

# **AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM**

---

## **I. Purpose**

A. This Directive establishes policy and guidance on developing, implementing, and maintaining an Automated External Defibrillator (AED) Program for the Department of Homeland Security (DHS) workforce.

B. Sudden cardiac arrest is a leading cause of death in the United States. Each year, more than 350,000 out-of-hospital cardiac arrests occur in the United States. In such cases, AEDs can prevent unnecessary disability and death when quickly and properly administered. DHS AED programs protect the DHS workforce by facilitating the timely, appropriate use of AEDs by trained DHS personnel while awaiting emergency medical services (EMS) system first responders. Essential elements of any DHS AED program include medical direction, properly maintained equipment, clear protocols, and availability of appropriate training in the use of AEDs and Cardiopulmonary-Resuscitation (CPR). For terms used in this Directive, see [Attachment 1: Definitions](#).

## **II. Scope**

This Directive:

A. Applies to all DHS Components that have determined the need for and have elected to implement an AED program within DHS facilities.

B. Does not apply to DHS Component locations where non-DHS Public Access Defibrillation Programs are in place.

C. Does not apply to DHS Operational or Emergency Medicine Program activities or vehicles.

D. Does not apply to medical treatment facilities or health/medical clinics operating on DHS properties.

## **III. Authorities**

A. Health Service Programs, 5 United States Code (U.S.C.) § 7901

- B. Cardiac Arrest Survival Act of 2000, Public Law 106-505, 42 U.S.C. §§ 238p & 238q
- C. “Guidelines for Public Access Defibrillation Programs in Federal Facilities”, Federal Register (FR), Volume 74, Number 156, p.41113-41139 (August 14, 2009)
- D. DHS Delegation 03000, “Delegation for Human Capital and Human Resources”
- E. DHS Directive 066-01, “Safety and Health Programs”
- F. Occupational Safety and Health Administration, Publication Number 3185-09N 2003

## IV. Responsibilities

- A. The ***Chief Human Capital Officer*** administers the occupational safety and health programs within the Department.
- B. The ***Executive Director, Workforce Health and Safety, Office of the Chief Human Capital Officer***:
  - 1. Under the Chief Human Capital Officer, serves as the delegated authority responsible for oversight of the DHS Workforce AED Program;
  - 2. Develops DHS Workforce AED Program consistent with industry standards, guidelines, and best practices; and
  - 3. Designates a Workforce Health and Safety physician to serve as the AED Program Medical Director for DHS Support Components.
- C. ***DHS Component Heads***:
  - 1. Direct implementation of this Directive within their Component;
  - 2. Designate a Component AED Program Manager to serve as the primary point of contact (POC) at the Component, who will provide and exercise technical oversight of the DHS AED Program Directive implementation;
  - 3. Designate a Component AED Program Medical Director, if available; otherwise, Components may rely on the designated Workforce Health and Safety physician identified in Section IV.B.3 for medical direction; and
  - 4. Ensure establishment and maintenance of policy and procedures for the Component’s AED Program, to include:

- a. Develop AED Program doctrine consistent with industry standards, guidelines, and best practices;
- b. Review and update AED Program doctrine every three years, at a minimum;
- c. Budget for continued multi-year AED and CPR training (initial and refresher), AED maintenance, ongoing replacement of parts, and required supplies;
- d. Ensure quality assurance and compliance with protocols; and
- e. Encourage CPR/First Aid/AED training of Component personnel.

D. The **Component AED Program Manager**:

- 1. Serves as the primary point of contact (POC) for the Component AED Program. Provides consistent application and technical oversight of the AED Program, which includes a triennial (and as needed) review of the AED Program status, guidance, updates, and compliance evaluations;
- 2. Implements, in conjunction with the designated Component AED Program Medical Director, an AED Program policy consistent with industry standards, guidelines, and best practices;
- 3. Reviews the AED Program, in conjunction with the designated Component AED Program Medical Director, every three years, at a minimum, to remain current with industry standards, guidelines, and best practices;
- 4. Assists local sites with program development to ensure compliance with the established guidelines;
- 5. Reviews and approves Component AED Programs in coordination with the Component AED Program Medical Director;
- 6. Ensures compliance with protocols; participate in post-incident debriefing sessions and reviews;
- 7. Standardizes the Food and Drug Administration (FDA) approved AED device make and model throughout the Component, to the extent possible;

8. Conducts an AED Program review, every three years, at a minimum, to ensure the Program meets the needs of the workforce, to include but not limited to, a review of AED supplies, equipment, maintenance contracts, and possible expansion of the program, etc.;
9. Ensures AED inspections are completed and documented according to established guidelines; and
10. Participates in coordination of AED, First Aid, and CPR training within the Component.

E. The **Component AED Program Medical Director**:

1. Provides medical direction and oversight of Component AED programs;
2. Reviews and approves Component AED Programs, in conjunction with the Component AED Program Manager;
3. Participates in quality assurance and conducts post-incident debriefing sessions, and reviews; and
4. Reviews the AED Program policy in conjunction with the Component AED Program Manager.

F. **DHS Employees**:

1. Are encouraged to voluntarily receive certified AED, First Aid, and CPR training, with retraining every two years. Although it is highly encouraged that all employees receive appropriate AED training, untrained rescuers may provide assistance, including application of the AED device;
2. In accordance with the Component AED program, as circumstances warrant, can voluntarily respond to and identify possible sudden cardiac arrest victim(s); treat the victim(s) by activating the local EMS system (i.e., call 911), and using the AED<sup>1,2</sup> and performing CPR until local EMS professionals arrive and assume care of the victim(s); and
3. Report use of an AED device to the Component AED Program Manager.

---

<sup>1</sup> Automated External Defibrillator. National Heart, Lung, and Blood Institute, NIH. Available at <https://www.nhlbi.nih.gov/health-topics/automated-external-defibrillator>. Accessed on June 21, 2018.

<sup>2</sup> Starr, LM. Automated External Defibrillation in the Occupational Setting. JOEM. 2012 Sep;54(9):1170-1176.

## V. Policy and Requirements

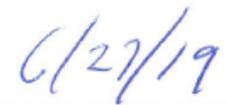
- A. The Department has an AED Program that provides safety and health benefits for all employees.
- B. Components assess their worksite(s) and implement an AED program and Instruction that aligns with this Directive.
- C. The AED Program encourages and offers the opportunity for employees to be voluntarily trained in AED use and CPR administration. If there are no trained employees in AED use and CPR administration, the AED program should be discontinued.
- D. Components that have chosen to implement an AED program will provide the Executive Director of the Workforce Health and Safety Division with a copy of their Instruction that aligns with this Directive.
- E. The Component AED Program Medical Director or Program Manager will provide a post-incident report to the DHS AED Program Medical Director.
- F. Components follow the DHS Records Schedule per the National Archives and Records Administration General Records Schedule for Employee Health and Safety Records. Records created by, for, or on behalf of DHS as part of the DHS AED Program are maintained and protected in compliance with the applicable Federal law including the Privacy Act of 1974 (5 U.S.C §552a).

## VI. Questions

Direct questions or concerns regarding this Directive to the Workforce Health and Safety Division, Office of the Chief Human Capital Officer.

[Attachment 1](#): Definitions

  
\_\_\_\_\_  
R. D. Alles  
Senior Official Performing Duties of the Deputy  
Under Secretary for Management

  
\_\_\_\_\_  
Date

## Attachment 1: Definitions

- A. **Automated External Defibrillator**: A Food and Drug Administration (FDA) approved portable device, which automatically analyzes the heart rhythm and recognizes the presence of ventricular fibrillation and/or tachycardia. If defibrillation is warranted, the AED automatically charges and prompts (visual and/or audio) the operator to deliver an electrical shock.
- B. **Cardiopulmonary Resuscitation**: A set of skills that includes noninvasive airway management, chest compressions, and other skills defined by the American Heart Association.
- C. **Defibrillation**: A process in which an electronic device gives an electric shock to the heart.
- D. **Medical Direction**: Monitoring and evaluation conducted by a licensed physician, to include DHS AED Program assessments and providing a prescription to purchase AEDs and related supplies required to use an AED.
- E. **Sudden Cardiac Arrest (SCA)**: A condition in which the heart suddenly and unexpectedly stops beating.