The new 11.14 - Use of Automated External Defibrillators (AEDs) SOP replaces the existing 11.14 Use of Automated External Defibrillators (AEDs)

- Update of existing Sop 11.14 last changed in 2011
- Alignment with organisational responsibilities
- Updated support and guidance for volunteer brigades
- Old Sop related to use in EMR brigades
- Provides guidance for Associated records and data management.

NOTE – We have done our best to match the new SOP clauses with the old SOP however in some cases they do not match and the comparison is left blank.

Colour code

	Minor change in wording	
Small updates in the wording but the intent is the same as the old SOP		
Significant change or new procedure in the new SOP		

	NEW SOP 11.14 Use of Automated External Defibrillators (AEDs)	OLD SOP 11.14 Use of Automated External Defibrillators (AEDs)
Objective	 (1) To provide guidance to CFA members on the: a. Deployment of CFA associated Automated External Defibrillators (AEDs); b. Post-deployment actions; c. Maintenance of units; and d. Associated records and data management. 	To provide guidance to brigades with AEDs on the:
Scope	 (2) This procedure applies to all CFA members. (3) This procedure does not include activities undertaken in accordance with the following SOPs 10.24 Emergency Medical Response (EMR) and 10.27 Fire Medical Response (FMR). 	This Standard Operating Procedure applies to the operation of an AED by CFA Brigades. This does not apply to Emergency Medical Response qualified CFA Members at designated EMR brigades (refer to Interim Chief Officer's SOP 10.24 – Emergency Medical Response (EMR).
Procedure	(4) To maintain organisational consistency, Brigades must only purchase or accept (including via donation) the appropriate AED brand/model as specified in Schedule 1.	

 (5) The purchase or acquisition of an AED does not mean brigade is a designated EMR or FMR brigade. Brigades acc AEDs will not be responded directly to EMR and FMR eve Triple Zero Victoria. (6) AEDs should be operated by, in order of preference: 	quiring that a brigade is a designated EMR brigade. Brigades
a. A member trained in the use of an AED as part formal medical, paramedical, nursing or first aid qualification; or b. A member who has completed the appropriate operator awareness package, or where no appropriate trained members are immediately available; c. An untrained member.	 A member trained in the use of an AED as part of a formal medical, paramedical, nursing or first aid qualification; or A member that has completed the appropriate AED
(7) The Brigade Captain (or delegate) is responsible for enthat the AED is properly maintained by members with suitraining in the use and care of AED equipment. a. CFA approved AEDs perform daily self-tests to expotential faults, however, AEDs must be manually checked at least monthly to ensure that they are use. Refer to Schedule 1 for the CFA approved AE manufacturer's manual. b. The Brigade Captain is responsible for ensuring maintenance issues or faults are reported to defibs@cfa.vic.gov.au. c. If an AED has not been maintained in accordant CFA or manufacturer requirements, it should be refrom service.	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. 3.1. AEDs must be checked at least monthly, to ensure that it is ready for use. 3.2. The OIC Brigade is responsible for ensuring that any maintenance issues or faults are resolved, including the replacement of pads and batteries as necessary. 3.3. Where procedure 3.1 and 3.2 cannot be met, the AED must be withdrawn from service.
Note – AED batteries should not be removed from the AE maintenance checks unless advised by the manufacturer.	
(8) Where AED deployment is required (the patient is unrand not breathing normally):	4. Where AED deployment is required (the victim is unresponsive and not breathing normally):

	a. In accordance with current first aid guidelines, notify	4.1. In accordance with current First Aid guidelines,
	FireCom (or Triple Zero Victoria) immediately to request	notify VicFire (or triple zero '000') immediately to
	ambulance response and commence CPR immediately.	request ambulance response, and commence
	b. Deploy the AED. To ensure safe use of the AED follow the	CPR immediately.
	instructions provided, stand clear when it is analysing,	4.2. Deploy the AED. To ensure safe use of the AED
	charging, and a shock is being delivered.	follow the instructions provided, stand clear when
	c. CFA members deploying the AED at an incident should	it is analysing, charging and the shock is being
	wear the following Personal Protective Clothing (PPC)	delivered.
	wherever possible:	4.3. CFA members deploying the AED at an incident
	i. Nitrile gloves;	should wear the following PPC wherever
	ii. Respiratory protection (a mask); and	possible:
	iii. Eye protection.	 Nitrile gloves; and
	d. Where possible, at least two CFA members should be	o Eye protection.
	present when an AED is deployed.	4.4. Where possible, at least two CFA members
	e. When deployment of the AED is required, all CFA	should be present when an AED is deployed.
	members should be aware of the potential for exposure to	4.5. When deployment of the AED is required, all CFA
	biological hazards and potentially traumatic events.	members should be aware of the potential for
		exposure to biological and hazardous substances
		and traumatic situations.
	(9) AEDs on/in CFA property are to be recorded on the AED Tracking	
	Register by contacting the email address defibs@cfa.vic.gov.au. Any	
	AEDs that are not CFA approved will not be recorded or maintained	
	by the Statewide Defibrillator Program (SDP).	
	(10) For Brigades that fall under the SDP program, consumables	
	(e.g. AED pads and batteries) should only be sourced and received	
	through the SDP.	
Publicly Accessible	(11) CFA approved AEDs listed in Schedule 1 may be installed in	
AEDs	publicly accessible locations on CFA property. Prior to	
	installing a publicly accessible AED on CFA property:	
	a. Responsibility (including maintenance) for the AED	
	should be clearly identified and documented;	
	b. Approval must be sought from the relevant District	
	Assistant Chief Fire Officer (or delegate); and	
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	c. Notification must also be provided to the SDP via	
	defibs@cfa.vic.gov.au.	
	(12) CFA members must not service or maintain any publicly	
	accessible AEDs not on CFA premises.	
	(13) CFA members must not service or maintain any publicly	
	accessible AEDs on CFA premises that are owned by	
	other parties or organisations.	
	(14) CFA members must not register any AED that is inside CFA	
	property or a CFA vehicle with the Ambulance	
	Victoria/GoodSAM Registry as publicly accessible.	
	(15) CFA members may only register an AED with Ambulance	
	Victoria/GoodSAM Registry if the unit is mounted on the	
	outside of the station, and is available to members of the public at	
	all times.	
	(16) Prior to registering a publicly accessible AED with the	
	Ambulance Victoria/GoodSAM Registry, approval must be	
	provided by the SDP via defibs@cfa.vic.gov.au.	
Notifications	(17) Where a brigade deploys an AED during an operational	5.1. Where a brigade deploys an AED during an
· voumoutions	response to another incident, FireCom must be notified of	operational response to another incident VicFire
	the following (in addition to normal radio procedures):	must be notified of the following (in addition to
	a. Ambulance required (if not already advised).	normal radio procedures):
	b. Medical situation reports as status changes to include	5.1.1. Ambulance required (if not already
	the following details:	advised).
	i. Number of patients;	5.1.2. Medical situation reports as status
	ii. Gender and approximate age of patient(s);	changes to include the following details:
	iii. Patient's condition, eg:	Number of patients;
	CPR in progress;	 Gender and approximate age of patient(s);
	AED deployed;	Patient's condition, eg:
	Patient is conscious/unconscious.	- CPR in progress;
	c. Patient handover to ambulance or other/higher medical	- AED deployed;
	authority.	- Patient is conscious/unconscious.
		5.1.3. Patient handover to ambulance or doctor.
		5.2. Where an AED is deployed on a CFA member,

		Chief Officer's SOP 14.06 – Notifications of
		Injuries and Fatalities must be followed
	(18) Where an AED is deployed on a CFA member, Chief Officer's SOP 14.06 – Notifications of Injuries and Fatalities must be followed.	
	Note: private patient information should not be shared in radio communications.	
Post Incident Actions	(19) Where a brigade deploys an AED, the District Duty Officer (DDO)/State Duty Officer (SDO) should be advised.	6. Post Incident Actions 6.1. Where a brigade deploys an AED, the RDO must be advised.
	(20) Where a brigade deploys an AED, contact defibs@cfa.vic.gov.au for further advice regarding the removal of data from the used AED and Patient Care Record (PCR) creation.	6.2. The AED Operator shall complete a Patient Care Record (PCR) (Schedule 1 – also available on the intranet and Brigades Online) for each patient. A copy of the PCR is to be provided to
	(21) All patient information is to be kept private and confidential in accordance with CFA's Privacy Policy.	the CFA EMR Coordinator at HQ (Schedule 2). 6.3. A brigade deploying an AED shall ensure that the defibrillator's electrocardiogram (ECG) data is
	(22) When an AED has been deployed, the brigade should consider requesting wellbeing services (signal 2-7 via FireCom) in accordance with Chief Officer's SOP 14.02 Welfare Services – Activation Of.	provided to the CFA EMR Coordinator at CFA Headquarters as soon as practical after the event in accordance with Schedule 2. Contact the EMR Coordinator if assistance is required (Schedule 2). 6.4. All patient information is to be kept private and confidential. 6.5. When an AED has been deployed the brigade should request CIS support in accordance with Chief Officer's SOP 14.02 – Critical Incident Stress – Activation of.
Safety Note	 (23) CFA members should consider weather, environmental and safety implications when using the equipment. For example, when deploying the AED: a. In wet conditions; b. In an explosive environment where there is the presence of flammable materials; 	

	c. On or near conductive materials (e.g. metal).	
Environmental	NIL	Brigades must make local arrangements for the
Notes		appropriate disposal of infectious materials, for
		example, with the local hospital or the attending
		Ambulance.

Section 4- Definitions

(25) Commonly defined terms are located in the CFA centralised glossary. Document-specific definitions are listed below.

(26) Statewide Defibrillator Program (SDP): CFA Headquarters manages all CFA-approved AEDs located on CFA appliances, in stations and on external CFA property walls (public access AEDs). The SDP program does not record, manage or maintain any non-CFA approved AEDs associated with CFA property. The SDP supplies consumables and advice relating to the AEDs managed via this program.

Section 5- Related Documents

(27) Standard Order 11: Health and Safety

Schedule 1:

CFA Approved AED:	Manufacturer Documentation
Philips HeartStart FRx	Phillips HeartStart FRx Owners Manual