

## **AUTOMATED EXTERNAL DEFIBRILLATOR (AED)**

- AUTHORITY:** Administrative Directive  
California Code of Regulations, Title 15, Section 1414
- RESCINDS:** New Item
- FORMS:** AED Tracking Log Sheet (Attachment)
- PURPOSE:** To provide guidelines on use and maintenance of AED units in juvenile facilities.

### **I. GENERAL INFORMATION**

- A. Automated External Defibrillator (AED) units shall be available and accessible in specified locations at each juvenile facility (Juvenile Hall, Youth Leadership Academy, and Youth Guidance Center) to assure access to first aid and emergency services.
- B. All employees in a Probation facility are to immediately assess the situation and seek professional medical assistance, and if properly trained, provide emergency first aid or cardio pulmonary resuscitation (CPR), which includes use of an AED.
- C. The facility administrator shall ensure that AED units are maintained properly per manufacturer standard.
- D. AED units and locations are approved and maintained at specified locations (see section I.F. below) by the Health Care Agency, Juvenile Health Services (HCA/JHS) Health Authority.
- E. AED pad expiration dates are monitored and replaced by HCA/JHS. The JHS administrative office has pediatric AED pads if needed.
- F. AED units are wall mounted in the following locations:
1. Juvenile Hall/YLA
    - a. IRC (in emergency bag)
    - b. Dental Unit
    - c. Unit G substation
    - d. Warehouse
    - e. Medical administration office
    - f. Unit S
    - g. Visiting trailer
    - h. School office
    - i. "Little Room," located next to Control (in emergency bag)
    - j. Medication room, located in the Medical Unit (in emergency bag)
  2. YLA 1 and YLA 2
  3. YGC

- a. Gymnasium
  - b. Nurse's office (in emergency bag)
4. All Probation administration buildings at all juvenile facilities

## II. PROCEDURE

### A. All Facilities

1. Facility administrators shall ensure AED units are maintained per manufacturer guidelines.
2. Use of an AED will be documented in a Special Incident Report (SIR) by the end of the shift, unless directed otherwise by a supervisor.
3. Completed SIRs will be submitted to the facility administrator or Administrator in Charge (AIC).
4. Used AEDs will be removed from service and given to the HCA/JHS supervisor for retrieval/downloading of AED event. AEDs will be returned to the designated area once information is retrieved.
5. The AED program coordinator will conduct an annual review of AEDs with HCA/JHS.

### B. Inventory Documentation and Quality Control System of AEDs

1. The unit supervisor or designee shall conduct, at minimum, monthly inventory/quality control check(s) utilizing the AED Tracking Log Sheet. More frequent inventory checks are to be documented in the Integrated Case Management System (ICMS).
2. AED units will be checked for battery status and integrity of adhesive pads:
  - a. Flashing green light indicates device is operational
  - b. No flashing green light indicates a dead battery
  - c. Beeping sound indicates a low battery
  - d. Check expiration date on adhesive pad and ensure package integrity.
3. Contact JHS Medical Unit for replacement AEDs, batteries, and adhesive pads.
4. Report AED inventory and quality control checks to facility administration Medical Unit liaison by the 10<sup>th</sup> of each month. A summary of individual reports shall be completed by the Medical Unit Liaison and forwarded to HCA/JHS upon request.
5. AED Tracking Log Sheets shall be kept for one year.

**REFERENCES:**

Procedures:	1-4-205 3-1-401	Building Safety Health Care Procedures
Policies:	F-10 G-8	Medical Examination and Treatment for Juveniles Injuries and Medical Emergencies

Attachment

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**APPROVED BY:**

**AED INVENTORY DOCUMENTATION SHEET**  
**All Facilities**

**Location:** \_\_\_\_\_

**Serial #:** \_\_\_\_\_

Battery Operational (Flashing Light)

<b>Month</b>	<b>Date</b>	<b>Staff Name Doing Inventory</b>	<b>Initials</b>	<b>Yes</b>	<b>No</b>
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Expiration Date of Adhesive Pads: \_\_\_\_\_

\_\_\_\_\_  
Unit Supervisor

\_\_\_\_\_  
Unit