

**Minerals Management Service
Minerals Management Service Manual**

TRANSMITTAL SHEET

Release No. 325

SUBJECT: Administrative
Part 485: Safety and Occupational Health Management Program
Chapter 6: Automated External Defibrillator Program—Handbook

EXPLANATION OF MATERIAL TRANSMITTED:

This release revises the manual chapter and handbook regarding policy and responsibilities for the use of Automated External Defibrillators located in Minerals Management Service facilities.

Director

FILING INSTRUCTIONS:

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Effective Date: April 14, 2009

Series: Administrative

Part 485: Safety and Occupational Health Management Program

Chapter 6: Automated External Defibrillator Program

Originating Office: Chief of Staff, Administration and Budget

1. Purpose. This chapter provides policy and responsibilities for the use of Automated External Defibrillators (AEDs) located in Minerals Management Service (MMS) facilities. Note: This Program does not replace prompt immediate activation of the site Comprehensive Occupant Emergency Plan or the local 911/Emergency Medical Services (EMS) system.

2. Authorities.

A. *Public Health Improvement Act, Public Law 106-505 (November 13, 2000).*

B. Code of Federal Regulations (CFR) Title 21, Prescription Devices (21 CFR 801.109).

C. Code of Federal Regulations (CFR) Title 21, DC-Defibrillator (21 CFR 870.5300).

D. *Code of Federal Regulations (CFR) Title 29, Bloodborne Pathogen Standard (29 CFR 1910.1030).*

E. *Guidelines for Public Access Defibrillation Programs in Federal Facilities, Cardiac Survival Act [Federal Register: May 23, 2001 (Volume 66, Number 100)] [Notices] [Pages 28495-28511].*

F. Individual States' AED legislation (Good Samaritan Laws).

G. *American Heart Association's Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Guidelines.*

H. Americans with Disabilities Act (ADA) of 1990, Accessibility Guidelines for Buildings and Facilities (ADAAG) Accessible Elements and Spaces: Scope and Technical Requirements, Protruding Objects, General (4.4.1).

3. Definitions/Acronyms/Abbreviations.

A. AED (Automated External Defibrillator). A semi-automatic medical device programmed to analyze heart rhythms, recognize rhythms that require defibrillation, and provide visual and

voice prompts to the device operator. The AED instructs the operator to deliver an electric shock, if indicated, after ensuring all personnel are clear.

B. AED Program. A Public Access to Defibrillation (PAD) Program providing AEDs in MMS facilities.

C. Bloodborne Pathogens (BBP). Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV).

D. EMS. Emergency Medical Service.

E. Lay Responder. A voluntary response team member trained in CPR, AED, and BBP. Responders are covered under the States' Good Samaritan Laws and the Public Health Improvement Act, Public Law 106-505 (November 13, 2000).

F. Occupant Emergency Plan. Policies and procedures formulated by MMS, in accordance with guidelines established by the Federal Protective Service, regarding responsibilities and actions to be taken in the event of an emergency in a government occupied facility.

G. Public Access to Defibrillation (PAD). The availability of AEDs in public places where people gather or work.

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

I. Designated Official. The highest ranking MMS official in the facility or, alternatively, a designee selected by mutual agreement of occupant agency officials.

4. Policy. The MMS will establish an AED Program that provides safety and health benefits for all employees. This Program will comply with all Federal, State, and local laws and regulations.

A. All MMS facilities may have an AED Program. The Designated Official shall decide whether or not to implement a Program.

B. The MMS will provide Program implementation guidelines on:

(1) Determining whether an AED Program is needed.

(2) Programming requirements.

(3) Selecting, purchasing, and placing AEDs.

(4) Training for Lay Responders, Device Inspectors, and Program Administrators.

(5) Reporting and recording procedures.

(6) Discontinuing AED Programs at MMS locations when warranted.

C. The MMS will provide AED, CPR, and BBP training to volunteer employees. Only certified responders shall use an MMS AED.

5. Responsibility.

A. The Designated Official is responsible for determining if an AED Program is appropriate for their particular facility. The Designated Official is also responsible for implementing and ensuring that the AED Program, including the AED Protocol and response order elements, is included in the Occupant Emergency Plan.

B. The Program Administrator is responsible for overseeing a specific facility AED Program once it is implemented. This includes verifying AED inspections, recordkeeping, selecting AED locations, coordinating initial and refresher AED, CPR, and BBP training for Lay Responders. The Program Administrator is responsible for reviewing State laws and AED Program procedures, notifying local EMS that they are implementing an AED Program, and ensuring that a trained backup is available during the Program Administrator's absence.

C. Lay Responders are part of a volunteer AED response team. This team is trained and certified in BBP, CPR, and in the appropriate use of AEDs. They are responsible for responding expeditiously to a possible SCA victim within the workplace, deploying the AED located within the facility, and administering CPR and appropriate resuscitative efforts until the local EMS providers arrive on the scene and assume responsibility. Lay Responders are not intended to replace the local EMS providers.

D. Device Inspectors are responsible for inspecting one or more AEDs at a site each normal workday. The inspection will include at a minimum a daily inspection for visible obstructions and verification that the status light is showing an operable system. Also required is a minimum monthly inspection of the auxiliary items against an inventory sheet. These inspection records must be readily available for verification by the Program Administrator.

E. The Bureau Safety Manager (BSM) is responsible for overseeing and reviewing, at least annually or as appropriate, all MMS AED Programs, including auditing of the systems and recordkeeping.

F. The Medical Director is legally responsible for the emergency care providers' performance, prescribing the AED, giving final program approval, and providing the medical direction and oversight for the AED Program. The Medical Director is also responsible for providing medical leadership by providing guidance in equipment selection and deployment; developing guidelines for responder actions; overseeing medical care that is rendered through the program, including review of all AED Team responses to medical emergencies. The Medical Director will assist in

developing and/or approving protocols for the use of the AED and other medical equipment related to the AED Program; review all incidents involving the use of the AED and provide post-incident reports. Note: Most AED manufacturers, authorized dealers, and Federal agencies that provide AED programs offer the services of a licensed physician. The physician writes the AED prescription and oversees the Program as the Medical Director. This option should be used if it is available. If this option is not available, a local physician shall perform the duties of the Medical Director.

6. Requirements.

A. The Food and Drug Administration (FDA) classifies AEDs as Class III medical devices (21 CFR 870.5300). Federal law (21 CFR 801.109) restricts the sale of this device without a physician's prescription.

B. In the event an AED is used, the Lay Responder(s) shall complete the Event Documentation Form, Attachment 4 (please see Appendix A of MMSM 485.6-H). This form shall be filled out by the Program Administrator of the facility in which the event occurred with the assistance of the Lay Responder(s) who provided care. Within 24 hours, the Program Administrator will forward the Event Documentation form to the Medical Director, the Bureau Safety Manager, and the Designated Official.

C. The BSM shall notify the FDA if the AED fails to operate properly (FDA Form 3500A).

D. Device Inspectors shall follow the manufacturer's guidelines for the periodic inspection and inventory of AEDs and accessories.

E. Program Administrators must notify the Designated Official and the BSM if/when there are no trained or recertified Lay Responders within their facility. A determination will be made within 30 days whether to continue or discontinue the AED Program at that MMS facility.