



RESOLUTION 18-575

A RESOLUTION ESTABLISHING A POLICY IN THE TOWN OF MOUNT CARMEL, TN GOVERNING THE AQUISITION, MAINTENANCE, AND USE OF AUTOMATED EXTERNAL DEFIBRILLATORS OWNED BY THE CITY

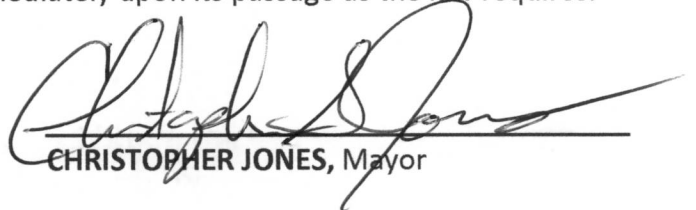
- WHEREAS,** The Board Mayor of Aldermen believe it is in the public interest to make Automated External Defibrillators ("AEDs") readily available and that the members of personnel be trained to properly use AEDs and to activate the pre-hospital emergency medical services system immediately upon using an AED; and
- WHEREAS,** Tennessee Code Annotated sets standards for the use and maintenance of AEDs by properly qualified persons; and
- WHEREAS,** The Board of Mayor and Aldermen desire to establish and adopt provisions for the establishment of an Automated External Defibrillator Program in the City, all as set forth in this resolution to further the purpose providing city personnel, citizens, and members of the general-public better access to safe and reliable lifesaving equipment.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Mayor and Aldermen for the Town of Mount Carmel, Tennessee, as follows:

SECTION I. The Town of Mount Carmel, Tennessee adopts the Automated Defibrillators Policy dated August 23, 2018, a copy of which is attached to this Resolution.

SECTION II. This Resolution shall take effect immediately upon its passage as the law requires.

ADOPTED this the 23rd day of August 2018.

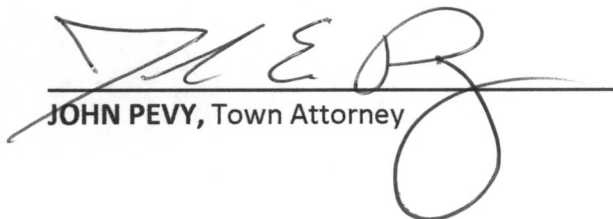

CHRISTOPHER JONES, Mayor

ATTEST:


MARIAN SANDIDGE, Recorder



APPROVED AS TO FORM:


JOHN PEVY, Town Attorney

FIRST READING	AYES	NAYS	OTHER
Alderman Eugene Christian	X		
Alderman Margaret Christian	X		
Alderman Wanda Davidson	X		
Alderman Garrett White	X		
Alderman Jennifer Williams	X		
Vice Mayor Carl Wolfe	X		
Mayor Christopher Jones	X		
TOTALS	7	0	0

PASSED: August 23, 2018

Policy Subject: Automated External Defibrillators (AEDs)	Effective: 8/23/2018
Affected Area: All municipal departments, facilities, and locations that have an AED onsite.	Reviewed/Revised: 8/23/2018

1.0 Purpose, Applicability, and Scope

- 1.1 **Purpose** - The purpose of this procedure is to provide guidance for departments that have an AED.
- 1.2 **Applicability** - This shall apply to all municipal facilities containing an AED where citizens, staff and members of the public are present.
- 1.3 **Scope** - This procedure applies to the acquisition, distribution, use, training and maintenance of AEDs.

2.0 Abbreviations, Acronyms, and Definitions

- 2.1 **ABCs** - airway, breathing, circulation
- AED** - automated external defibrillator
- CPR** - cardiopulmonary resuscitation
- EMS** - Emergency Medical Services

2.2 Definitions:

Municipal Building (Facility) - Buildings or Facilities owned by the Town of Mount Carmel.

3.0 Roles and Responsibilities

Program Coordinator – The Mount Carmel Fire Department Chief shall serve as the program coordinator for this written program. Note that all AEDs on municipal facilities are owned by the Town of Mount Carmel. Contact numbers include the following for the program manager.

Office: (423) 357-1013

Mobile: (423) 444-1027

The alternate program coordinator is the Mount Carmel Fire Department Asst. Chief of Administration, who can be reached at:

Office: (423) 357-1013

The mailing address for program coordinator is:

**AED Program Manager
100 East Main Street
Mount Carmel, TN 37645**

a. Department Heads shall:

- i. Notify staff members of the location of the nearest AED.
- ii. Ensure that department owned AEDs are inspected, tested and maintained in accordance with the manufacturer's specification
- iii. Ensure staff who are likely to use an AED are adequately trained, including periodic refresher programs.
- iv. Maintain records as necessary. See section 5.0 below.
- v. ~~Register department owned AEDs online.~~

b. The Program Coordinator shall:

- i. Serve as a technical resource for questions and comments for the AED program and periodically review compliance with this program.
- ii. Post the most recent edition of this plan on the EHS website.
- iii. Review and revise this written plan periodically and upon notice of the need for changes.
- iv. Maintain a database of where municipal AEDs are housed or located within the city.
- v. Notify appropriate personnel (City Manager and Department Heads of any changes related to AEDs.
- vi. Inspect all municipal AEDs on a monthly basis.
- vii. Inspection all municipal AEDs upon request.
- viii. Maintain records as necessary.
- ix. Submit copies of this plan to outside first responders.
- x. Submit copies of Appendix A (Automated External Defibrillator Use Report) to the City Manager and responding EMS agency following use of an AED.
- xi. Register AEDs purchased by The Town of Mount Carmel online.
- xii. Post the entrance to buildings with an AED with appropriate sign or label.
- xiii. Conduct periodic program audits.

c. Program Director:

The City Manager (or their designee) shall serve as the Program Director for the AED program. Information regarding Program Director can be obtained by contacting the City Recorder at (423)357-7311.

- i. The Program Director shall supervisor and endorse the placement of AEDs
- ii. Review Appendix A submitted following use of a municipal AED.

4.0 Procedure

a. Purchasing an AED

All AEDs to be purchased shall meet the requirements of Tennessee Codes Annotate (TCA 1200-12-1.-19(5). This reference can be found at the bottom of Appendix C in this document. Departments are encouraged to purchase a similar model for standardization with respect to training, inspection, service and use.

b. Distribution and Location

The AED shall be located in a central place that is accessible during time when the building is

occupied. Consideration should be given to placing the AED where it:

- Won't be subject to physical damage, theft, temperature or humidity extremes
- Is readily visible and available for use

Mount Carmel Police and Fire Departments have purchased AEDs, which are kept in their squad cars and trucks.

A list of municipal AEDs within the city and their location is maintained by the AED program manager and is available through the City Recorder's Office.

c. Training and Information

Signs shall be posted at the entrance to buildings where AEDs are present. The signs shall give the location of where the AED is located.

It is suggested that department heads notify employees in their building, at least annually, of where the nearest AED is located.

All employees should be familiar with emergency procedures, which include medical emergencies.

Department heads are required to be trained in CPR/AED if their building contains an AED. Refresher training and record keeping are also suggested.

Program Coordinators shall be responsible for keeping a list of individuals who have been trained. Training results should be forwarded to the City Recorder's Office using appropriate forms.

CPR and AED courses are available locally through the American Red Cross, the American Heart Association or other programs recognized by the Tennessee Emergency Medical Services Board. Note that Appendix B, section 6, provides a list of other approved training courses.

d. Use of AED

When an unconscious victim is discovered, the following protocol will be followed:

Responder

- Check the scene to make sure it is safe (e.g. no electrical hazards or chemical hazards) Shake and shout at victim. If no response;
- Have someone call 911. If no one is available, call 911 and return immediately to the victim.
- Have someone retrieve the AED
- Begin the ABC's of CPR.
- Utilize AED if necessary and the instructions/training provided

Police Dispatch

- Immediately dispatch an officer and call for an ambulance. The ambulance should be summoned right away. (DO NOT wait for the responding officer to arrive and authorize).
- Upon arrival of the responding officer, obtain as much pertinent information as possible and communicate to EMS.

Once EMS is on the scene they are in charge of further rescue efforts for the victim.

Notification

Following any event involving the use of an AED, the responder must complete the AED Use Report (See Appendix A) and send to the Program Director or City Recorder.

The Program Coordinator must then be notified to ensure that supplies are restocked.

e. Maintenance and Repair

The Program Coordinator AED shall maintain the device in accordance with the manufacturer's specification. AEDs should be checked at least monthly to ensure it is available for use. All repairs shall be made by a factory authorized representative. Spent batteries should be managed in accordance with the manufacturer's guidance. If there are no recommendations with respect to proper battery disposal, contact the City Manager at (423)357-7311.

The manufacturer's standards must be followed after use of an AED. A record shall be kept of all repair and maintenance of the device.

f. Coordination with Emergency Responders

A copy of this written document will be given to local first responders and EMS for their use, comments and coordination. Revisions shall be submitted by the Program Coordinator to these off-site responders.

5.0 Recordkeeping

The following records must be maintained by the Program Coordinator and Submitted to the City Recorder:

1. Periodic maintenance, repair and inspection records
2. Record of employee training
3. Other records as defined by the equipment manufacturer
4. Record of use (Appendix A)
5. Record of transmittal to responding EMS agency and their approval of the plan, placement and program

The records shall be maintained for at least three years. In the event of an accident or failure of the AED, where litigation could occur, the record shall be kept for a longer period of time.

Copies of records from this section shall be held by the Program Coordinator. Original documents shall be submitted to the City Recorder for archiving.

6.0 Attachments

Appendix A - Automated External Defibrillator Use Report

Appendix B - Tennessee Codes Annotated 1200-12-01-.19 AED Programs

7.0 Associated Standards

Tennessee Codes Annotated (TCA) 63-6-218

Tennessee Codes Annotated (TCA) 68-140 section 701 through 709

Tennessee Codes Annotated (TCA) 1200-12-010-.19

Appendix A

Automated External Defibrillator (AED) Use Report

Date and time of Use: _____ Location: _____

AED model used: _____

Patient Information:

Name: _____ Age: _____ Sex: _____

Patient Condition upon your arrival: (circle)

Conscious	Breathing	Pulse	CPR Unconscious	Not Breathing
No Pulse	No CPR			

What action did you take? _____

Was shock needed?	Yes	No	Was shock delivered?	Yes	No
Did pulse return?	Yes	No	Did breathing return?	Yes	No
Was CPR performed?	Yes	No	By whom?	_____	

Did patient become conscious? Yes No

Condition on arrival of EMS? _____

Outcome (if known): _____

Names of all AED responders: _____ Date: _____

Please submit report to City Recorder's Office at:

City Hall, 100 East Main Street, Mount Carmel, TN 37542

Appendix B

Tennessee Codes Annotated 1200-12-01-.19

Automated External Defibrillator Programs

- (1) Each entity shall submit a written notice to the local primary emergency medical services provider or emergency communications district that provides the following information:
 - (a) the name of the entity, the owner of the AED, and a contact person and an alternate with telephone numbers, and mailing address of the placement facility;
 - (b) the street location and site within the facility where the AED shall be placed, means to access the AED, hours during the day when the AED may be available, and whether the AED may be used off-site;
 - (c) description of the AED by manufacturer and model;
 - (d) listing of the area emergency medical services and contact information for the EMS agency and emergency communications district;
 - (e) the name and contact information of the physician supervising the AED placement; and,
 - (f) how the use of the AED is coordinated with the local EMS system.
- (2) Each entity shall maintain and submit a copy of a written AED plan to the local primary emergency medical services provider or emergency communications district that includes:
 - (a) designation of the training programs adopted by the entity to prepare expected users;
 - (b) a list of individuals appropriately trained and authorized;
 - (c) a plan of action for proper use of the AED;
 - (d) registration with local emergency medical services with acknowledgement by their representatives of the AED placement, plan, and program;
 - (e) description of how the AED program coordinates with EMS and the dispatching entity;
 - (f) maintenance and testing procedures necessary to maintain the device, as well as sample forms to document proper maintenance; and,
 - (g) reports that shall be made of AED use along with other records to be maintained by the program.
- (3) Each entity shall complete a report of the use of an AED and submit a copy to the responding EMS agency and the supervising physician to document the following:
 - (a) time of use or deployment of the device;
 - (b) the model of AED used;
 - (c) names of the AED responders;
 - (d) patient information, when known, to include name, age, race, and gender of the patient;

- (e) condition of the patient upon arrival of AED responders and resuscitative actions taken;
 - (f) condition of the patient upon arrival of EMS; and,
 - (g) patient outcome.
- (4) Each placement of an AED shall be supervised and endorsed by a physician with an unrestricted license to practice medicine or osteopathy in Tennessee.
- (5) Each automated external defibrillator shall comply with the provisions of T.C.A. § 68-140-710 and shall perform the following capabilities:
- (a) analyze heart rhythm and deliver electrical impulses (countershocks) for at least thirty (30) minutes after deployment;
 - (b) deliver visual or audible warnings of low battery power;
 - (c) provide an audible or visual warning of loose connections of the electrodes; and
 - (d) incorporate an internal event record providing the time of activation, times of rhythm analysis, and times of delivery of countershocks.
- (6) The following training programs in cardiopulmonary resuscitation and AED use are consistent with the scientific guidelines of the American Heart Association and have been approved by the Tennessee Emergency Medical Services Board.
- (a) Heartsaver AED and Basic Life Support for Healthcare Professional CPR and AED Courses of the American Heart Association
 - (b) Advanced Cardiac Life Support Course of the American Heart Association (for Healthcare professionals in conjunction with Basic Life Support for Healthcare Providers)
 - (c) Workplace First Aid and Safety; Adult CPR/AED Training Course of the American Red Cross
 - (d) AED Training Course of the American Red Cross (in conjunction with Adult and Professional Rescuer CPR courses)
 - (e) AED Course of the National Safety Council (in conjunction with AHA, NSC, or ARC Adult CPR Courses)
 - (f) Heartsaver FACTS Course of the National Safety Council or American Heart Association;
 - (g) Medic First Aid family of programs for Basic Life Support for Professionals and AED Training by EMP International, Inc.
 - (h) American Safety and Health Institute programs for Basic CPR and AED education and training.
 - (i) Coyne First Aid CPR and AED training program.

Authority: T.C.A. §§4-5-202, 68-140-504, 68-140-505, and 68-140-705. **Administrative History:** Original rule filed January 24, 2002; effective April 9, 2002. Amendment filed August 15, 2005; effective October 29, 2005.



Town of Mount Carmel

100 East Main Street
Mount Carmel, TN 37645

AED Monthly Maintenance Check Sheet

Manufacturer:	Model:
Serial No:	Location:
Battery Expiry Date:	

Year	Date	Condition	*Battery	**Pad Condition & Expiration (Adult & Ped.)	Name/Initial	Comments
JAN						
FEB						
MAR						
APR						
MAY						
JUN						
JUL						
AUG						
SEP						
OCT						
NOV						
DEC						

*Check status indicator light. **Visually inspect condition and expiry date of package.

Please ensure this sheet is kept in plastic sleeve with Defibrillator