



## Acquisition and Operation of Automated External Defibrillators

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### Scope

This policy applies to all CFA brigades and work locations, with the exception of those brigades classified and registered as Emergency Medical Response brigades.

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### Definitions

The following definitions apply to this policy:

**Automated external defibrillator (AED)**

A portable electronic device that recognises lethal cardiac rhythm and advises to shock the patient or provide CPR to re-establish an effective heart rhythm.

**Emergency Medical Response (EMR) Brigade**

A CFA brigade that is classified and registered as an Emergency Medical Response (EMR) brigade to respond to priority zero medical emergencies.

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### Policy Objective

To outline CFA's position on the acquisition and use of automated external defibrillators (AEDs) by CFA brigades and work locations.

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### Policy Statement

1. Brigades and work locations may acquire AEDs, primarily for the purpose of providing First Aid to CFA members. AEDs may also be used to treat non-members where requested by a member of the public, and the situation is urgent. Ambulance Victoria must be responded under all circumstances where an AED has been, or may be, deployed.
2. The acquisition and use of an AED by a CFA brigade does not classify that brigade as an Emergency Medical Response (EMR) brigade.
3. Brigades and work locations may only acquire, through purchase or donation, the AED model or models approved by CFA, as specified in Procedure **XXXX**, 'Procedure for the Acquisition and Operation of Automated External Defibrillators'. The acquisition must be approved in accordance with Procedure **XXXX**.

4. Brigades and work locations are responsible for funding the purchase, maintenance and replacement of AEDs.
5. AEDs should be operated by, in order of preference:
  - A member trained in the use of an AED as part of a formal medical, paramedical, nursing or first aid qualification;
  - a member that has completed the CFA awareness package; or,
  - an untrained member, where no other appropriate personnel are immediately available.AEDs may also be operated by a non-member trained in the use of an AED or a non-member under the instruction of the ESTA Calltaker, where the situation requires it.
6. AEDs held at brigades or work locations must be recorded on the Ambulance Victoria AED registry.

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### Delegations/Authorisation/Responsibilities

1. Manager State Operations is responsible for the implementation and review of this policy and associated procedures.

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### Related Policies

- HR.52 Occupational Health and Safety Policy

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### Other Links and References

- OPxxxxx Acquisition and Operation of Automated External Defibrillators procedure
- SOP 11.14 Use of Automated External Defibrillators
- SOP 10.24 Emergency medical response
- SOP 11.01 Infection control at incidents
- SOP 14.02 Critical incident stress peers – activation of
- CFA Infection Control Guidelines (Intranet and Brigades Online)

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### Policy Manager

#### Deputy Chief Officer/Manager State Operations

Directorate: Operations

Department: State Operations

#### Policy Stakeholders

- Manager OHS, Human Resources

Date approved (this version):

Date due for review:



## Acquisition and Operation of Automated External Defibrillators

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### Related Policy

*Acquisition and Operation of Automated External Defibrillators (OPxxxxx)*

### Scope

This procedure applies to all CFA members involved in the approved acquisition or operation of an automated external defibrillator (AED) in their brigade or work location.

It does not apply to members of EMR brigades.

### Definitions

The following definitions apply to this procedure:

#### **Automated external defibrillator (AED)**

A portable electronic device that recognises lethal cardiac rhythm and advises to shock the patient or provide CPR to re-establish an effective heart rhythm.

#### **Emergency Medical Response (EMR) Brigade**

A CFA brigade that is classified and registered as an Emergency Medical Response (EMR) brigade to respond to priority zero medical emergencies.

### Procedure Objective

To clearly outline the steps required by brigades and work locations to acquire, use and maintain an AED in accordance with CFA requirements.

### Procedure

#### 1. Approval

- 1.1. Brigades must obtain approval from the Operations Manager or delegate, prior to acquiring (through purchase or donation) an AED.
- 1.2. For other work locations, approval must be obtained from the relevant Regional or Directorate Manager, or their delegate.

## **2. Acquiring an AED**

- 2.1. AEDs are to be purchased at the brigade/work location's own expense. Brigades and work locations may only acquire the AED make and model currently approved by CFA (see Schedule 1 for approved model or models), in order to standardise equipment, ensure their suitability, and maintain compatibility with Ambulance Victoria.
- 2.2. Where the purchase is approved in accordance with 1.1 or 1.2 above, the relevant District or work location will raise a purchase order with the approved CFA supplier.
- 2.3. The OIC Brigade or relevant manager of a work location must ensure that the AED is registered on the Ambulance Victoria AED registry, either by phoning 1800 733 574 or online at [www.registermyaed.com.au](http://www.registermyaed.com.au). This allows ESTA operators to notify callers that there may be an AED accessible near their location.

## **3. Maintenance**

- 3.1. AEDs must be checked at least monthly to ensure that the unit is ready for use.
- 3.2. The CFA-approved AED model is designed to require minimal maintenance, and performs its own self-testing daily. Where the result of any self-tests indicate that the AED is not functional, the AED must be removed from service until the issue is corrected. The brigade or work location is responsible for resolving the issues identified
- 3.3. Consumable items such as pads and batteries are to be ordered from the State Logistics Centre. Consumable items must not be used past their used-by date.

## **4. Training**

- 4.1. All CFA members at a brigade or work location with an AED should complete, as a minimum, the AED operator awareness package specified by CFA.
- 4.2. CFA members at locations with an AED who hold a First Aid qualification should undertake suitable AED Operator training as part of the First Aid refresher training.
- 4.3. It is recommended that members of all brigades/work locations acquiring an AED undertake Critical Incident Stress (CIS) refresher training.

## **5. Operation of an AED (for work locations other than brigades)**

- 5.1. SOP 11.14 *Use of Automated External Defibrillators* applies for the deployment of an AED by a brigade. Procedure 5 applies for other CFA work locations such as District Headquarters etc.
- 5.2. Where an AED deployment has been used, or is likely to be used, triple zero '000' must be called or VicFire notified immediately to request ambulance attendance.

- 5.3. Wherever possible, AEDs should be operated by members trained in the use of AEDs. Where a suitably trained operator is not available, CFA AEDs may be operated by any CFA member.
- 5.4. Wherever practicable, PPC appropriate to the task should be worn when operating an AED, including nitrile gloves and eye protection.
- 5.5. In the event of the AED being deployed it is recommended that at least two CFA members are present
- 5.6. Each use of a CFA AED must be recorded in accordance with Procedure 6 below.
- 5.7. After each response involving the use of a CFA AED, Critical Incident Stress (CIS) peer support should be accessed for all members involved.
- 5.8. Section 92 of the *Country Fire Authority Act 1958* regarding immunity provision applies in relation to operation of an approved AED.

## 6. Records and reporting (for work locations other than brigades)

- 6.1. SOP 11.14 *Use of Automated External Defibrillators* applies for the deployment of an AED by a brigade. Procedure 6 applies for other CFA work locations such as District Headquarters etc.
- 6.2. The AED operator must complete a patient care record (PCR) for each patient treated (Schedule 2) and provide a copy to the CFA EMR Coordinator at HQ (Schedule 3).
- 6.3. The AED operator must ensure that the AED digital data is provided to the EMR Coordinator at HQ, in accordance with Schedule 3. The EMR Coordinator can provide assistance as required, and should be contacted via email, on [emrcoordinator@cfa.vic.gov.au](mailto:emrcoordinator@cfa.vic.gov.au).
- 6.4. The EMR Coordinator will ensure that relevant AED data is provided to:
  - Manager FIRS, to be recorded against the incident (where relevant)
  - Ambulance Victoria for their records and for provision to VACAR
- 6.5. For CFA work locations, the facility or line manager is responsible for ensuring that appropriate CIS peer support is accessed.

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## Delegations/Authorisations/Responsibilities

1. *Deputy Chief Officer/Manager State Operations* is responsible for the implementation and review of this procedure and the associated policy.
2. The *EMR Coordinator* is responsible for monitoring AEDs held in CFA and managing data collection and auditing AED use.
3. *Operations Managers/Directors/Regional Managers* are responsible for:
  - a. approving the acquisition of an AED by brigades or work locations within their area of responsibility; and
  - b. ensuring compliance with this procedure

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## Links and References

- HR.52 Occupational Health & Safety Policy

- OPxxxxx Acquisition and Operation of Automated External Defibrillators Policy
- SOP X.xx Use of Automated External Defibrillators (currently under development)
- SOP 10.24 Emergency medical response
- SOP 11.01 Infection control
- SOP 14.02 Critical incident stress peers – activation of
- SOP 5.02 New equipment – introduction and training
- CFA Infection Control Guidelines (Intranet and Brigades Online)
- CFA AED specifications (Schedule 1)
- Patient Care Record (Schedule 2)
- PCR and ECG Data Management Process (Schedule 3)

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### Procedure Manager

#### Deputy Chief Officer/Manager State Operations

Directorate: Operations  
 Department: State Operations

#### Procedure Stakeholders

- Manager OHS, Human Resources
- Manager Diversity, Human Resources
- Executive Manager Learning & Development
- Manager Protective Equipment
- General Manager Regional Services, Ambulance Victoria

Date approved (this version): **dd/mm/yyyy**  
 Date due for review: **dd/mm/yyyy** (this date will be 3yrs (or less if required) from date of approval)  
 Date to cease: **dd/mm/yyyy** (only include this if applicable)

**Schedule 1  
AED Model or Models approved for acquisition:**

**Laerdal FRx**

**\$3,700**  
April 2010

*for those who get there first*



## Heartstart FRx Technical Data Sheet

<b>Defibrillator</b>	Heartstart FRx
Modell	861 304
Modell Number	Defibrillator; Battery(1), SMART Pads(1 set), Users Guide, Quick Reference Guide
How Supplied	Truncated Exponential Biphasic, Waveform parameters adjusted as a function of each patient's impedance
Waveform	Single energy output, Adult: 150J into a 50-ohm load. Nominal 50J into a 50-ohm load
Energy	Device follows preconfigured settings. Defibrillator and CPR protocol can be customized using Heartstart Event Review or Heartstart Configuration Software.
Infant/Child: Protocol	
<b>User Interface</b>	Detailed voice prompts and visual icons guide responder through use of the defibrillator
Instructions	Voice coaching for adult and infant/child CPR provides instructions and audio cues for each breath, as well as the appropriate number, rate and depth of chest compressions.
CPR Coaching	
Controls	Green on/off button, blue i-button, orange shock button, optional infant/child key



[www.laerdal.com](http://www.laerdal.com)

# Heartstart FRx Technical Data Sheet

<p><b>Indicators</b> Ready light, blue i-button, caution light, illuminated pads icons, shock button lights up when shock is advised.</p> <p><b>Physical</b></p> <p><b>Size</b> 6 x 18 x 22 cm (2.4 x 7.1 x 8.9 inches) H x D x W</p> <p><b>Weight</b> With battery and pads case 1.5Kg Without battery or pads case 1.2Kg</p> <p><b>Environmental</b></p> <p><b>Sealing</b> Waterjet proof IPX5 per IEC60529 Dust protected IP5X per IEC60529</p> <p><b>Temperature</b> Operating/Standby: 0°-50°C (32° - 122° F)</p> <p><b>Altitude</b> 0-5,000m(0-15,000 feet)</p> <p><b>Aircraft</b> Device : RTCA/DO-160D; 1997</p> <p><b>Crush</b> 250Kg (500 pounds)</p> <p><b>Vibration</b> Operation: meets MILSTD 810F Fig.514.5C-17, random Standby: meets MILSTD 810F Fig.514.5C-18, swept sine EMI(Radiated/Immunity) CISPR II Group Class B, IEC 61000-4-3, and IEC61000-4-8</p> <p><b>Patient analysis system</b></p> <p><b>Patient Analysis</b> Evaluates patient ECG to determine if a rhythm is shockable. Rhythms considered shockable are Ventricular Fibrillation(VF), and certain Ventricular Tachycardias(VT) associated with lack of circulation. For safety reasons, some VT rhythms associated with circulation will not be interpreted as shockable, and some very low- amplitude or low frequency rhythms will not be interpreted as shockable VF.</p> <p><b>Sensitivity/Specificity</b> Meets AAMI DF80 guidelines and AHA recommendations for adult defibrillation (Circulation 1997;95:1677-1682)</p> <p><b>Shock Advised</b> Able to deliver a shock as soon as the device indicates a shock is advised.</p> <p><b>Quick Shock</b> Able to deliver a shock after the CPR pause, typically in eight seconds</p> <p><b>Shock-to-Shock Cycle</b> Time Typically less than 20 seconds between shocks in a series</p> <p><b>Artifact Detection</b> Advanced signal processing allows accurate ECG analysis even in the presence of most pacemaker artifact and electrical noise sources. Other artifacts are detected and corrective voice prompts issued</p> <p><b>Battery</b></p> <p><b>Item Number(s)</b> Standard : M5070A Aviation: 989803139301 (TSO C-142-US, Only)</p> <p><b>Type</b> 9Volt DC, 4.2Ah, lithium manganese dioxide, disposable long-life primary cell</p> <p><b>Capacity</b> Minimum 200 shocks or 4 hours of operating time</p> <p><b>Install-by Date</b> Battery is labeled with an install-by date of at least five years from date of manufacture</p>	<p><b>Standby Life</b> Four years typical when battery is installed by the install-by date. (Will power the AED in standby state within the specified standby temperature range, assuming one battery insertion test and no uses.</p> <p><b>SMART PadsII</b></p> <p><b>Item number</b> 989803139261</p> <p><b>How Supplied</b> Disposable pads case containing adhesive multifunction defibrillator pads. Heartstart plug style connector clicks into device for preconnected pads solution</p> <p><b>Active Surface Area</b> 80cm<sup>2</sup> (2.4 2inches)</p> <p><b>Cable length</b> 122 cm(48inches)</p> <p><b>Use.By Date</b> Pads case is labeled with a use-by date of at least two years from date of manufacture</p> <p><b>Infant/Child Key</b></p> <p><b>Item Number</b> 989803139311</p> <p><b>Training Pads II</b></p> <p><b>Item number</b> 989803139271</p> <p><b>Function</b> Special pads place Heartstart FRx into training mode and disable its energy delivery capability. Features 8 real-world training scenarios</p> <p><b>Automated and user-activated self-tests</b></p> <p><b>Automatic self-tests</b> Tests internal circuitry, waveform delivery system, pads and battery capacity</p> <p><b>Pads integrity test</b> Specifically tests readiness-for-use of pads (gel moisture)</p> <p><b>Battery Insertion Test</b> Upon battery insertion, extensive automatic self-tests and user-interactive test check device readiness</p> <p><b>Status Indicator</b> Blinking green "Ready" light indicates ready for use</p> <p><b>Data recording and transmission</b></p> <p><b>Infrared</b> Wireless transmission of event data to PC or palmOne™ PDA using the IrDa protocol</p> <p><b>Heartstart Event Review</b> Data management software(optional) for download and review of data retrieved through defibrillators infrared port</p> <p><b>Data Stored</b> Store first 15 minutes of ECG and the entire incident's events and analysis decisions.</p> <p><small>* Refer to Heartstart FRx Defibrillators User Guide for detailed product instructions. All specifications are based on 25C unless otherwise noted. The defibrillator and its accessories are made of latex-free material.</small></p>
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For more product information, please visit [www.laerdal.com](http://www.laerdal.com)



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Title: Acquisition and Operation of Automated External Defibrillators

Version: draft0.8  
Created on: 25/03/2011  
Last Modified: 05/04/2011

## Schedule 2 Patient Care Record

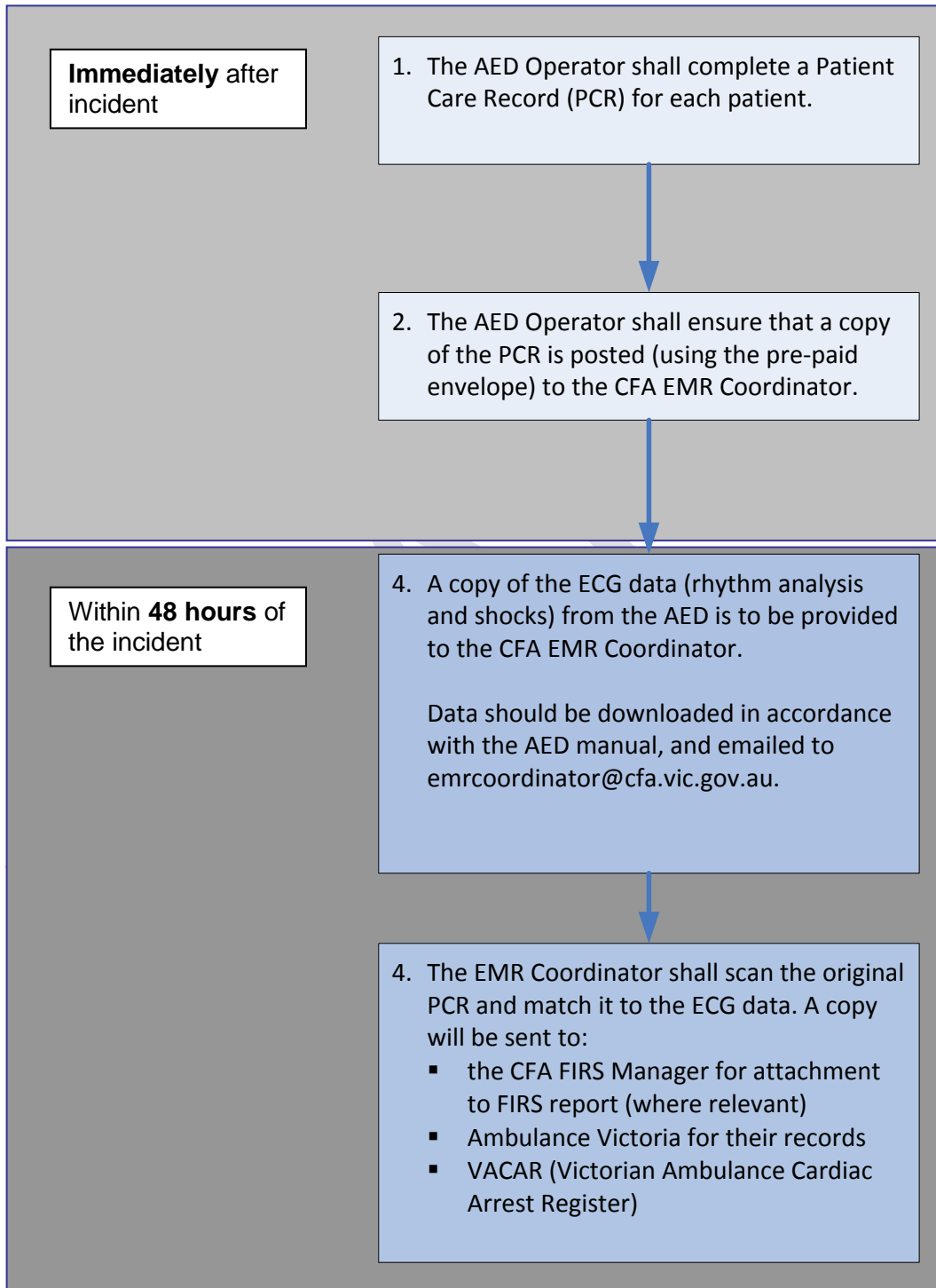


### Country Fire Authority **PATIENT CARE RECORD**

<b>Call Details</b>		<u>Arrival order</u>	
CFA Event No. F	<input type="text"/>	Date	<input type="text"/>
Brigade	<input type="text"/>		<input type="checkbox"/> CFA <input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> Other <input type="text"/>
Street/road	<input type="text"/>	City	<input type="text"/>
		Postcode	<input type="text"/>
<b>Patient Details</b>			
First Name	<input type="text"/>		Last Name <input type="text"/> Initial <input type="text"/>
Gender	<input type="text"/>	D.O.B.	<input type="text"/>
		Age	<input type="text"/>
		Patient No.	<input type="text"/> of <input type="text"/>
Street/road	<input type="text"/>		City <input type="text"/> Postcode <input type="text"/>
<b>On Arrival</b>			
<input type="checkbox"/> Bystander performed CPR <input type="checkbox"/> Bystander witnessed cardiac arrest			
<b>Incident type:</b> <input type="checkbox"/> Trauma <input type="checkbox"/> Drowning <input type="checkbox"/> Suffocation <input type="checkbox"/> Electrocution <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Burns <input type="checkbox"/> Overdose <input type="checkbox"/> Poisoning <input type="checkbox"/> Gas/smoke <input type="checkbox"/> Medical/other <input type="text"/>			
<b>Patient Condition:</b> <input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious but signs of life <input type="checkbox"/> No signs of life <input type="checkbox"/> Obv. Deceased			
<b>On Examination</b>		<b>Management</b>	
Time	On arrival	<input type="text"/>	<input type="text"/>
<b>Pulse:</b>	Absent	<input type="checkbox"/>	<input type="checkbox"/>
	Irregular	<input type="checkbox"/>	<input type="checkbox"/>
	Weak	<input type="checkbox"/>	<input type="checkbox"/>
	Strong	<input type="checkbox"/>	<input type="checkbox"/>
	Heart Rate	<input type="text"/>	<input type="text"/>
<b>Skin:</b>	Normal	<input type="checkbox"/>	<input type="checkbox"/>
	Sweaty	<input type="checkbox"/>	<input type="checkbox"/>
	Pale	<input type="checkbox"/>	<input type="checkbox"/>
	Flushed	<input type="checkbox"/>	<input type="checkbox"/>
<b>Breathing:</b>	Absent	<input type="checkbox"/>	<input type="checkbox"/>
	Normal	<input type="checkbox"/>	<input type="checkbox"/>
	Wheeze	<input type="checkbox"/>	<input type="checkbox"/>
	Shallow	<input type="checkbox"/>	<input type="checkbox"/>
	Gasping	<input type="checkbox"/>	<input type="checkbox"/>
	Resp Rate	<input type="text"/>	<input type="text"/>
<b>Patient response:</b>	Alert	<input type="checkbox"/>	<input type="checkbox"/>
	Responds to voice	<input type="checkbox"/>	<input type="checkbox"/>
	Responds to pain	<input type="checkbox"/>	<input type="checkbox"/>
	Unconscious	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pain Score (0-10)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Follow Up Request</b>		<b>Responder 1</b>	
EMS Dept.	<input type="checkbox"/>	Name	<input type="text"/>
Region	<input type="checkbox"/>	ID No.	<input type="text"/>
<b>Unprotected Blood &amp; Body Fluid Exposure</b>		<b>Responder 2</b>	
Yes	<input type="checkbox"/>	Name	<input type="text"/>
No	<input type="checkbox"/>	ID No.	<input type="text"/>
		<b>Responder 3</b>	
		Name	<input type="text"/>
		ID No.	<input type="text"/>
		<b>Responder 4</b>	
		Name	<input type="text"/>
		ID No.	<input type="text"/>
		<b>Responder 5</b>	
		Name	<input type="text"/>
		ID No.	<input type="text"/>
		<b>Responder 6</b>	
		Name	<input type="text"/>
		ID No.	<input type="text"/>
<b>Handover</b>			
Time <input type="text"/>			
Ambulance <input type="checkbox"/> Doctor <input type="checkbox"/>			
Case No. <input type="text"/>			
Branch <input type="text"/>			
Doctor Name <input type="text"/>			
Contact No. <input type="text"/>			
Amb continued RESUS <input type="checkbox"/> ROSC with CFA <input type="checkbox"/> ROSC with Ambulance <input type="checkbox"/> <small>(ROSC = return of spontaneous circulation)</small> Patient transported <input type="checkbox"/> Amb discontinued RESUS <input type="checkbox"/> CFA discontinued RESUS <input type="checkbox"/> PT 83 at scene <input type="checkbox"/> Reason for discontinuing RESUS <input type="text"/>			
<b>Notes: (including witness summations)</b>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
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Version 2 - June 2009

**Schedule 3**  
**Patient Care Record and Electrocardiogram (ECG) Data Management Process**



DRAFT



## Use of Automated External Defibrillators (AEDs)

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<b>Scope</b>	<p>This Standard Operating Procedure applies to the operation of an AED by CFA members.</p> <p>This does not apply to designated EMR brigades (EMR brigades should refer to Chief Officer’s SOP 10.24 – <i>Emergency Medical Response (EMR)</i>).</p>
<b>Definitions</b>	<p>The following definitions apply to this Standard Operating Procedure:</p> <ul style="list-style-type: none"> <li>▪ <b>Automated External Defibrillator (AED):</b> A portable electronic device that recognises lethal cardiac rhythm and advises to shock the patient or provide CPR to re-establish an effective heart rhythm.</li> <li>▪ <b>EMR brigades:</b> A CFA brigade that is classified and registered as an Emergency Medical Response (EMR) brigade to respond to priority zero medical emergencies.</li> </ul>
<b>Objective</b>	<p>To provide guidance to brigades with AEDs on the:</p> <ul style="list-style-type: none"> <li>• Deployment of an AED;</li> <li>• Post-deployment actions; and</li> <li>• Associated records and data management.</li> </ul>
<b>Procedure</b>	<ol style="list-style-type: none"> <li>1. The purchase or acquisition of an AED does not mean that a brigade is a designated EMR brigade. Brigades acquiring AEDs will not be responded directly to medical emergencies by ESTA.</li> <li>2. AEDs should be operated by, in order of preference:             <ul style="list-style-type: none"> <li>• a member trained in the use of an AED as part of a formal medical, paramedical, nursing or first aid qualification; or</li> <li>• a member that has completed the appropriate AED operator awareness package; or</li> <li>• an untrained member, where no other appropriate personnel are immediately available.</li> </ul> </li> <li>3. The OIC Brigade is responsible for ensuring that the AED is properly maintained by members with suitable training in the use and care of AED equipment.             <ol style="list-style-type: none"> <li>3.1 AEDs must be checked at least monthly, to ensure that it is ready for use</li> <li>3.2 The OIC Brigade is responsible for ensuring that any maintenance issues or faults are resolved, including the replacement of pads and batteries</li> </ol> </li> </ol>

as necessary.

3.3 Where procedure 3.1 and 3.2 cannot be met, the AED must be withdrawn from service.

4. Where AED deployment is required:

4.1 In accordance with current First Aid guidelines, notify VicFire (or triple zero '000') immediately to request ambulance response, and commence CPR immediately.

4.2 Deploy the AED. To ensure safe use of the AED follow the instructions provided, stand clear when it is charging and the shock is being delivered.

4.3 CFA members deploying the AED at an incident should wear the following PPC wherever possible:

- Nitrile gloves; and
- Eye protection.

4.4 Where possible, at least two CFA members should be present when an AED is deployed.

4.5 When deployment of the AED is required, all CFA members should be aware of the potential for exposure to biological and hazardous substances and traumatic situations.

5. Notifications

5.1 Where a brigade deploys an AED during an operational response to another incident, , VicFire must be notified of the following (in addition to normal radio procedures):

5.1.1 Ambulance required (if not already advised).

5.1.2 Medical situation reports as status changes to include the following details:

- Number of patients;
- Gender and approximate age of patient(s);
- Patient's condition, e.g:
  - CPR in progress;
  - AED deployed;
  - Patient is conscious/unconscious.

5.1.3 Patient handover to ambulance or doctor

5.2 Where an AED is deployed on a CFA member, SOP 14.06 – *Notifications of Injuries and Fatalities* must be followed.

6. Post Incident Actions

6.1 Where a brigade deploys an AED, the RDO must be advised.

	<p>6.2 The AED Operator shall complete a Patient Care Record (PCR) (Schedule 1) for each patient. A copy of the PCR is to be provided to the CFA EMR Coordinator at HQ (Schedule 2).</p> <p>6.3 A brigade deploying an AED shall ensure that the defibrillator’s electrocardiogram (ECG) data is provided to the CFA EMR Coordinator at Headquarters as soon as practical after the event in accordance with Schedule 2. Contact the EMR Coordinator if assistance is required (Schedule 2).</p> <p>6.4 All patient information is to be kept private and confidential.</p> <p>6.5 When an AED has been deployed the brigade should request CIS support in accordance with Chief Officer’s SOP 14.02 – <i>Critical Incident Stress – Activation of.</i></p>
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**Safety notes**           ▪ Nil.

**Environmental notes**           ▪ Brigades must make local arrangements for the appropriate disposal of infectious materials, for example, with the local hospital or the attending Ambulance.

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Related Documents			Other Links and References	Delegations
Policies	Standing Orders	SOPs		
Acquisition and Operation of Automated External Defibrillators  Information Privacy	Specialist Response  Health and Safety  Post Incident Actions	Protective Equipment  Infection Control at Incidents  Medical Monitoring – Biological and Hazardous Monitoring  Personal Protective Clothing  Critical Incident Stress – Activation of  Notification of Injuries and Fatalities	Acquisition and Operation of Automated External Defibrillators procedure  Country Fire Authority Act 1958  Country Fire Authority Regulations 2004  Information Privacy Act 2000  Health Records Act 2001	

Date to be Reviewed:	Date to Cease:	Date Endorsed:	Endorsed By:
TBA	N/A		Chief Officer



## Schedule 2 – Patient Care Record and Electrocardiogram (ECG) data management process

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