

Department of the Army
Headquarters, United States Army
Training and Doctrine Command
Fort Eustis, Virginia 23604-5700

TRADOC Memorandum 1-18

4 February 2013

Administration-General

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) PROGRAM

FOR THE COMMANDER:

OFFICIAL:

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History. This publication is a new U.S. Army Training and Doctrine Command (TRADOC) memorandum.

Summary. This memorandum establishes policies and procedures for the use of automatic external defibrillators (AEDs) for Headquarters (HQ), TRADOC organizations located at Joint Base Langley-Eustis, Virginia.

Applicability. This memorandum applies to all individuals occupying, visiting, and utilizing any portion of Buildings 210, 661, 700, 705, 950, and 1501.

Proponent and exception authority. The proponent of this memorandum is the Office of the TRADOC Surgeon. The proponent has the authority to approve exceptions or waivers to this memorandum that are consistent with controlling laws and regulations. Activities may request a waiver to this memorandum by providing justification that includes a full analysis of the issue and a formal review by the TRADOC Staff Judge Advocate. All waiver requests will be endorsed by the senior leader of the requesting activity and forwarded to the policy proponent.

Army Management Control Process. This memorandum does not contain management control provisions.

Supplementation. Supplementation of this memorandum and establishment of command and local forms is prohibited without prior approval from Commander, TRADOC Surgeon, 950 Jefferson Ave, Fort Eustis, VA 23604-5754.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, TRADOC Surgeon, 950 Jefferson Ave, Fort Eustis, VA 23604-5754 or e-mail usarmy.jble.tradoc.mbx.hq-tradoc-g-1-4-surgeons@mail.mil.

Distribution. This publication is available in electronic media only and is published on the TRADOC Homepage at <http://www.tradoc.army.mil/tpubs/>.

Summary of Change

TRADOC Memorandum 1-18
Automatic External Defibrillator (AED) Program

This new publication, dated 4 February 2013 –

- o Prescribes policies and procedures for the use of automatic external defibrillators for Headquarters, United States Army Training and Doctrine Command organizations located at Joint Base Langley-Eustis, Virginia.
- o Applies to all United States Army Training and Doctrine Command personnel to include military personnel, government civilian employees, liaison officers, and other non-Federal individuals (including but not limited to supporting foreign liaison officers, contractors, vendors, and visitors) occupying space, working in, assigned to, visiting, or utilizing any portion of Buildings 210, 661, 700, 705, 950, or 1501.

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Chapter 1 Introduction

1-1. Purpose

This memorandum establishes and standardizes policies and procedures for the use of automatic external defibrillators (AEDs) for the United States Army Training and Doctrine Command (TRADOC) occupied facilities and provides an accessible reference for use in emergency situations. It provides a uniform policy consistent with applicable occupational safety and health programs in order to protect the lives of Headquarters (HQ) TRADOC employees and visitors to HQ TRADOC-occupied facilities and activities.

Note. The term “automatic external defibrillator” is used in this publication in conformance with the applicable Army regulation (see appendix A). It is synonymous with “automated external defibrillator.”

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this memorandum are explained in the glossary.

1-4. Responsibilities

Responsibilities are listed in chapter 2.

Chapter 2 Responsibilities

2-1. Commanders, deputy chiefs of staff (DCS), directors, and division chiefs

Commanders, DCSs, directors, and division chiefs will –

- a. Assign responsibility for AEDs within their respective office areas to responsible individuals (i.e., AED program overseers) (see para 2-6 and table 3-1).
- b. Ensure all personnel complete required AED training; determine need for optional training (see para 4-2).
- c. Ensure funds are allocated for replacement of batteries and defibrillation pads for AEDs (see figure 3-1, footnotes).

2-2. 733rd Mission Support Group Commander, Chief of Fire and Emergency Services designee, Commander of the military treatment facility, and the designated subject matter expert

Responsibilities of the Mission Support Group Commander, Chief of Fire and Emergency Services designee, Commander of the Military Treatment Facility, and the designated subject matter expert are detailed in appropriate Air Force Instructions, Joint Base Langley-Eustis guidance, and Army regulation (AR) 40-3.

2-3. United States Army Training and doctrine Command (TRADOC) Safety and Occupational Health Manager

The TRADOC Safety and Occupational Health Manager will inspect the AED program as part of annual safety inspections of TRADOC buildings.

2-4. TRADOC Surgeon

The TRADOC Surgeon will coordinate and provide hands-on familiarization training to small groups on request (see para 4-2b).

2-5. Headquarters (HQ) Commandant

The HQ Commandant will notify commanders, DCSs, directors, division chiefs, and staff officers when their organizations do not adhere to the policies and procedures contained in this memorandum.

2-6. AED program overseers

AED program overseers are assigned their responsibilities by their commanders, DCSs, directors, or division chiefs. They will –

- a. Identify all AEDs within their respective staff office areas (see table 3-1).
- b. Complete training as required under para 4-3.
- c. Designate responsibility for each AED within their staff office areas to individual persons (primary and alternate).
- d. Monitor completion of AED training by individuals within their assigned AED area; coordinate optional training as directed (see paras 4-2b thru d).
- e. Coordinate and ensure the purchase of replacement batteries and defibrillation pads for AEDs as needed (see figure 3-1, footnotes) using staff section supply funds (see para 2-1c).
- f. Verify the operational status of the AEDs within their purview on a monthly basis and following any power outages, using the Monthly Maintenance Log (see figure 3-1).
- g. Accompany TRADOC Safety Office personnel during annual safety inspections.
- h. Notify the TRADOC Surgeon's Office of all incidents involving use of an AED.

2-7. TRADOC personnel

All TRADOC personnel will –

- a. View digital video on AED operation annually (see para 4-2a).
- b. Notify supervisors of all incidents involving use of an AED. Supervisor will report the incident to the appropriate chain of command as required.

Chapter 3
AED placement, maintenance, and operating procedures

3-1. General

AEDs have been placed in strategic locations throughout buildings occupied by HQ TRADOC personnel on Joint Base Langley-Eustis. This is consistent with the practice of placing AEDs in locations with high densities of people, including corporate and government offices, and in keeping with guidelines from the U.S. Department of Health and Human Services, U.S. Army, and American Heart Association. Trained non-professional rescuers can respond to victims of cardiac arrest much sooner than professional rescuers. The increased availability and proper use of AEDs has significantly increased survivability in victims of sudden cardiac arrest.

3-2. Placement

AEDs are located in the areas shown in table 3-1.

Table 3-1
Automatic external defibrillator locations

Responsible agent	Building	Location	Site
Director, Army Capabilities Integration Center	950 (DePuy Hall)	1st floor, A wing	Room 1076 (print/copy)
		2nd floor, A wing	Room 2083 (print/copy)
		3rd floor, A wing	Room 3101 (print/copy)
		4th floor, A and B wings	Room 4112 (print/copy)
			Room 4008 (break room)
Deputy Commanding General for Initial Military	210 (Heileman Hall)	1st floor	Entrance to southwest stairwell
			Northeast end of main hallway
		2nd floor	Entrance to southwest stairwell
			Northeast end of main hallway
Deputy Chief of Staff, G-1/4	661 (Starry Hall)	3rd floor	Room 315 (print/copy)
			Elevator lobby
			Room 342 (break room)
Deputy Chief of Staff, G-2	950 (DePuy Hall)	4th floor, C wing	Room 4018 (print/copy)
Deputy Chief of Staff, G-3/5/7	950 (DePuy Hall)	1st floor, C wing	Room 1020 (print/copy)
		2nd floor, B and C wings	Room 2042 (print/copy)
			Room 2032 (print/copy)
		3rd floor, B and C wings	Room 3022 (print/copy)
Room 3040 (print/copy)			
Deputy Chief of Staff, G-6	661 (Starry Hall)	1st floor	Room 112 (break room)

Table 3-1 continued

Deputy Chief of Staff, G-8	661 (Starry Hall)	1st floor	Room 150 (print/copy)
		2nd floor	Room 213 (print/copy)
			Elevator lobby
			Room 250 (print/copy)
Executive Services Office	950 (DePuy Hall)	1st floor, B wing	Morelli Auditorium
		5th floor	Room 5003 (kitchen)
			Room 5005 (print/copy)
			Room 5013 (print/copy)
Facilities Management Office	950 (DePuy Hall)	1st floor, B wing	Main lobby area
			Snack bar area
Inspector General	661 (Starry Hall)	1st floor	Elevator lobby
Internal Review & Audit Compliance	705 (Wylie Hall)	1st floor	
Commander, TRADOC Band	700 (Quinto Hall)		Front desk area
			Break room area
Currently vacant	1501 (Ardon B. Cooper Hall)		Kitchenette area

3-3. Maintenance

Designated AED program overseers will verify the operational status of the AEDs within their purview monthly and following any power outages, using the Monthly Maintenance Log (see para 2-6e and figure 3-1).

MONTH:	
The wall signage is clearly visible and intact.	
The cabinet is clean, secured to the wall, and intact.	
The green check symbol (✓) appears in the status indicator window (indicates the unit passed all self-tests and is ready to use). Replace batteries if expired.*	
The date on yellow strip on underside of housing has not elapsed (AED pads within expiration date). Replace if expired.**	
Initials of person conducting inspection	

Printed Name of AED Program Overseer	Signature	Date
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* Use only Duracell[®], Sanyo[®] or Varta[®] batteries (last approximately 5 years inside the unit, and will cost approximately \$90 for 10 batteries in 2016)
 ** Use only CPR-D•padz[®] (last approximately 5 years, and will cost approximately \$240 for replacement set in 2016)

**Figure 3-1
Monthly Maintenance Log**

3-4. Operating procedures

See appendix B for procedures on use of the AED.

Chapter 4 Training

4-1. Objectives

The objectives of AED training are –

- a. Understand and know procedures for medical emergencies.
- b. Be familiar with AED components and operation.
- c. Know the location(s) of the closest AED(s).
- d. Become confident in the potential application of an AED.

4-2. All personnel

The following training is available to all personnel. Familiarization training is an annual training requirement per this memorandum.

- a. Tier I Training: Familiarization. All personnel must be familiarized and re-familiarized annually with AED operation using the manufacturer's training digital video, "Inside the Rescue." Run time is 8 minutes. This video is located in the [Headquarters Commandant – Facilities Management Procedures](#) portal; see appendix A, section I for link.
- b. Tier II Training: Hands-on familiarization. Hands-on familiarization is an optional opportunity for small groups (not exceeding 12 persons) to practice with an AED training aid in a scripted scenario. Personnel do not receive certification. Contact the TRADOC Surgeon's Office at usarmy.jble.tradoc.mbx.hq-tradoc-g-1-4-surgeons to schedule hands-on training.
- c. Tier III Training: Heartsaver[®] Cardiopulmonary Resuscitation (CPR) AED course. Further training for CPR/AED responders is optional. The American Heart Association's Heartsaver[®] CPR AED course, under the auspices of the Military Training Network, is available by coordination through Joint Base Langley-Eustis Fire and Emergency Services at (757) 878-4281, ext. 345. The course takes approximately 4 hours and confers certification for 2 years. The TRADOC Surgeon's office may also assist with coordinating and scheduling the course for HQ TRADOC personnel.
- d. Training drills. Commanders, DCSs, directors, and division chiefs may conduct AED training drills at their discretion for their staff sections. The drill should follow hands-on familiarization sessions (crawl-walk-run approach; see AR 350–1, para 4–1d).

4-3. AED program overseers

Training requirements for AED program overseers includes:

- a. Familiarization training as noted above (para 4-2a).
 - b. “AED Plus[®] Automated External Defibrillator Operator’s Guide” (located in the Headquarters Commandant – Facilities Management Procedures portal; see appendix A, section I for link).
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Appendix A References

Section I Required Publications

AR 40-3
Medical, Dental, and Veterinary Care

AED Plus[®] Automated External Defibrillator Operator’s Guide
ZOLL Medical Corporation, 2011
<https://www.tkeportal.army.mil/sites/HQFM/default.aspx> (under “Shared Documents” click on “Safety” then “AEDs”)

“Inside the Rescue” digital video
ZOLL Medical Corporation
<https://www.tkeportal.army.mil/sites/HQFM/default.aspx> (under “Shared Documents” click on “Safety” then “AEDs” then “AED Familiarization Training”)

Section II Related Publications

29 Code of Federal Regulations (CFR) 1960
Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters

AR 350-1
Army Training and Leader Development

AR 385-10
The Army Safety Program

AR 525–27
Army Emergency Management Program

TRADOC Regulation 385-2
U.S. Army Training and Doctrine Command Safety Program
TRADOC Regulation 1-8
Operations Reporting

Public Access Defibrillation Guidelines
<http://www.foh.dhhs.gov/whatwedo/AED/HHSAED.ASP>

Automated External Defibrillation Implementation Guide
http://www.heart.org/HEARTORG/CPRAndECC/WorkplaceTraining/AEDResources/AED-Resources_UCM_001296_SubHomePage.jsp; click on “AED Implementation Guide.”

Berg RA, Hemphill R, Abella BS, Aufderheide TP, Cave DM, Hazinski MF, Lerner EB, Rea TD, Sayre MR, Swor RA. Part 5: Adult basic life support: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2010;122(suppl 3):S685–S705.
<http://circ.ahajournals.org/>; <https://www.us.army.mil/suite/folder/32879925> (AKO login required)

AED Plus[®] Administrator’s Guide
ZOLL Medical Corporation, March 2011
<https://www.tkeportal.army.mil/sites/HQFM/default.aspx> (under “Shared Documents” click on “Safety” then “AEDs”)

Section III

Referenced Forms

This section contains no entries.

Section IV

Prescribed Forms

This section contains no entries.

Appendix B

Procedures for use of the AED

The procedures shown below are for familiarization with the use of AEDs in general. The outline below corresponds with the manufacturer's digital video "Inside the Rescue" (see appendix A, section I for link).

B-1. Indications for use. An AED should only be used on a victim eight (8) years of age or older who exhibits the following signs:

a. Unresponsive (i.e., no movement or response to tapping victim on the shoulder and shouting "Are you okay?" or witnessed suddenly collapse).



b. Not breathing, or not breathing normally (i.e., only gasping).

B-2. If individual meets the indications for use of AED:

a. One individual/staff member will call 911 using the closest available landline, inform access control personnel and supervisor of situation and location of incident, and meet emergency responders at the building entrance and escort them to the location of the incident, while another individual/staff member applies the AED.



b. Before beginning AED application, check the scene for hazards such as:

- (1) Electrical dangers (downed power lines, electrical cords, etc.).
- (2) Chemical (hazardous gases, liquids or solids, smoke, etc.).

- (3) Harmful people (anyone who could potentially harm you).
- (4) Traffic (make sure you are not in the path of traffic).
- (5) Fire or flammable gases such medical oxygen, cooking gas, etc.

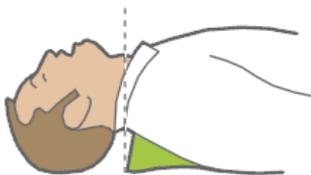
B-3. AED application.

a. Position the victim away from contact with water and metal.

b. Remove the cover. When the cover is removed, a graphical user interface on the top of the unit illustrates the steps to follow, and the unit provides voice prompts and optional display messages. Each pictogram on the device is associated with an indicator light and voice prompts.



c. If the victim’s upper body is not injured, use the lid as a support to help keep the airway open. Position it between the shoulder blades.



d. Place the AED by the victim’s shoulder. Turn it on and follow the prompts. (“Unit OK.” “Adult pads.” “Stay calm.” “Check responsiveness.” “Call for help.”)

e. Call 911 to report emergency, if not already done.

f. To prepare the victim:

- (1) Remove all clothing covering the victim’s chest.
- (2) Ensure the victim’s chest is dry.

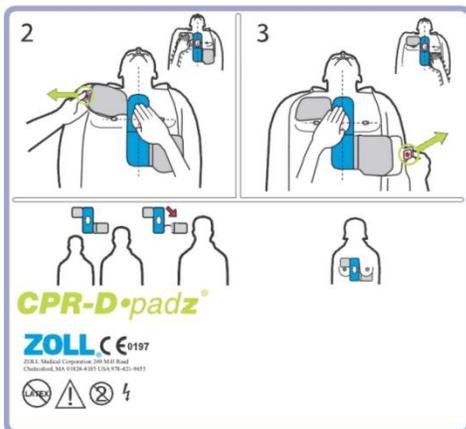
(3) If the victim has excessive chest hair, clip or shave the hair to help ensure proper adhesion of the electrodes.

Note. If the victim is wearing a medication patch on his/her chest, avoid placing the AED electrode pads directly on top of the patch. If shock delivery will not be delayed, remove medication patches and wipe the area before attaching the electrode pad.

Note. If the victim is wearing an implantable pacemaker, avoid placing electrodes directly over pacemaker if possible.

g. To apply the electrodes:

(1) Tear open the electrode package and unfold the electrodes. Place the electrodes on the victim according to the graphics on the package (see figure below).



(2) Hold the CPR sensor and place the sensor between the nipples and on the middle of the victim's breastbone, using the sensor's cross hairs to guide you.

(3) Press the CPR sensor with your right hand and pull the number 2 tab to peel the protective backing from the electrode. Press the electrode from the center out to make sure it adheres properly to the victim's skin.

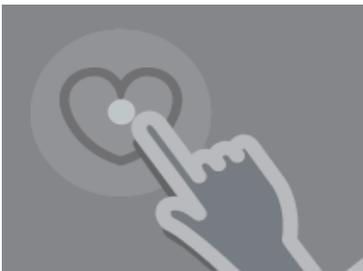
(4) Press the CPR sensor with your left hand and pull the number 3 tab to peel the protective backing from the electrode. Press the electrode from the center out to make sure it adheres properly to the victim's skin.



h. Don't touch the victim while the AED is analyzing the heart (*"Don't touch patient."* *"Analyzing."*).



i. If a shock is needed, be sure that no one is touching the victim (*"Shock advised."* *"Don't touch patient."* *"Press flashing shock button."*) and press the shock button (*"Shock delivered."* *"Start CPR."*)



j. After the shock, immediately start CPR. Do your compressions by pushing down on the CPR landmark.



Note. If your compressions aren't at least 2 inches deep the AED will let you know. (*"Push harder."*) The AED will let you know every 15 seconds if you don't reach the target CPR depth. (*"Push harder."*) After being told to push harder, if your compressions reach at least 2 inches, again, the AED Plus will let you know. (*"Good compressions."*) The AED will also give you a real time display of each chest compression on the bar gauge. The upper line represents 2 inches, while the lower line represents 2-1/2 inches (*"Push harder"*). Each compression should be deep enough to at least touch the upper line (*"Good compressions."*).

- k. After giving 30 compressions, you should give 2 rescue breaths.



l. Repeat this cycle of 30 compressions followed by 2 rescue breaths until the AED tells you to stop CPR. Rescuers who lack the training or confidence to perform rescue breathing should perform continuous compressions without stopping. Compress the chest hard and fast 30 times and give 2 breaths. After 2 minutes you will have completed about 5 full cycles of 30 compressions and 2 breaths.

m. Continue to follow the AED prompts. If you don't start CPR right after being told to do so, you will be prompted every 10 seconds until you start, and if you stop for longer than 10 seconds the AED Plus will tell you to continue CPR every 10 seconds until you resume CPR ("*Continue CPR*").

n. If the victim regains consciousness, make him or her as comfortable as possible until ambulance personnel arrive on scene.

Glossary

Section I Abbreviations

AED	automatic external defibrillator
AR	army regulation
CPR	cardiopulmonary resuscitation
DCS	deputy chief of staff
HQ	headquarters
TRADOC	United States Army Training and Doctrine Command

Section II Terms

This section contains no entries.

Section III Special Abbreviations and Terms

This section contains no entries.