



**County of Henrico**  
**Department of Emergency Management & Workplace Safety**

Verification	Originator	Revised	Issued
Initials	EMWS	EMWS	EMWS
Date	05/01/2015	07/28/2023	08/01/2023

**Safety Manual**

**Chapter 3 Automated External Defibrillator (AED) Management**

<b>Area of Application:</b>	County of Henrico General Government & Schools	
<b>Document Location:</b>	<a href="http://employees.henrico.us/info/safety-manual/">http://employees.henrico.us/info/safety-manual/</a>	
<b>Revisions:</b>		
<b>Rev. No.</b>	<b>Date</b>	<b>Description</b>
001	03/31/2017	Updates to procedures.
002	06/01/2022	Removed references to Division of Fire; non-substantive changes to procedures.
003	07/28/2022	Aligned EMWS titles and terminology.
004	07/28/2023	Added language addressing evaluation of requests for new AEDs. Combined two post-utilization forms into one form.

**Purpose:**

This chapter establishes operation and maintenance procedures for Automated External Defibrillators (AED) in Henrico County facilities and work areas.

**Scope:**

These procedures apply to all County of Henrico employees.

**Program Administration:**

This chapter outlines how the Department of Emergency Management and Workplace Safety (EMWS) will prepare for cardiac arrest emergencies through selection, maintenance and management of AEDs.

**Definitions:**

**Automated External Defibrillator (AED)** - An automated, computerized device programmed to analyze heart rhythms. The AED recognizes rhythms that require defibrillation. The device will provide visual and voice instructions for the emergency responder to deliver an electric shock.

**Bystander First Aid/CPR** - Initial First Aid/CPR provided by a trained individual such as a lay responder.

**Cardiopulmonary Resuscitation (CPR)** - Rescue breathing and external cardiac compression applied to a victim in respiratory and/or sudden cardiac arrest.

**Emergency Medical System (EMS)** - Professional community responder for emergency events that provides medical assistance and/or ambulance transport

**Rescue Breathing** - Artificial respiration for a victim in respiratory and/or sudden cardiac arrest.

**Sudden Cardiac Arrest (SCA)** - A significant life-threatening event when a person's heart stops beating or fails to produce a pulse.

**Early Defibrillation Program Overview:**

County employees trained in standard emergency response techniques such as first aid, CPR, and emergency defibrillation, increase the chance a victim of SCA will survive until emergency medical



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services arrive at the location. A lay provider who operates an AED at the scene of an emergency, trains individuals to be operators of AEDs, or orders AEDs, shall be immune from civil liability for any personal injury that results from any act or omission in the use of an AED in an emergency where the person performing the defibrillation acts as an ordinary, reasonably prudent person would have acted under the same or similar circumstances, unless such personal injury results from gross negligence or willful or wanton misconduct of the person rendering such emergency care.

**Responsibilities:**

- A. EMWS oversees the AED Management program. This includes, but is not limited to:
  - 1. Ensuring First Aid and CPR /AED training is provided to affected employees through material offered by EMWS or another qualified provider.
  - 2. Ensuring departments have individuals competent to perform monthly AED inspections.
  - 3. Establishing a system for reporting defective or unserviceable AEDs to EMWS.
  - 4. Establishing and maintaining an inventory and inspection database.
  - 5. Assessing future and current needs for additional AEDs as County of Henrico work areas change.
  - 6. Selecting appropriate AEDs.
  - 7. Budgeting for and purchasing AEDs and supplies.
  - 8. Locating AEDs in accordance with best practices and County needs.
  - 9. AED maintenance support to include shipping, receiving and placement as well as replacement of consumable supplies.
  - 10. Communicating with AED manufacturer(s) for all technical and maintenance needs.
  - 11. Reviewing AED usage (Quality Assurance & Quality Improvements).
  
- B. Agency Heads or designees:
  - 1. Shall designate employees to perform and record monthly inspections of AEDs in their work areas.
  - 2. Shall ensure adequate initial and/or refresher training is coordinated through EMWS.
  
- C. Trained AED Inspectors:
  - 1. Perform monthly inspections per manufacturer's recommendations.
  - 2. Document monthly inspections in a departmental database or on the card affixed to AED cabinet.
  - 3. Notify EMWS immediately if an AED needs to be serviced.
  - 4. Place an out of service notice on any unserviceable units and alert all First Aid/CPR responders who work in the affected area.

**Requesting an AED /Requesting Maintenance:**

- A. Requesting and receiving an AED:
  - 1. Submit a request for a new AED to EMWS. Requests will be evaluated based on:
    - a. Analysis of previous cardiac-related calls for service in the requested area;
    - b. Activities conducted or characteristics of individuals in the requested area which may increase the probability of SCA;



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- c. proximity of installed AED(s) to the requested area if applicable;
  - d. availability of AED units.
2. If approved, a new AED will be provided by EMWS and installed in an accessible and appropriate enclosure and location.
- B. Requesting maintenance for inspection discrepancies or unserviceable equipment:
1. Submit a request to EMWS identifying a discrepancy or the unserviceable equipment. Include the desired follow-up action(s).
  2. EMWS will notify the requestor when follow-up action(s) have been completed.

**Actions Taken After Using an AED**

- A. EMWS shall be notified whenever an AED has been used (email [henricosafety@henrico.us](mailto:henricosafety@henrico.us)).
- B. When an AED has been used outside of normal business hours (8:00 A.M. to 4:30 P.M.), Henrico County Security shall be contacted (phone 804-501-4555). Security will notify EMWS staff.
- C. The used AED shall be removed from service immediately following use. The unit shall be held in a secure location, and not returned to service.
- D. The used AED will be picked up by EMWS staff for data collection. Another AED will be temporarily placed in service at that location as soon as possible.
- E. The Utilization Report (**Attachment A**) will be completed each time an AED has been used. The responders or a supervisor will submit the form to EMWS.
- F. After an AED is utilized, a Critical Incident Debriefing session will be held within seven (7) days of the incident. Required participants include:
  1. a representative of each agency or department directly involved in the incident response,
  2. EMWS staff, and
  3. all employees who directly provided aid.
- G. If necessary, EMWS will recommend changes in procedures, training or other response aspects.
- H. The AED will be evaluated for readiness and returned to service per the manufacturer's guidelines and recommendations.

**Disclaimer:**

Although every effort has been made to ensure this Chapter addresses all applicable regulations, it is the responsibility of each department to maintain compliance.



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**Attachment A: County of Henrico AED Utilization Report**

**Incident Details**

Victim Age: \_\_\_\_\_ Victim Sex: \_\_\_\_\_ Is victim Henrico employee?  No  Yes  
 Incident Date: \_\_\_/\_\_\_/\_\_\_ Incident Time: \_\_\_\_\_ Time AED applied: \_\_\_\_\_  
 Incident Location: \_\_\_\_\_

**Incident History**

Victim activity and /or complaints prior to event: \_\_\_\_\_  
 Was the event witnessed? .....  No  Yes witness name: \_\_\_\_\_  
 Was victim unresponsive? .....  No  Yes.....victim breathing?..... No  Yes  
 Was CPR started? .....  No  Yes, time: \_\_\_\_\_ rescuer: \_\_\_\_\_

**Assessment and Response**

Time required to retrieve AED: .... \_\_\_\_\_ (min &/or sec) individual: \_\_\_\_\_  
 Was a shock advised? .....  No  Yes rescuer: \_\_\_\_\_  
 Was a shock delivered? .....  No  Yes rescuer: \_\_\_\_\_  
 Was an additional shock advised?...  No  Yes rescuer: \_\_\_\_\_  
 Total number of shocks advised: \_\_\_\_\_ rescuer: \_\_\_\_\_  
 Was an additional shock delivered?  No  Yes rescuer: \_\_\_\_\_  
 Total number of shocks delivered: \_\_\_\_\_ rescuer: \_\_\_\_\_  
 Was ROSC achieved? .....  No  Yes  
 Was respiration regained? .....  No  Yes  
 Was responsiveness regained? .....  No  Yes  
 Was victim transferred to EMS?.....  No  Yes Time of transfer to EMS: \_\_\_\_\_

*ROSC=return of spontaneous circulation*

**Report Completed by:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_  
**Rescuer Contact Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*NOTE: Use back of this sheet for additional details or comments.*