort's Public Access Defibrillator Program is designed to provide personnel aboard MCAS Beaufort with training and access to strategically located AEDs for use in the event of a SCA incident aboard MCAS Beaufort.
- 2.2. The PAD program establishes a uniformed approach and specific policy guidance for the deployment and maintenance of all PAD deployed AEDs aboard MCAS Beaufort.

### 3.0 Administration of PAD:

- 3.1. MCAS Beaufort Department of Safety and Standardization is responsible for funding and oversight of MCAS Beaufort's PAD program.
- 3.2. MCAS Fire & Emergency Services (F&ES) is responsible for the implementation, and maintenance of MCAS Beaufort's PAD program.
- 3.3. F&ES Assistant Fire Chief of Emergency Medical Services shall be the F&ES appointed PAD Coordinator and is responsible for overseeing the day-to-day activities of the PAD program.

### 4.0 Placement of AED's aboard MCAS Beaufort:

- 4.1. The AED program coordinator shall identify and prioritize locations for the placement of AEDs aboard MCAS Beaufort and Laurel Bay Housing Area following a risk-based strategy that considers the likelihood of cardiac arrest, frequency, facility population, average age of population, security barriers, operational requirements, and historical EMS call volume. At a minimum, AEDs shall be placed in the following locations:
  - a) Gymnasiums and Indoor Athletic Facilities
  - b) Staffed Fitness Centers
  - c) Swimming Pools
  - d) Main Commissaries
  - e) Schools
  - f) High Risk Training Areas
  - g) Main Exchanges
  - h) Administrative buildings that have more than 250 adults over 50 years of age present for more than 16 hours per day.

- i) Any additional MCAS owned facility that the F&ES PAD Coordinator determines has a need for an AED to be placed in that building.
- 4.2. PAD distributed AEDs should be placed in AED cabinets as appropriate. AED Cabinets shall be well marked by 3D signs visible in all possible directions and produce an audible alarm when opened.
- 4.3. Any existing AEDs at the time of PAD implementation shall be inventoried and inspected by F&ES personnel for acceptance into the PAD program. This is to ensure standardization and compatibility of AED devices for emergency response integration, user training & operations, and maintenance purposes. Over time, as the existing AEDs require replacement, they should be replaced with AEDs of the same manufacturer and type used designated and approved by the AED coordinator.

**5.0 AED Acquisitions:**

- 5.1. All new AEDs purchased aboard MCAS Beaufort shall be approved by the F&ES PAD Coordinator to ensure standardization and compatibility of AED devices aboard MCAS Beaufort.
- 5.2. Only commercially available AEDs that have been cleared for marketing by the Food and Drug Administration (FDA) shall be considered for use aboard MCAS Beaufort.
- 5.3. Tenant commands are encouraged to place AED's within their AOR aboard MCAS Beaufort. However, prior to the purchase and installation of new AEDs by tenant commanders a command representative must contact the F&ES PAD Coordinator for assistance selecting an AED compatible with MCAS Beaufort's PAD program.
- 5.4. The tenant command is responsible for funding the purchase and maintenance of the AED.
- 5.5. Tenant command is also responsible for funding all CPR and AED training for its members.
- 5.6. Every PAD AED Cabinet shall be equipped with the following equipment at all times:
  - a) CPR/AED instructions (1 card)
  - b) Latex free gloves in varying sizes (4 pairs)
  - c) CPR Facemask with barrier device. (1 Pocket Mask)
  - d) Disposable razor (1)
  - e) Blunt end scissors (1 pair)
  - f) Adult AED Pads (1 set)
  - g) Pediatric AED pads (1 set. Only in designated facilities)
  - h) Biohazard bag (1 bag)
  - i) Absorbent towel (1)

**6.0 PAD AED Inventory/Maintenance:**

- 6.1. MCAS F&ES shall maintain an inventory of all PAD and tenant command AEDs aboard MCAS Beaufort.



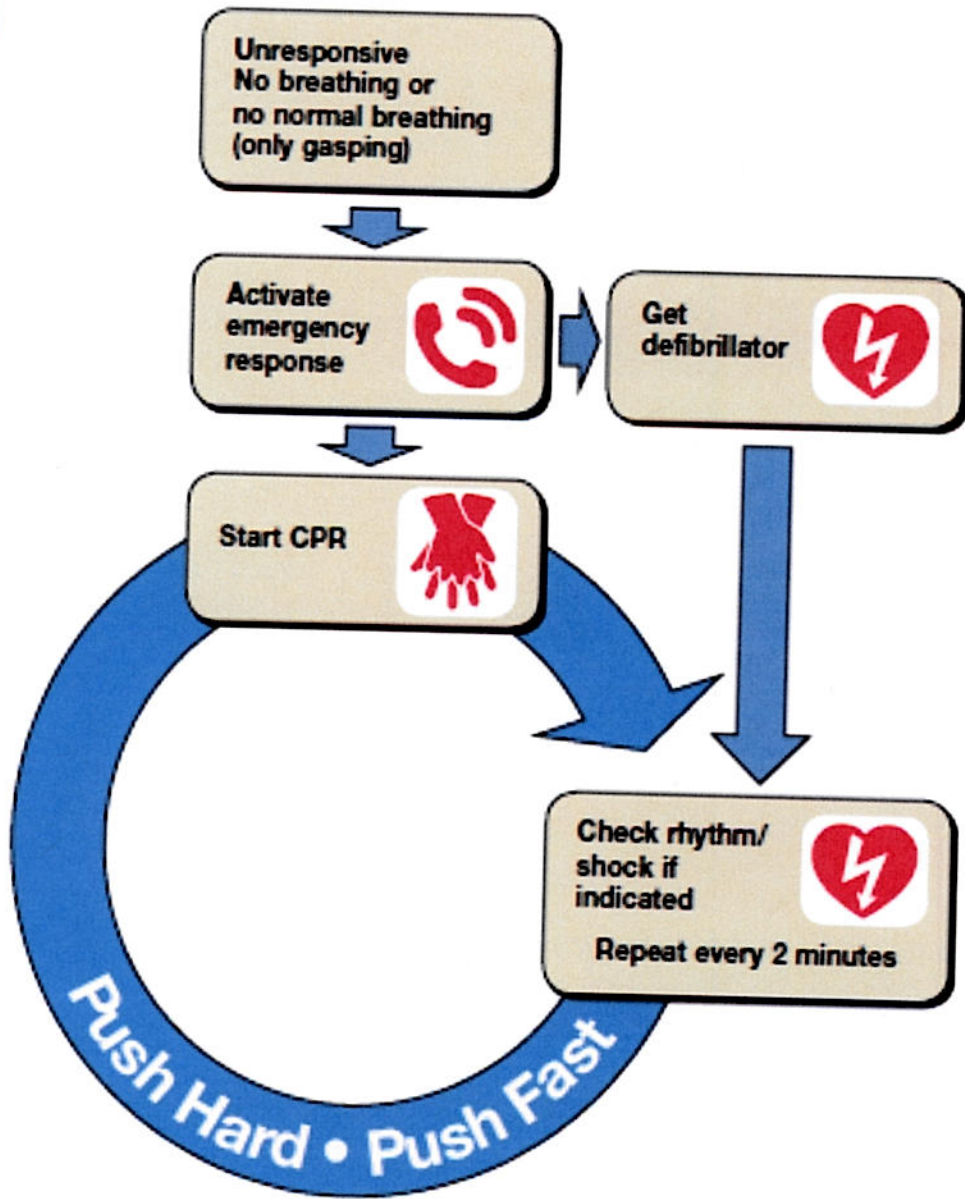
- 6.2. PAD facility representatives are responsible for conducting monthly inspections of their PAD AED and cabinet. This inspection shall be completed NLT the last Tuesday of the month.
- 6.3. During the monthly inspection the facility AED representative shall; ensure all supplies are checked for adequate quantity, condition, and expiration date (if applicable), and ensure the AED's readiness display status indicators show that the AED is functional.
- 6.4. Any issues identified shall be reported to the F&ES PAD coordinator as well as documented on the AED check list.
- 6.5. F&ES personnel will conduct a monthly review of the facility AED paperwork. This inspection shall occur Wednesday/Thursday the first week of the month.
- 6.6. F&ES PAD coordinator will ensure manufactured required maintenance is completed as required of all MCAS purchased PAD AEDs.
- 6.7. All records related to AED inspections, maintenance, and use will be scanned and electronically maintained for a period no less than 7 years.
- 7.0 **CPR Instructions:**
  - 7.1. Call out loud for "help" and direct someone to call 911.
  - 7.2. Pick a specific person and tell them to go get the AED.
  - 7.3. Check Responsiveness
  - 7.4. If untrained and patient is unconscious start compressions (100/min)
  - 7.5. If trained begin CPR
    - a) Compressions 30 compressions
    - b) Open Airway give two breaths
    - c) Repeat 30 compressions/2 breaths until AED arrives.
    - d) Attached AED and follow AED prompts.
    - e) Continue 30 compressions/2 Breaths until relieved by EMS.
- 8.0 **AED Instructions:**
  - 8.1. Place the AED near the head of patient on same side as the rescuer.
  - 8.2. Turn power on.
  - 8.3. If possible, place the patient on a hard surface away from standing water.
  - 8.4. Expose patient's chest by removing all clothing.
  - 8.5. Excess hair must be shaved, and wet chest must be wiped dry prior to applying AED pads.
  - 8.6. Follow the defibrillator's screen and voice prompts.
  - 8.7. Apply AED pads on patient's chest.

- 8.8. Follow the defibrillator's voices prompts and allow the AED to analyze the patient's rhythm. During this time do not touch the patient.
- 8.9. If prompted to deliver a shock the AED will charge and state a shock is advised. Make sure no one is touching the patient and then push the flashing button on the AED.
- 8.10. Begin compressions immediately and repeat 8.6 through 8-9 as directed by the AED until relieved by EMS.
- 9.0 **Post Use Procedure:**
- 9.1. Notify the F&ES PAD and DSS Safety representatives as soon as possible following the incident.
- 9.2. The facility AED representative shall bring the used AED to the Bldg. 2085 (MCAS Fire Station) immediately following EMS departure from the scene.
- 9.3. If available an alternative AED will be given to the facility AED representative to replace the used machine.
- 9.4. The F&ES PAD will download the AED records, complete an AED functional check, and add needed supplies then return the used AED service.
- 9.5. Facility managers should conduct an employee incident debriefing, as needed. The purpose of this is to allow responders to talk through the event, and to maximize the lessons learned. The opportunity to talk through the event with others after a crisis is also essential for later resolution and adjustment
- 9.6. Complete incident follow-up report as deemed necessary by the F&ES PAD and DSS representatives.
- 10.0 **PAD Training Requirements:**
- 10.1. No training is required to operate an AED; however, AED and CPR training should be encouraged for all DOD personnel and is mandatory for buildings who are equipped with a PAD program AED.
- 10.2. Building managers of buildings equipped with a PAD program AED shall designate a facility AED coordinator and several employees to be trained in CPR and AED. This must be completed and all employees trained prior to the installation of an AED in their building.
- 10.3. MCAS F&ES will provide adult CPR to PAD facility government employees (active duty & federal civilians) at no cost the employee. Contractors and tenant commands are responsible for providing & funding training to their employees.
- 10.4. MCAS F&ES teaches American Heart Association Heart Saver CPR to PAD members. Other CPR training may be accepted if approved by the F&ES PAD coordinator.
- 10.5. The F&ES PAD coordinator may conduct random AED drills in buildings that participate in the PAD.



Appendix A: Adult CPR/AED Algorithm:

**Figure 2**  
**Simplified Adult BLS Algorithm**





Appendix C - AED Usage Incident Report



MARINE CORPS AIR STATION  
Fire & Emergency Services  
Fire Chief Eric Tucker  
Beaufort, SC 29904-5010  
Phone: (843) 228-7339



**AED Usage Incident Report**

Date of Incident:

Location of Incident:

Victim Information:

Gender:  M  F

Date of Birth:

Name:

Known Medical History:

Description of condition prior and/or events leading up to incident:

Witnessed:  YES  No

Names of AED Operator:

Names of Other Bystanders:

CPR Initiated:  YES  NO      Shock indicated:  YES  NO

Estimated time (in minutes) from collapse till CPR started: \_\_\_\_\_

Estimated time (in minutes) from collapse to first defibrillation: \_\_\_\_\_



Patient Outcome at site:

- Return of pulse & breathing
- Return of pulse with no breathing
- No return of pulse or breathing
- Became responsive
- Remained unresponsive

Name of facility patient transported to:

Patient outcome after transport (if known):

Comments:

Date/Time F&ES PAD Coordinator notified:

Name of person preparing report:

Signature:

Appendix D: Emergency Response Work Sheet



**MARINE CORPS AIR STATION**  
Fire & Emergency Services  
Fire Chief Eric Tucker  
Beaufort, SC 29904-5010  
Phone: (843) 228-7339



**AED EMERGENCY RESPONSE WORKSHEET SUMMARY**

DATE: \_\_\_\_\_ WORK SITE: \_\_\_\_\_

TIME: \_\_\_\_\_

RESPONDERS NAME:	_____	TIME:	_____
	_____		_____
	_____		_____
	_____		_____

LOCATION OF COLLAPSE: \_\_\_\_\_

VICTIM INFORMATION: \_\_\_\_\_

Time Call Received:	_____
AED Responder Arrival on Scene:	_____
AED applied:	_____
EMS notified:	_____
EMS arrived:	_____
Patient transported:	_____

*(If you do not have exact times please give approximation of time elapsed between events.)*

NOTES:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

