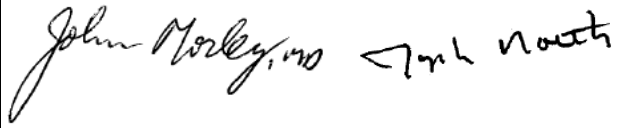
 <p><b>NEW YORK STATE</b> <b>Corrections and Community Supervision</b></p> <p><b>DIRECTIVE</b></p>	TITLE		NO. 2124
	<b>Automatic External Defibrillators</b>		DATE 7/30/2021
SUPERSEDES DIR #2124 Dtd. 9/17/2014	DISTRIBUTION A	PAGES PAGE 1 OF 9	DATE LAST REVISED
REFERENCES (Include but are not limited to) Public Health Law Article 30, Sections 3004A and 3006; MHL Article 10; ACA Expected Practices 5-ACI-2A-03, 5-ACI-6B-08, 5-ACI-6B-09, 2-CO-4E-01, 1-ABC-4E-08, 1-ABC-4E-29, 1-ABC-4E-30; Directives #4004, #4026, #4059, #4066, #4069	APPROVING AUTHORITY 		

## I. POLICY

- A. It is the policy of the Department of Corrections and Community Supervision (DOCCS) to make Automatic External Defibrillators (AED) available for emergency use in DOCCS facilities, Community Supervision area offices, and satellite offices to provide emergency defibrillation as part of resuscitation efforts for staff, visitors, incarcerated individuals, and parolees/releasees.
- B. DOCCS requires correctional security staff and health care personnel who encounter health care emergencies on the job to immediately provide necessary first aid and, in the event of cardiac or respiratory arrest, to immediately initiate Cardiopulmonary Resuscitation (CPR) and to use an AED, if indicated.
- C. An AED can ONLY be used by staff who have received AED Operator training. AED Operator training shall include a combination of both CPR and AED training. An AED Operator is required to complete a CPR and AED class at intervals determined by Department training guidelines.
- D. Each use of an AED must be accompanied by simultaneous activation of the Emergency Medical System (EMS) by calling 911, or a similar arrangement, to ensure timely provision of advanced life support and transport to an emergency medical facility.
- E. The Department will follow the Department of Health, Bureau of Emergency Medical Services Policy Statement on Public Access Defibrillation (PAD). In accordance with that policy, DOCCS will designate an Emergency Health Care Provider (EHCP), secure a "Collaborative Agreement" with that provider, file a "Notice of Intent to Provide PAD" with the applicable Regional Emergency Medical Service Council (this will be done through the Albany Regional Emergency Medical Organization [REMO] office), and provide written notice to 911 or the community-equivalent ambulance dispatch entity of the available AED service at the designated facility locations.

NOTE: References to "parolee" and "releasee" are intended to refer to individuals released to Community Supervision and presently under DOCCS jurisdiction. References to "parolee," for purposes of this directive, shall also include any Mental Hygiene Law Article 10 identified respondents who are presently under the jurisdiction of DOCCS.

## II. BACKGROUND

- A. A victim's chance of survival is dramatically improved through early defibrillation and CPR. Early defibrillation is the proven therapy for cardiac arrest.

- B. It is important to recognize that defibrillation is only part of effective resuscitation and cannot take the place of other measures such as CPR. Defibrillation works only to convert a specific electrical pattern in the heart, ventricular fibrillation, to a normal electrical rhythm; it does not work to “jump start” a heart which has stopped beating for other reasons. Resuscitation will be continued until the patient is transferred to an acute care hospital or until it is ordered discontinued by a Physician, Physician Assistant, or Nurse Practitioner.

### III. RESPONSIBILITY

- A. Correctional Facilities: It shall be the responsibility of the Deputy Superintendent for Administration (DSA) to ensure that the Department’s AED Program is organized and implemented within the facility.
- B. Community Supervision: It shall be the responsibility of the Regional Director to ensure that the Department’s AED Program is organized and implemented within their assigned Community Supervision offices.

It shall be the responsibility of the Bureau Chief, upon receipt of the completed AED Incident Report, to complete and send DOCCS e-form, “AED Report,” (SYSM Option 4.4) as soon as practical following the event, but within 24 hrs.

- C. Emergency Health Care Provider (EHCP): The EHCP shall be a Physician designated by the Department’s Chief Medical Officer who has knowledge and experience in the delivery of emergency cardiac care. The EHCP shall:
1. Provide a prescription for the purchase of AEDs for each of the locations as outlined by Section IV-C of this directive.
  2. Establish and approve written practice protocols for emergency use of AEDs within the Department. (see sample “PAD Protocol for Adults,” Attachment A).
  3. Be notified promptly following the use of an AED.
  4. Receive the AED and reports for review, evaluation, and completion of [Form #2124D](#), “Public Access Defibrillation Q.I. Report” (this report will be forwarded to the Albany REMO office within five days of AED use).
  5. Conduct an annual review of the Department AED Program and provide recommendations for changes or updates to the Agency AED Administrator.
- D. Agency AED Administrator
1. The Agency AED Administrator, the Department’s Fire and Safety Coordinator in Central Office, is responsible for:
    - a. Administering and monitoring the Department AED Program.
    - b. Oversight of AED Coordinators.
  2. The Agency AED Administrator shall be promptly notified following the use of an AED.
  3. The Agency AED Administrator shall maintain a copy of the Department’s written AED plan and review and update it annually or as needed.

---

**E. AED Coordinator**

1. The AED Coordinator will be selected by the facility Superintendent/Regional Director and shall act as a liaison with the Agency AED Administrator and shall be the contact for all AED-related issues.
2. The AED Coordinator shall:
  - a. Ensure that all AEDs are installed in their designated locations and in conformance with the manufacturer's installation guidelines.
  - b. Maintain and inspect all AED equipment and supplies as specified by Sections IV-E and F of this directive.
  - c. Ensure that a list of currently trained AED Operators and a list of the locations of the AEDs is maintained in the RED Book (correctional facilities).
  - d. Report any use of an AED to the Agency AED Administrator and EHCP using [Form #2124C](#), "AED Incident Report," and deliver a copy to facility Health Services staff for completion of DOCCS e-form, "AED Report" (SYSM Option 4.4).
  - e. Ensure that the AED and a copy of [Form #2124C](#) are transmitted to the agency EHCP within 24 hours of an AED use.
  - f. Assist in conducting an Annual Emergency Response Drill as required by Directive #4059, "Response to Health Care Emergencies" (correctional facilities).
  - g. Following use, place the facility backup AED in service as soon as possible.
  - h. Ensure that AEDs are replaced on a regular schedule as directed.
  - i. Ensure that [Form #2124E](#), "Annual AED Report," is completed and sent to the Agency AED Administrator no later than January 15.
3. The AED Coordinator, in consultation with the DSA/Bureau Chief, shall review AED placement annually, or whenever physical changes to the facility design are made, and recommend placement changes to the Agency AED Administrator if necessary.

**F. AED Operator: The AED Operator shall:**

1. Complete a CPR/AED training class at intervals determined by Departmental training guidelines.
2. Respond promptly to any incident requiring the possible use of an AED with the AED and a First Aid Kit with Bag Valve Mask (BVM), and initiate CPR if necessary.
3. If AED use is indicated, follow the Department-approved protocol as listed on the sample "PAD Protocol for Adults," Attachment A.
4. Upon completion of the AED use, complete [Form #2124C](#).
5. Deliver the AED and [Form #2124C](#) to the AED Coordinator or designee.

6. Provide a memorandum outlining the incident and a copy of [Form #2124C](#) to the Watch Commander/Bureau Chief for report of the event as an Unusual Incident (see Directive #4004, "Unusual Incident Report"). This must be completed prior to the completion of shift.

G. Watch Commander

1. Upon notification of a cardiac emergency, the Watch Commander or designee shall ensure that an AED Operator responds to the location of the emergency with an AED and First Aid Kit with BVM from the nearest AED location.
2. The Watch Commander or designee shall then activate EMS by calling 911 or the community equivalent to dispatch an ambulance to the scene.
3. The Watch Commander or designee shall also notify facility Health Services staff (Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse) on duty to respond to the location of the emergency in accordance with Directive #4059.
4. The Watch Commander or designee shall report the use of the AED to the Officer of the Day, the Facility AED Coordinator or designee, and the Communications Control Center, as specified in Directive #4004.

H. Health Services Staff Correctional Facilities

1. Upon notification by the Watch Commander or designee, facility Health Services staff on duty shall respond to the location of the AED emergency in accordance with Directive #4059.
2. Upon receipt of the completed [Form #2124C](#), Health Services staff shall complete and send DOCCS e-form, "AED Report," (SYSM Option 4.4) as soon as practical following the event, but within 24 hours.

#### IV. EQUIPMENT

- A. Selection: The Chief Medical Officer, in consultation with the EHCP, shall select a standard AED model.
- B. Placement: AEDs will be located in each DOCCS correctional facility and Community Supervision office, as well as Central Office Building #4 and Building #9, the Training Academy, and other satellite offices as designated.
- C. Location: AEDs will be strategically located throughout each facility/Community Supervision office and satellite offices in geographical zones (areas of coverage). The AED locations will allow sufficient protection of all areas and will ensure that an AED can be transported to the site of a cardiac event within three minutes. The location of AED geographical zones shall be established by the EHCP, in consultation with the facility Superintendent/Regional Director or Division Head. Requests to change geographical zones and AED locations within the facility will be sent to the Agency AED Administrator for approval. AED locations will be clearly marked with a sign stating "AED/First Aid Kit Located Here." In locations where a pediatric key adaptor is located, an additional sign stating "Pediatric AED" will be affixed to the door/cabinet/bracket.

The following equipment will be placed at each AED location:

- 1 – Automatic External Defibrillator – with battery installed
- 2 – Adult AED Pads
- 1 – Pediatric Key Adapter (in designated pediatric AED areas)
- 1 – First Aid Kit with BVM
- 1 – Small Equipment Bag containing the following:
  - 2 pair - Disposable Gloves
  - 1 – 5” x 9” Gauze Pad

NOTE: A spare battery will be provided for each facility and Community Supervision office.

- D. Master List: A master list of the location of all AEDs shall be maintained in the facility RED Book, Section 8.5, for correctional facilities, and with the Bureau Chief for Community Supervision locations.
- E. Security (Correctional Facilities): AEDs and AED equipment shall be maintained in a secure fashion to prevent tampering, misuse, or damage. AEDs will be secured in a locking, white wall mount cabinet displaying a sign stating “AED/First Aid Kit Located Here.” The cabinet lock will operate with a 47 key.
- F. Maintenance: Each facility Superintendent/Regional Director or satellite office Division Head shall designate a Facility AED Coordinator who will be responsible for maintenance of all AEDs assigned to that location.

NOTE: Inspection of the AED does not require the unit to be turned on.

- 1. AEDs within facilities will be inspected regularly by staff that normally performs the following facility safety and environmental services inspections required by Directive #4066, “Facility Safety and Environmental Services Inspections:”
  - a. Daily – Reported on [Form #2095](#), “Daily Safety Check List,” and specifically noted in the minutes of the area logbook. (e.g., “AED present and appears operable”).
  - b. Weekly – Reported on [Form #2097](#), “Weekly Health & Safety Inspection Report.”
  - c. Monthly – Reported on [Form #2098](#), “Monthly Safety, Environmental Services and Workplace Violence Inspection Report.”
- 2. AEDs will be inspected for:
  - a. Signs of damage and/or tampering.
  - b. That the service indicator lights blink “green.”
- 3. Monthly Inspections:
  - a. All AEDs will be inspected monthly by the Facility AED Coordinator or designee for signs of damage and/or tampering and to ensure that:
    - (1) The service indicator lights blink “green.”
    - (2) All supplies are in place.
    - (3) All supplies are within expiration dates.

- b. The results of the monthly AED inspection will be documented on [Form #2124B](#), "AED Maintenance Checklist."
  - c. A copy of [Form #2124B](#) will be forwarded to the DSA/Bureau Chief, and the original will be retained by the AED Coordinator for three years.
  - d. Any malfunctioning or damaged equipment will be immediately taken out of service and replaced with a backup replacement AED while repair or replacement of the malfunctioning unit is being completed. The Agency AED Administrator will be immediately notified.
4. Maintenance Following AED Use: Any time the AED is removed from its location, whether attached to a patient or not, it will be delivered to the AED Coordinator for the following inspection and maintenance:
- a. If the AED was attached to a patient:
    - (1) The AED and a copy of [Form #2124C](#) will be secured in a hard plastic foam-lined case labeled "For AED Transport Only" (doskocil large case as found on the email system bulletin board under approved security items [correctional facilities]). The case will be sealed with a numbered plastic seal and secured by the AED Coordinator in an area designated by the Superintendent/Regional Director and transferred to the designated EHCP within 24 hours. Ship to: Chief Medical Officer, Department of Corrections and Community Supervision, W.A. Harriman State Campus, 1220 Washington Ave., Albany, NY 12226-2050.
    - (2) The AED pads must be replaced after being used with the second set of pads that are stored in the AED machines. You must pull out the pads that were used and replace those pads with new ones, making sure that you plug the new pads back into the unit. If the old pads are not replaced, the AED will sound an audible signal (beep) indicating that the pads have been used and must be replaced. Under no circumstances should the battery be removed from the AED to stop the audible signal. The unit is then ready to be transferred to DOCCS Health Services.
  - b. If the AED was not attached to a patient, or following return from Health Services:
    - (1) The AED will be inspected for signs of damage and cleaned following the AED manufacturer's recommendation.
    - (2) Any used supplies will be replaced.
    - (3) Return the AED to its original location of service.

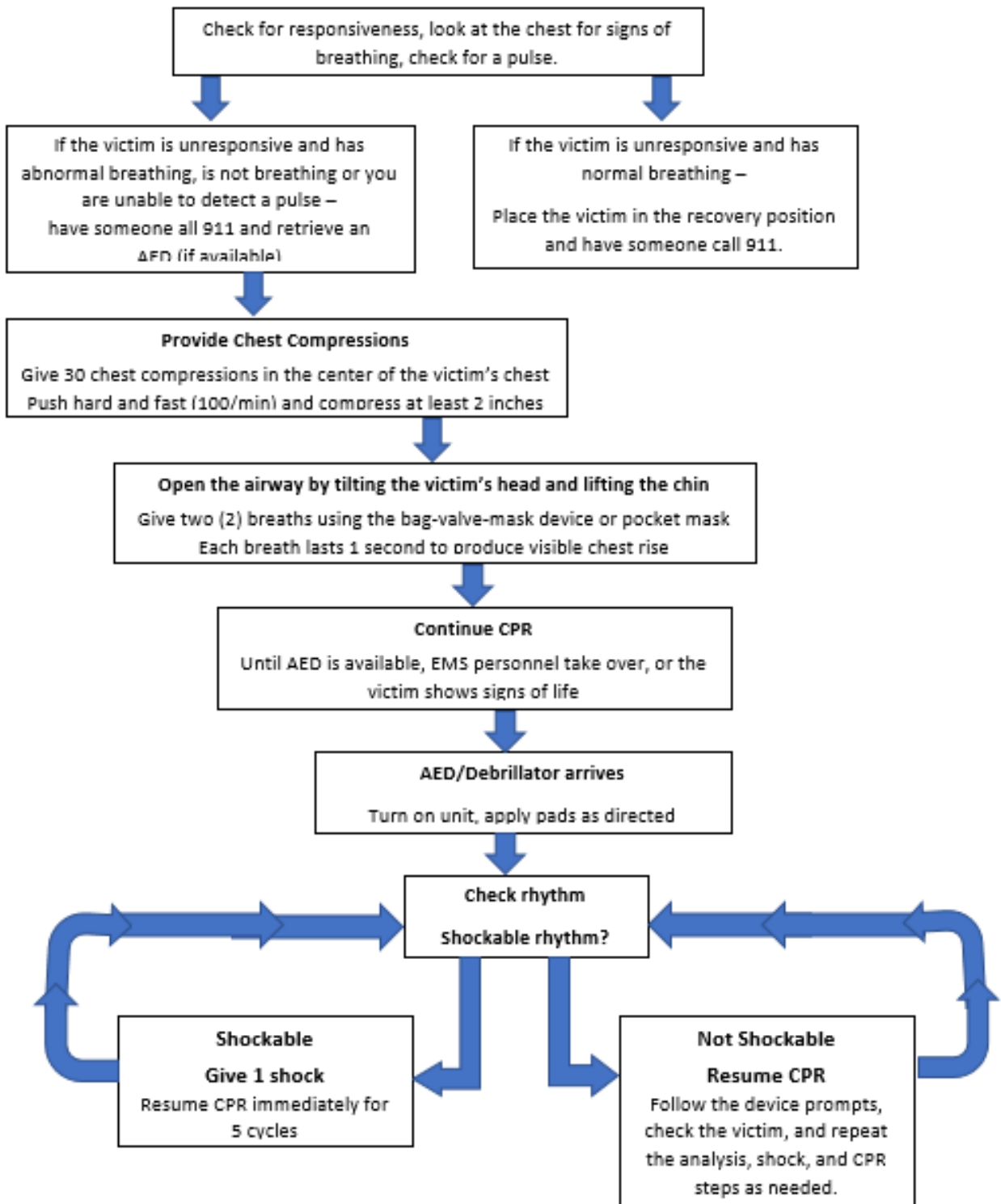
NOTE: In either case, the pads will be disconnected from the equipment and will be disposed of prior to shipping.

## V. REPORTING DEPLOYMENT AND USE

- A. Anytime an AED is removed from its location, the AED Coordinator shall be notified to perform inspection and maintenance as outlined in Section IV-F of this directive. The AED Coordinator shall complete and file [Form #2124B](#), and return the AED to its original location.

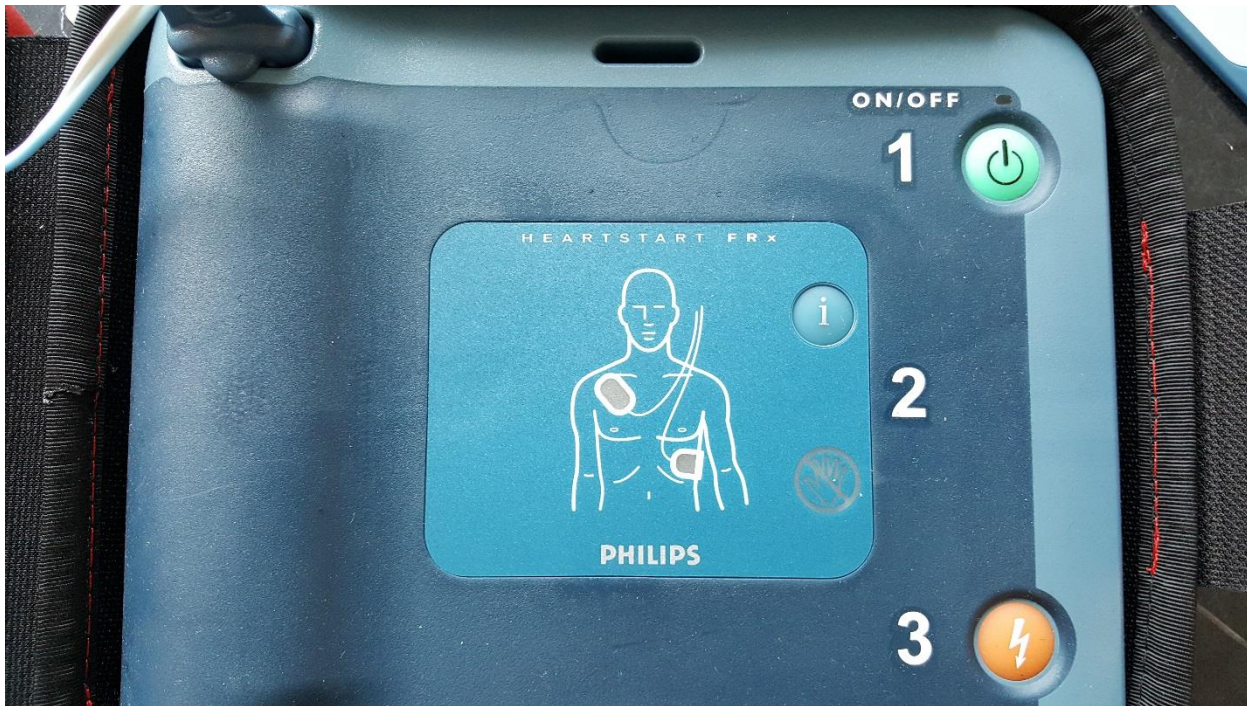
- 
- B. Anytime the AED is placed in "USE", meaning anytime the AED pads are attached to a person:
1. The AED Operator shall complete [Form #2124C](#) immediately following the incident.
  2. The Watch Commander/Bureau Chief or designee shall report the incident as an Unusual Incident (see Directive #4004).
  3. The EHCP shall review the incident and complete [Form #2124D](#), and forward it within five business days to Albany REMO as required by Public Health Law, Article 30.
  4. The AED Coordinator shall complete and file [Form #2124B](#), following inspection, maintenance, and return of the AED to its original location.
  5. Upon receipt of the completed [Form #2124C](#), facility Health Services staff or the Bureau Chief shall complete and send DOCCS e-form, "AED Report," (SYSM Option 4.4) as soon as practical following the event.
- C. Each month the AED Coordinator shall complete [Form #2124B](#) for each unit inspected and keep the checklist on file for three years.

### **PAD PROTOCOL for ADULTS**





Adult AED Pad Placement



Pediatric AED Key Adapter Pad Placement, for children less than 55 LBS (in Designated Pediatric AED Areas)

