University Senate
TRANSMITTAL FORM

Senate Document #:	14-15-05
Title:	Public Access Automated External Defibrillator Program
Presenter:	Erin Rooney-Eckel, Chair, Senate Campus Affairs Committee
Date of SEC Review:	October 30, 2015
Date of Senate Review:	November 10, 2015
Voting (highlight one):	1. On resolutions or recommendations one by one, or 2. In a single vote 3. To endorse entire report
Statement of Issue:	In September 2014, a proposal was submitted to the Senate Executive Committee (SEC) to develop a University policy and program related to the purchase, registration, and maintenance of Automated External Defibrillators (AEDs) on campus. The proposal noted that the University currently has many AEDs on campus, but not all AEDs are registered with the State of Maryland. The SEC reviewed the proposal and charged the Campus Affairs Committee (CAC) with researching current procedures and regulations related to AEDs at UMD and the State of Maryland, and with considering whether a policy on AEDs at the University of Maryland should be developed.
Relevant Policy # & URL:	N/A
Recommendation:	• The Senate Campus Affairs Committee recommends that the oversight of the University's automated external defibrillator (AED) program be coordinated through one office. Currently, the program is managed by the Department of Environmental Safety within the Division of Administration and Finance. • The Senate Campus Affairs Committee recommends that this office should manage all new campus acquisitions of AEDs, ensuring that State of Maryland guidelines are followed in the purchase, installation, and maintenance of AEDs. • The Senate Campus Affairs Committee recommends that the University maintain an updated list of all AEDs on campus that is accessible to the campus community, and that the University work to ensure that all existing and newly acquired AEDs are registered with the State of Maryland and follow state maintenance standards. • The Senate Campus Affairs Committee recommends that the University develop plans: 1) to expand AEDs on campus to

	initially include all public assembly and high hazard buildings; 2) to implement AEDs in all appropriate campus buildings; and 3) for replacing AEDs every ten years to ensure that campus AEDs have the latest medical technology. As a means to accomplish this goal, the Campus Affairs Committee suggests incorporating AEDs into facility design criteria for new construction or renovation projects on campus, in a manner similar to fire extinguishers and other life safety equipment. • The Senate Campus Affairs Committee recommends that the Division of Administration and Finance and the office overseeing the AED program evaluate the need for a University policy related to AEDs within two years of final approval of these recommendations.
Committee Work:	The Campus Affairs Committee (CAC) began its review of the charge in November 2014. It consulted with the Division of Administration and Finance, the Department of Environmental Safety, the Fire Marshall, the Health Center, and others during its review. The CAC researched AEDs and State of Maryland regulations on AEDs and reviewed policies at peer institutions. The CAC learned that UMD's AED program was recently transferred to the Department of Environmental Safety (DES), which has inventoried all AEDs on campus and began to develop plans for the University's AED program. DES and the CAC discussed centralizing the purchase, registration, and maintenance of campus AEDs through DES; expanding the AED program to include all campus buildings, based on priority for high hazard and public assembly areas; and increasing public information about UMD's AED program, including additional information available online and additional signage for AEDs in campus buildings. The CAC determined that it would not be appropriate to institute a campus policy on AEDs at this time, since DES's efforts are in a preliminary phase. At its meeting on September 25, 2015, the CAC voted unanimously in favor of recommendations that support the efforts of DES and provide guidelines for UMD's AED program.
Alternatives:	The Senate could reject the recommendations. However, the University would lose an opportunity to establish guidelines and goals for the AED program at UMD.
Risks:	There are no associated risks.
Financial Implications:	Financial resources are needed to increase the number of AEDs at UMD, to provide adequate training, and to maintain equipment.
Further Approvals Required:	Senate approval, Presidential approval.

Senate Campus Affairs Committee

Report on Senate Document # 14-15-05

Public Access Automated External Defibrillator Program

November 2015

2015-2016 Campus Affairs Committee Members

Erin Rooney-Eckel, Chair
Beth Douthirt Cohen, Ex-Officio Chief Diversity Officer Rep
Lori Ebihara, Ex-Officio Chair of the Coaches Council Rep
Barbara Gill, Ex-Officio Provost's Rep
Anne Martens, Ex-Officio VP Administration and Finance Rep
Mahesh Naidu, Ex-Officio GSG Rep
Julie Potter, Ex-Officio VP University Relations Rep
Patrick Ronk, Ex-Officio SGA Rep
John Zacker, Ex-Officio VP Student Affairs Rep
Sharon Epps, Faculty
Judith Gorski, Faculty
Lee Friedman, Faculty
Agisilaos Iliadis, Faculty
Elizabeth Warner, Faculty
Lance Yonkos, Faculty
Kevin McGann, Exempt Staff
Jeffrey Dunton, Non-Exempt Staff
Thomas Malone, Graduate Student
Jade Olson, Graduate Student
Ariel Bourne, Undergraduate Student
Rebecca Rosansky, Undergraduate Student

BACKGROUND

In September 2014, a proposal was submitted to the Senate Executive Committee (SEC) to develop a University policy and program related to the purchase, registration, and maintenance of Automated External Defibrillators (AEDs) on campus. The proposal noted that the University currently has many AEDs on campus, but not all AEDs are registered with the State of Maryland and therefore some may be lacking in appropriate maintenance and training processes. The SEC reviewed the proposal in September 2014, and charged the Campus Affairs Committee (CAC) with researching current procedures and regulations related to AEDs at the University of Maryland and the State of Maryland, and with considering whether a policy on AEDs at the University of Maryland should be developed (Appendix 2).

CURRENT PRACTICE

The University of Maryland does not have a policy related to Automated External Defibrillators (AEDs), but it maintains an AED program with the Maryland Institute for Emergency Medical Services and Systems (MIEMSS) and currently has AEDs in facilities such as athletic venues and campus recreation centers. Prior to 2015, the University of Maryland's AED program was overseen by the University Health Center, in part because of state regulations requiring that oversight of the AED program be conducted by a health care professional. In 2013, revisions to State of Maryland regulations to make AED programs more accessible removed this requirement, to allow other appropriate individuals or offices to have oversight of an AED program. In February 2015, the University Health Center transferred ownership of the University's AED program to the Department of Environmental Safety (DES); DES accepted the program as part of its ongoing role in safety at the University.

COMMITTEE WORK

The Campus Affairs Committee (CAC) began its review of the charge in November 2014. It consulted with representatives of the Division of Administration and Finance, the Department of Environmental Safety, the Fire Marshall, the Health Center, and others during its review.

As it began its review, the CAC learned how automated external defibrillators (AEDs) are used and received information from the Director of the University Health Center on AEDs on University campuses. AEDs are emergency medical devices that are used to assess heart rhythms and administer defibrillation when needed for ventricular fibrillation or other sudden cardiac arrest. The American Heart Association recommends the use of AEDs in cardiac situations, since time is critical and early defibrillation has been shown to save lives. AEDs are intended for general use, and do not require professional assistance. The device gives voice prompts for each step and analyzes heart rhythms to determine whether the pads are placed correctly and whether a charge would be appropriate, given the patient's condition. AEDs typically will not administer charges or continue to function if the device is being used improperly.

Since AEDs are lifesaving medical devices, their use is strictly outlined by state laws and regulations, in addition to institutional policy and procedures. In the State of Maryland, the Maryland Institute for Emergency Medical Services and Systems (MIEMSS) oversees the Maryland Public Access Automated External Defibrillator Program, which permits organizations meeting certain requirements to make AEDs available to the public (Appendix 1). The purchase, use, and maintenance of an AED in Maryland is guided by regulations in Title 30, Subtitle 06 of the Code of Maryland Regulations (COMAR), which are implemented and enforced by MIEMSS.

According to MIEMSS and state regulations (Appendix 1), AEDs in Maryland must be appropriately registered with MIEMSS. AEDs must be maintained according to MIEMSS guidelines, which includes monthly inspection of the AED and timely replacement of parts and equipment as recommended. AEDs

must be placed in highly-visible locations, with signage indicating the location within the building. Each organization must have an AED coordinator designated as the individual responsible for administering the AED program, and each location with an AED must have trained personnel who are able to operate the AED. Any use of AEDs for suspected cardiac arrest must be reported emergency responders immediately and to MIEMSS as soon as possible after an incident.

In its review, the CAC spoke with the proposer in order to gain additional perspective on the proposal. The proposer explained his personal experience with AEDs from service as a paramedic and firefighter, and gave the committee general information about AEDs and his knowledge of the University's existing program. He noted that while the State of Maryland inventory of AEDs includes 19 AEDs at UMD, he knows of additional AEDs in academic buildings that are not included in the inventory that were likely purchased by departments outside of any coordinated program at the University. He discussed the importance of registration with the State in ensuring that AEDs follow necessary maintenance and equipment replacement standards. He suggested that the committee consider centralizing the University's AED program in one office, and explained that recent revisions to State of Maryland regulations in 2013 clarified that AED programs can be coordinated by any individual who completes appropriate training, and the program does not need oversight from health care professionals.

As it considered guidelines for the University's AED program, the CAC considered information on policies and procedures at peer institutions. Many peer institutions have AEDs on their campuses, though institutions vary on whether the program is guided by a University policy or by established procedures. AED programs are typically administered by a public safety department, an environmental safety department, or the University's health center. In a few cases, such as at UC Berkeley and Michigan State University, the program is jointly managed, either through work coordinated across multiple offices or through an oversight body with representatives of each unit. Publicly available information on AEDs often includes the number of AEDs on campus, locations of AEDs, maps of AED units, and information on University training on AEDs. Some institutions, such as the University of Wisconsin and UCLA, note in procedures that placement of AEDs should take into account the risk and need, based on building size, age of building visitors, typical emergency medical services response time, and risk for cardiac arrest on site, which is increased in athletic facilities and other recreation centers. Procedures typically indicate that each department, office, or building is to designate an AED manager, who will undergo certified AED training and take on specific tasks related to AED maintenance and reporting.

In March 2015, the CAC met with the Fire Marshall, who is also an Assistant Director of the Department of Environmental Safety, and with a Deputy Fire Marshall tasked with oversight of the AED program. They explained that DES has become the primary owner of the AED program. In February 2015, DES began efforts to develop an inventory of the exact locations of campus AEDs, gather information on which individuals in each location are trained on AEDs and determine who is currently responsible for performing required monthly maintenance on AEDs. Representatives explained that each location with an AED is required to have two people in the location who are trained on how to use and maintain AEDs. DES also reached out to Facilities Management, which supports an increase in AEDs in campus buildings, and began working with various units on campus that had indicated interest in acquiring AEDs.

Representatives explained that DES is developing plans for purchasing a number of AEDs each year, and is exploring options for including AEDs in facility design criteria, so that AEDs would be incorporated into new buildings or renovations as life safety equipment. In considering the priority of AED placement, representatives explained that high traffic and public assembly areas are DES's first priority, followed by any buildings with high hazard. Many of these locations, such as athletic venues and recreation centers, already have AEDs, but other locations such as the Stamp Student Union do not yet have AEDs. The CAC also learned from conversations with DES that the University of Maryland Department of Public

Safety (UMDPS) has begun to purchase AEDs for its patrol vehicles, with the goal that each patrol vehicle would be equipped with an AED.

In discussing the purchase of campus AEDs, the CAC learned that DES envisions that it would coordinate the ordering and oversight of new purchases, ensuring that new AEDs are registered with the State and follow state maintenance guidelines. The CAC also discussed the importance of accurate information about the program with DES, and DES agreed that information should be publicly available on its website. The CAC made suggestions regarding placement within buildings, suggesting that AEDs could be located with fire extinguishers and near entrances, so that individuals would be more aware of their locations and so that signage can alert individuals to both.

In April 2015, the CAC met with a representative from the Division of Administration and Finance to ask for feedback on the committee's charge. The representative indicated support for the committee's work and for DES's work on the new AED program. She noted that AEDs fit well with the other activities of DES, so it seems the appropriate place for the program at this time.

In September 2015, the CAC met again with the Fire Marshall and Deputy Fire Marshall to ask for an update on the AED program and discuss the committee's draft recommendations. DES completed its inventory of AEDs and found 43 units owned by UMD. 29 units are on campus, and 14 units were recently installed on the campus farms, through efforts of the dean for the College of Agriculture & Natural Resources (AGNR). During the inventory, a few units were taken out of service because they did not meet MIEMSS standards, and those units will be repaired or replaced.

DES representatives noted that they are assessing the feasibility of purchasing a number of units each year to meet goals of having AEDs located in all public assembly and high hazard areas initially, and in all occupied campus buildings in the future. DES is also working with the Division of Information Technology on redesigning its website, and plans to include basic information on the AED program, along with campus locations and contact information for those who are trained on AEDs in each location, on the website once the redesign is complete. DES also noted that it is working with the Vice President for Administration and Finance to develop a plan for financing new AEDs, including purchase costs as well as training and equipment replacement costs.

In September 2015, the CAC developed recommendations to support the efforts of DES as it implements an AED program. The CAC considered which buildings on campus should have AEDs, and agreed that the initial effort should focus on high-priority areas such as areas with high traffic or public gathering spaces. The CAC agreed that eventually, the University should have AEDs in all buildings that are occupied on a daily basis. The CAC drafted its recommendations to allow for a priority-based implementation, and to address replacement of AEDs as recommended by manufacturer guidance.

As it developed recommendations, the CAC considered whether the University should have a policy to guide its AED program. The CAC had discussed this question with DES, and concerns were raised that a policy may unintentionally hinder efforts DES may need to take as it implements the program. DES representatives also noted a policy may need to be continually updated to align with new facets of the program or new procedures. In discussion, the CAC agreed that the AED program may be at a stage of development that would make a policy ineffective. The CAC agreed that DES is taking appropriate steps at this time to address the concerns that had been raised in the original proposal without the help of a formal policy. After discussion, the CAC agreed that it would not be appropriate to recommend a University policy at this time. However, the CAC voted to recommend that DES should evaluate the need for a policy after it has appropriately implemented the program.

RECOMMENDATIONS

At its meeting on September 25, 2015, the Campus Affairs Committee voted unanimously in favor of the following recommendations.

The Senate Campus Affairs Committee recommends that the oversight of the University's automated external defibrillator (AED) program be coordinated through one office. Currently, the program is managed by the Department of Environmental Safety within the Division of Administration and Finance.

The Senate Campus Affairs Committee recommends that this office should manage all new campus acquisitions of AEDs, ensuring that State of Maryland guidelines are followed in the purchase, installation, and maintenance of AEDs.

The Senate Campus Affairs Committee recommends that the University maintain an updated list of all AEDs on campus that is accessible to the campus community, and that the University work to ensure that all existing and newly acquired AEDs are registered with the State of Maryland and follow state maintenance standards.

The Senate Campus Affairs Committee recommends that the University develop plans: 1) to expand AEDs on campus to initially include all public assembly and high hazard buildings; 2) to implement AEDs in all appropriate campus buildings; and 3) for replacing AEDs every ten years to ensure that campus AEDs have the latest medical technology. As a means to accomplish this goal, the Campus Affairs Committee suggests incorporating AEDs into facility design criteria for new construction or renovation projects on campus, in a manner similar to fire extinguishers and other life safety equipment.

The Senate Campus Affairs Committee recommends that the Division of Administration and Finance and the office overseeing the AED program evaluate the need for a University policy related to AEDs within two years of final approval of these recommendations.

APPENDICES

Appendix 1 – Maryland Public Access AED Program Informational Packet

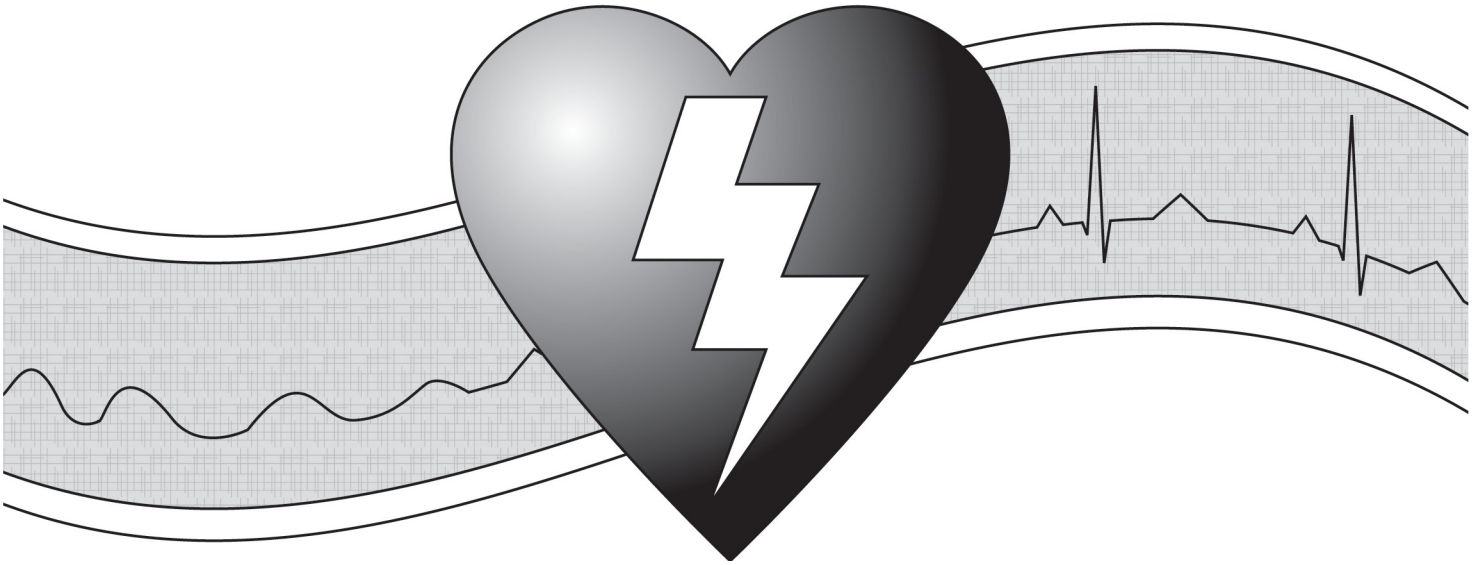
Appendix 2 – Senate Executive Committee Charge on Public Access Automated External Defibrillator Program (Senate Document # 14-15-05)

STATE OF MARYLAND
Maryland Institute for Emergency Medical Services Systems
653 West Pratt Street Baltimore, Maryland 21201-1536

Maryland Public Access

AED

Automated External Defibrillator



Program

"A Vital Link in the Chain of Survival"

TABLE OF CONTENTS

State of Maryland

Maryland Institute for Emergency Medical Services Systems

653 West Pratt Street
Baltimore, Maryland
21201-1536

Larry Hogan
Governor

Donald L DeVries, Jr., Esq.
Chairman
Emergency Medical Services Board

Kevin G. Seaman, MD
Executive Director

410-706-5074
FAX 410-706-4768

TO: Maryland Facility AED Program Applicants

FROM: Richard L. Alcorta, MD, FACEP
State EMS Medical Director
MIEMSS

RE: Maryland Public Access Automated External Defibrillator (AED) Program

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is pleased your organization has decided to become an integral part of the Maryland Emergency Medical Services (EMS) System. Maryland's EMS system is a cooperative, multidisciplinary, consensus- based program of integrated resources, agencies, hospitals, and dedicated individuals such as you.

Each year in the United States an estimated 250,000-400,000 people suffer from sudden cardiac arrest. Ventricular Fibrillation is the most common cause of death from sudden cardiac arrest and can be treated with early defibrillation that restores the heart to a normal rhythm.

MIEMSS has established requirements for the use of the AED at your organization. The enclosed information includes the requirements of the program and the application that must be submitted to MIEMSS prior to institution of an AED Program.

You are a vital link in the chain of survival by calling 911, starting bystander CPR, and providing early defibrillation, the major determinants of successful resuscitative attempts. Your prompt response combined with immediate access to EMS advanced life support personnel will optimize the victim's chances of survival and recovery. I thank you for your interest in the AED program and should you have any questions please do not hesitate to contact Ann McCaslin, AED Program Administrator at amccaslin@miemss.org or Lisa Myers, MIEMSS Office of Cardiac and Special Programs at lmyers@miemss.org.

Maryland Public Access AED Program Requirements

Introduction

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is pleased to provide you with information about Maryland's Public Access Automated External Defibrillator (AED) Program. The Maryland Public Access AED Program permits a business, organization, association, etc., which meets certain requirements, to make automated external defibrillators (AEDs) available for individuals suffering sudden cardiac arrest on the business's premises. Examples include offices, government buildings, churches, schools, health clubs, pools, and golf courses, to name a few. These "entities" may establish an AED program at a single site or may include multiple sites under one program.

Specific requirements have been developed for entities that wish to set up an AED program in Maryland, including but not limited to registration with MIEMSS. A certificate issued by MIEMSS to a registered entity is effective for three years if compliance with the program requirements is maintained.

The enclosed information will provide you with a basic understanding of what is needed to implement an AED Program. To view the Public Access AED Program regulations, please go directly to the COMAR website at
http://www.dsd.state.md.us/comar/subtitle_chapters/30_Chapters.aspx#Subtitle06

Should any discrepancies exist between these materials and the text of regulations, the regulations are binding. Entities operating AEDs without a valid certificate of authorization or renewal are in violation of Maryland State law.

Program Requirements

The following is a list of the requirements that must be maintained in order to participate in the Maryland Public Access AED Program:

1. **AED Coordinator:** Each entity shall have a designated AED Program coordinator who is responsible for implementing and administering the program. Responsibilities include maintaining necessary records and documentation, providing information regarding the AED to all employees or volunteers at a facility, reporting suspected cardiac arrest and/or use of the AED to MIEMSS, facilitating MIEMSS required monthly inspection and any manufacturer recommended maintenance, and other associated program tasks for all sites associated with a registered Public Access AED Program.
2. **Training*:** Entities wishing to participate in the Public Access AED Program shall have the AED Coordinator as well as individuals who are expected to operate the AED complete CPR and AED training and subsequent refresher training in accordance with their training course requirements that at a minimum includes content consistent with the recommendations for layperson CPR and AED training in the most current publication of the American Heart Association Guidelines for CPR and Emergency Cardiovascular Care.

(*) Authorized facilities with multiple sites must ensure that each site meets the requirement noted.

3. **AED Placement:** AEDs shall be placed in locations which are visible and readily accessible to any person willing to operate the AED in the event of a suspected cardiac arrest. AEDs should never be kept locked or restricted from use by anyone on the premises. Signage indicating the location of the AED(s) on the premises is also recommended.
4. **Registration*:** Entities that wish to participate in the Public Access AED Program may apply online at www.marylandaedregistry.com.
   MIEMSS will notify the closest jurisdictional emergency medical services (EMS) operational program and 9-1-1 center of all AED sites registered with MIEMSS.
5. **Links to 911*:** It is essential to notify "9-1-1" ***immediately*** when a sudden cardiac arrest occurs at an AED site. Therefore each AED site must have an effective means of communicating with "9-1-1," ideally a telephone. In situations when no telephone is available, another means of immediate notification to "9-1-1" should be available, e.g., a two-way radio contacting the facility's switchboard operator who dials "9-1-1."
6. **Equipment and Maintenance*:** Because most reported AED malfunctions result from failure to perform user-based maintenance of the AED, it is required that entities adhere to the AED manufacturer's guidelines for maintenance, inspection, and repair of AEDs. This includes monthly inspection of the AED and associated equipment, restocking of equipment as needed, replacement/ of batteries and electrodes as needed, and other necessary procedures. It is required that this equipment list be kept with each AED monthly inspection record (located in appendix A).

Required Equipment (Keep with AED at All Times)

- 2 sets of defibrillator chest pads (electrodes). It is strongly recommended that facilities with children under the age of 8 years include pediatric electrodes as well as adult pads.
- Disposable gloves
- 1 extra battery set, if the AED uses replaceable batteries other than long life lithium batteries.
- Cables (if your AED has removable cables)
- Maryland Public Access AED Report Forms for Cardiac Arrests (located in Appendix A of this packet and on the MIEMSS webpage).
- A ready-to-use AED should be kept in an unlocked case with no visible signs of damage that would interfere with its use.

7. **Reporting*:** If there is a suspected cardiac arrest at a location that is registered in the Maryland Public Access AED Program, the Maryland Public Access AED Report form for Cardiac Arrests and if possible the AED event download summary should be completed and faxed to MIEMSS as soon as possible but not longer

(*) Entities with multiple sites must ensure that each site meets the requirement noted.

than 48 hours following the incident, **even if the AED was not used**. The form and instructions for completion are located in Appendix A. Forms may also be accessed from the MIEMSS webpage at www.miemss.org.

AED Malfunction: If there is a suspected malfunction of the AED a report must be filed with the FDA and a copy of the report must be sent to MIEMSS.

Information on device malfunction reporting may be found at the following FDA website: http://www.fda.gov/Safety/MedWatch/HowToReport/ucm053074.htm

8. **Compliance*:** Entities participating in the AED Program are expected to maintain all Program requirements. MIEMSS may perform a compliance review upon information that an entity has failed to comply with Program requirements.
Therefore, it is essential that records are efficiently maintained on MIEMSS forms (included in Appendix A) and are immediately available should inspection become necessary.

9. **Application Process*:** Entities that wish to participate in the Maryland Public Access AED Program may apply online at www.marylandaedregistry.com
Instructions are provided in Appendix A. AED Program applicants meeting the Program requirements will be approved by the EMS Board and issued a certificate valid for a period of three (3) years after which time program applicants must reapply. Applicants not meeting the requirements will be denied and will be given a written explanation stating the reason for denial. Applicants that have been denied may re-apply, or may file an appeal within 20 days of receipt of the EMS Board's decision stating the reason that the Board should reconsider its decision. Applicants filing an appeal will be granted a hearing before the EMS Board or the Office of Administrative Hearings.

10. **Assistance:** For assistance please contact:

Ann McCaslin
Program Administrator, MIEMSS AED Program
301 Bay Street, Suite 306
Easton. MD 21601
Phone 410-822-1799
Fax: 410-822-0861
Email: amccaslin@miemss.org

Incomplete applications will not be processed until all information has been submitted.

(*) Entities with multiple sites must ensure that each site meets the requirement noted.

Maryland Public Access AED Protocol

All personnel expected to operate an AED at a registered facility shall utilize the AED in accordance with their training. When an individual's training conflicts with the auditory and visual prompts of the device, the individual shall follow the auditory and visual prompts.

APPENDIX A

Enclosed Forms

The following forms are included in appendix A of this packet and may be copied for use when implementing an AED program:

- Application Instructions
- List of AED Site Location Types
- MIEMSS Maryland Facility AED Report form and Instructions for completion (return **a copy** to MIEMSS by fax to 410-706-4366 for each suspected cardiac arrest incident)
- AED monthly safety inspection record

Additional forms may be downloaded at www.miemss.org

Maryland AED Registry Instructions

Maryland's AED law requires non-exempt* organizations with AEDs to register with MIEMSS and maintain a current certificate in order to have AEDs on site. To register your AED(s) with MIEMSS please go to www.marylandaedregistry.com and enter the required information into the Maryland AED registry. In order to do so, you will be required to set up a username and password. It is recommended you use Google Chrome or Mozilla Firefox as your web browser and not Internet Explorer for best results. Upon creation of the account you will receive an automated email asking for verification of the information you have entered after which you will be able to add your program information. In addition to the site location information for all AEDs and sites under your program, you will need to provide the make and model of the AED(s) and serial number(s), and the battery and electrode expiration dates. Upon completion you will be automatically issued a new certificate by email valid for an additional 3 years. The Maryland AED Registry will automatically send monthly reminders to update the Registry with any changes or new information as well as when AED batteries and electrodes are nearing expiration.
The information you enter into the Maryland AED Registry will be included in the National AED Registry™ and will be made available to the EMS 9-1-1 dispatch center in your community in the event there is a cardiac arrest at your site.

For assistance, please call 410-822-1799 or email amccaslin@miemss.org.

Effective July 1, 2015 MIEMSS will only accept electronic AED application submissions to the Maryland AED Registry and will no longer accept paper applications.

*Exempt organizations include: Health care facilities, physician's offices, dentist's offices, jurisdictional EMS operational programs, commercial ambulance services, and federal government agencies.

AED Site Location Type

Residential
Senior Living Housing
Other

Transportation Related
Airport – BWI
Airport – Other
Bus Station
Train Station
Street / Highway
Public Transportation
Other

Building
Government Admin. Building
Public Building (non – Gov't)
Industrial Place and Premises
Restaurant / Bar
School / Educational Facility
Church
Hotel / Motel
Retail Stores (enclosed mall)
Retail Store (not in enclosed mall)
Jail / Correctional Facility
Convention Center
Courthouse
Adult Day Care
Other

Recreation
Stadium
Racecourse / Racetrack
Amusement Park
Theatre / Cinema
Health Club
Golf Course
Public Beach
Park
Museum
Community Pool
Recreation Center
Camp
Other

Medical Facilities
Rehab Facility (outpatient)
Physician or Dentist Office
Dialysis Center
Urgent Care Facility
Other

Mobile Units
Law Enforcement Officer Vehicles
Emergency Roadside Assistance
Other

CONFIDENTIAL

For Official Use Only
M-CAPD #_____
Facility CA Form #_____
MAIS Form #_____

MARYLAND FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

To be completed immediately after a cardiac arrest occurs at your facility or the facility AED is put on a patient
Form should be filled out by the main caregiver at the scene & the Facility AED Operator and returned to MIEMSS **within 48 hours**
Please Return Completed Form with your AED Summary Report and copy of FDA Incident Form (if applicable) to:
Maryland Institute for Emergency Medical Services Systems (MIEMSS)
653 West Pratt Street Baltimore MD 21201 Attention: Epidemiology / M-CAPD Study
Fax: (410) 706-4366

1. Facility Name: _____

2. Incident Location: _____
Street address

_____
City *State* *ZipCode* *County*

3. Date of Incident:_____/_____/_____
Mo. *Day* *Yr.*

4.Estimated Time of **Incident**:_____:_____a.m. /p.m. 4a. Estimated Time that **911 Call** was placed:_____:____a.m. / p.m.
Hr. *Min.* *Hr.* *Min.*

5. Name of Patient:_____
First Middle Last

6. Patient Gender: Male[ ] Female[ ] 7. Estimated Age of Patient:_____Yrs.

8. Did the patient collapse (become unresponsive, i.e., no breathing, no coughing, no movement)? Yes[ ] No[ ]

8a. If Yes, what were the Events immediately prior to the collapse (check all that apply):
Difficulty Breathing [ ] Chest Pain [ ] No Signs or Symptoms[ ] Drowning [ ]
Electrical Shock [ ] Injury [ ] Unknown [ ]

8b.Was someone present to see the person collapse? Yes[ ] No[ ]
If yes, was that person a trained AED Employee? Yes[ ] No[ ]

8c. After the collapse, at the time of Patient Assessment and just prior to the Facility AED pads being applied,
Were there signs of circulation (breathing, coughing, movement)? Yes[ ] No[ ]
Was pulse checked? Yes[ ] No[ ]
If yes, did the person have a pulse? Yes[ ] No[ ]

9. Was CPR given prior to 911 EMS arrival? Yes[ ] Go to #9a No[ ] Go to #10

9a.Estimated time CPR Started:_____:_____a.m. / p.m.
Hr. *Min.*
9b. Was CPR started prior to the Arrival of a Trained AED Employee? Yes[ ] No[ ]
9c.Who *Started* CPR? Bystander[ ] Trained AED Employee[ ]

10. Was a Facility AED brought to the patient's side prior to 911 EMS arrival? Yes[ ] No[ ]

10a. If No, Briefly describe why and skip to question 17:_____
10b. If Yes, Estimated Time (based on your watch) Facility AED at patient's side:_____:_____a.m. /p.m.
Hr. *Min.*

TURN OVER and COMPLETE BOTH SIDES

CONFIDENTIAL

11. Were the Facility AED Pads put on the patient? Yes[ ] No[ ]

11a. If Yes, Was the person who put the AED pads on the patient a:
Trained AED Facility Employee[ ] Untrained AED Facility Employee[ ] Bystander[ ]

12. Was the Facility AED turned on? Yes[ ] No[ ]

12a. If Yes, Estimated Time (based on your watch) Facility AED was turned on:_____:_____a.m. /p.m.
Hr. Min.

13. Did the Facility AED ever shock the patient? Yes[ ] No[ ]

If Yes,

13a. Estimated time (based on your watch) of 1st shock by facility AED:_____:_____a.m. / p.m.
Hr. Min.

13b.If shocks were given, how many shocks were delivered prior to the EMS ambulance arrival? #_____

14. Name of Person operating the Facility AED:_____
First Middle Last

14a. Is this person a trained AED employee? Yes[ ] No[ ]

14b. Highest level of medical training of person administering the Facility AED:
Public AED Trained [ ] First Responder AED Trained [ ] EMT-B [ ] CRT/EMT-P [ ]
Nurse/Physician [ ] Other Health Care Provider [ ] No Known Training [ ]

15. Was there any mechanical difficulty or failure associated with the use of the Facility AED? Yes[ ] No[ ]

15a. If Yes, Briefly explain and attach a copy of the completed FDA reporting form (required by Federal law).

_____

_____

16. Were there any unexpected events or injuries that occurred during the use of the Facility AED? Yes[ ] No[ ]

16a. If yes, Briefly explain:_____

_____

17. Indicate the patient's status at the time of the 911 EMS arrival:

Hr. Min.

17a. Pulse restored: Yes [ ] No [ ] Don't Know [ ] If Yes, Time Pulse Restored: __ __:__ __
17b. Breathing restored: Yes [ ] No [ ] Don't Know [ ] If Yes, Time Breathing Restored: :__ __:__ __
17c. Responsiveness restored: Yes [ ] No [ ] Don't Know [ ] If Yes, Time Patient Responsive: __ __:__ __
17d. Signs of circulation: Yes [ ] No [ ] Don't Know [ ] If Yes, Time Circulation Returned:__ __:__ __

18. Was the patient transported to the hospital? Yes[ ] No[ ]

18a. If Yes, How was the patient transported? EMS Ambulance[ ] Private Vehicle[ ] Other_____

Report Completed by:_____
Please Print Name *Date*

_____
Signature *Date*

_____ _____
Title *Office Phone*

*Make/Model of the Facility AED that was used?*_____
Manufacturer Make *Model #*

Was a Rural Health Grant funded AED used at the scene? (i.e., Was there a MR-AED sticker on the AED?) Yes [ ] No [ ] If yes, by whom? Police Mobile Unit[ ] Emergency Roadside Assist [ ] Public Access Facility [ ]

RETURN TO MIEMSS WITHIN 48 HOURS FOLLOWING INCIDENT: FAX (410) 706-4366
QUESTIONS? CONTACT MIEMSS Office of Special Programs at PHONE: (410) 706-4740

Maryland Facility AED Report Form for Cardiac Arrests

All facilities registering with MIEMSS for Public AED use will be required to fill out a Facility AED Report Form when:

1. A suspected Cardiac Arrest occurs at your facility whether or not the AED was applied; OR
2. Any time the Facility AED pads are put on a person (regardless of the person's medical condition). This includes the use of a Facility AED for any reason by either an authorized employee or an unauthorized person.

WHEN DOES THE REPORT NOT NEED TO BE FILLED OUT?

The report does not need to be filled out for non-cardiac related false alarms when the AED is retrieved but the pads are not applied. (Example: A customer feels ill and the AED is brought to the patient's side. The caregiver at the scene does not put the AED pads on the patient because the patient is not suspected of having a cardiac arrest.)

WHO SHOULD FILL OUT THE REPORT?

The report form should be filled out immediately after an incident occurs at your facility ***by the main Facility Caregiver at the scene and the Facility AED Operator*** (if a different person). The main Facility Caregiver at the scene is defined as the facility employee who begins the resuscitation process prior to the Facility AED operator arriving. In some circumstances, the Facility Caregiver and the Facility AED Operator may be the same person. If the person initiating resuscitation is not a facility employee, then the Facility AED Operator should be the person who fills out the form. The facility is not responsible for tracking down bystanders who are active in the resuscitation process. However, the report form should accurately reflect that a bystander and not a facility employee initiated the CPR process. The Facility AED Coordinator should review the report and help clarify any questions that the care- giver may have concerning the report.

WHAT IS THE TIME FRAME FOR FILLING OUT THE REPORT & SENDING IT BACK TO MIEMSS?

The report should be ***filled out immediately following the incident*** so that the information is still fresh in the mind of the main Facility Caregiver and the Facility AED Operator. If the caregiver has questions about the form, he/she will have 48 hours to consult with the Facility's AED Coordinator. The AED Coordinator is responsible for seeing that the report is ***returned to MIEMSS within 48 hours following the incident.***

WHO WILL SEE THIS REPORT?

This is a confidential report. The AED Coordinator should keep the original copy on file at the facility and a copy should be sent to MIEMSS for quality control purposes. ***It will be viewed only by the main Facility Caregiver at the incident, the Facility AED operator (if different from the main Facility Caregiver), the Facility AED Coordinator, and MIEMSS.*** MIEMSS will use the report for quality assurance and research purposes only.

WHAT IS THE RESPONSIBILITY OF THE FACILITY'S AED COORDINATOR REGARDING THE REPORT FORM?

1. The Facility AED Coordinator should answer any questions the main caregiver/AED operator has when filling out the form. Any further questions should be directed to MIEMSS Office of Special Programs (410) 706-4740.

2. The Facility AED Coordinator is responsible for seeing the form is fully completed. The AED Coordinator must return to MIEMSS within 48 hours of the incident:
    - copy of the Facility AED Report Form;
    - copy of the AED Summary Report (internal report generated from the facility AED);
    - copy of the FDA Incident Form (if applicable).
3. The Facility AED Coordinator is responsible for keeping on file at the facility: the original AED Report Form, a copy of the AED Summary Report and a copy of the FDA Incident Form (if applicable). Because these are confidential reports, the facility file should be in a secure room and locked.

WHERE DO I SEND THE MIEMSS REPORTS?

The forms can be returned to MIEMSS by either Fax or Express Mail.

MIEMSS Fax: (410) 706-4366 OR Express Mail to MIEMSS: 653 West Pratt Street
Baltimore, MD 21201
Attention: Epidemiology / M-CAPD Study

AED Monthly Safety Inspection Record

AED Serial #_____

Date dd/mm/yy	Inspector Initials	AED Unit Intact	Battery Charged Electrodes intact and current (not expired)	Gloves, cables, Report forms with AED unit

***Please complete a separate record for each AED.**

APPENDIX B

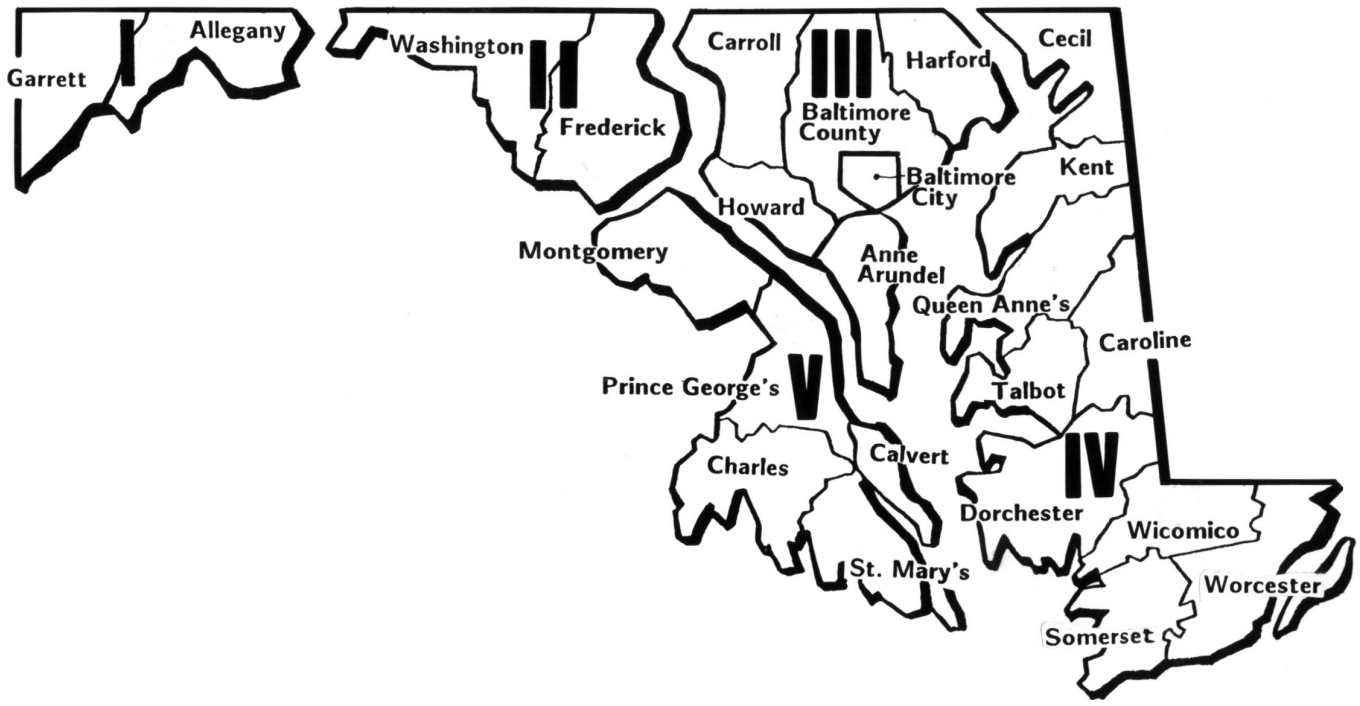
The Maryland EMS System

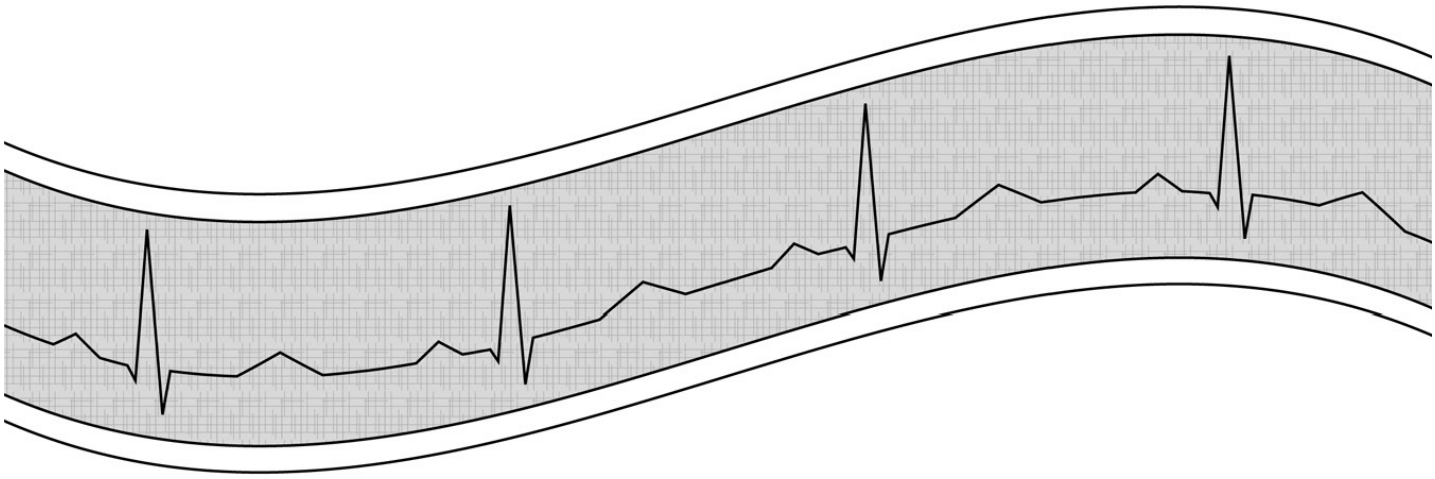
Maryland's Emergency Medical Services (EMS) System is coordinated by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). The EMS system is comprised of educated career and volunteer fire and rescue personnel, as well as several levels of certified/licensed EMS providers. Basic life support care is provided by First Responders and Emergency Medical Technician-Basics, while Cardiac Rescue Technicians and Emergency Medical Technician-Paramedics provide advanced life support care. EMS is accessed by dialing 9-1-1, the universal link to multiple emergency resources across the state. Emergency Medical Dispatchers answer the 9-1-1 calls, medically prioritize them, and dispatch the appropriate fire, law enforcement and emergency medical units based on the medical needs identified. Upon arrival at the scene, the EMS provider initiates care based on the Maryland Medical Protocols for EMS Providers and then determines and transports the patient to the most appropriate hospital, trauma center, or specialty center based on the type and severity of the injury or illness and the incident location.

Maryland's EMS System is divided into five EMS regions across the state. Regional boundaries are based on geographic considerations and traditional EMS delivery areas (see attached map). The regions are further divided into jurisdictions (23 counties, Baltimore City, and Annapolis) addressing needs specific to the patients and providers in that area. Each region has a "regional" medical director, and each jurisdiction has a "jurisdictional" medical director responsible for medical oversight in his/her area. The MIEMSS regional administrators act as liaisons between MIEMSS and local EMS agencies, hospitals, and the community.

Through the cooperation of prehospital providers, jurisdictional authorities, hospital administrators and medical staff, MIEMSS, and government agencies, Maryland has one of the premier EMS systems in the world.

MARYLAND EMS REGIONS





APPENDIX 2 - SENATE EXECUTVE COMMITTEE CHARGE ON PUBLIC ACCESS AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM

University Senate

CHARGE

Date:	October 7, 2014
To:	Kevin Pitt Chair, Campus Affairs Committee
From:	Donald Webster Chair, University Senate
Subject:	Public Access Automated External Defibrillator Program
Senate Document #:	14-15-05
Deadline:	November 6, 2015

The Senate Executive Committee (SEC) requests that the Campus Affairs Committee review the proposal entitled, "Public Access Automated External Defibrillator Program" and consider whether changes to the current policies and procedures are necessary.

Specifically, we ask that you:

1. Consult with the proposer regarding his specific concerns.
2. Research whether there is a current policy governing automated external defibrillators (AED) at all facilities of the University of Maryland.
3. Research State of Maryland protocols for AEDs.
4. Research current training and maintenance procedures for automated external defibrillators at all facilities of the University.
5. Research the number and location of AEDs currently used by all facilities of the University of Maryland.
6. Review policies and procedures for automated external defibrillators at peer and Big 10 institutions including equipment, maintenance, reporting, state protocols, and administration of programs.
7. Consult with a representative from the Division of Administration and Finance regarding current procedures governing automated external defibrillators.
8. Consult with a representative of the Department of Environmental Safety regarding administration and oversight of the AED program at the University of Maryland.

9. Consult with a representative from the University Health Center responsible for the University's AED program.
10. Consult with a representative of the Fire Marshall's Office.
11. If appropriate, recommend whether an overall policy and associated procedures should be developed for all facilities of the University of Maryland.
12. Consult with the University's Office of Legal Affairs on any recommended policy revisions.

We ask that you submit your report and recommendations to the Senate Office no later than November 6, 2015. If you have questions or need assistance, please contact Reka Montfort in the Senate Office, extension 5-5804.

Attachment

University Senate
PROPOSAL FORM

Name:	Kyle A. Fratta
Date:	09/05/2014
Title of Proposal:	Public Access Automated External Defibrillator Program
Phone Number:	410-440-2338
Email Address:	fratta1@umbc.edu
Campus Address:	N/A
Unit/Department/College:	CMNS
Constituency (faculty, staff, undergraduate, graduate):	Part-time Undergraduate
Description of issue/concern/policy in question:	1. There is currently no policy or written plan in place for the administrative oversight of Automated External Defibrillators (AEDs) on campus. 2. AEDs at the UMD are under the authority of the Fire Marshal's Office; however, the state required upkeep and documentation duties are assigned to a sole person from the University Health Center. 3. There are 19 AEDs registered through the state program (MIEMSS), however there are several AEDs on campus, in various buildings, that are not registered through the state and have no direct oversight concerning testing, maintenance, or replacing/restocking components.
Description of action/changes you would like to see implemented and why:	1. A written policy should be constructed in order to out-line the program requirements; including AED Coordinator, training, AED Placement, registration though MIEMSS, equipment and maintenance, required equipment, reporting; AED protocol as per MIEMSS; attached applicable state reporting forms or links to them. Reason: With a written policy, adherence to industry and state required practices can be maximized to assure readiness of equipment. 2. A single department should be placed in charge of the AED program for purposes of state registration, training, and end user maintenance; preferably either the fire marshal's office under the Dept. of Environmental Safety or the University Health Center. Reason: With these duties falling to one department alone, they can be executed with greater

	efficiency and reliability to assure the readiness of equipment. 3. A general census should be taken of all AEDs at the University and any AED not registered through the state agency (MIEMSS) be registered within a feasible amount of time. Reason: Registration through MIEMSS requires that there be maintenance checks, trained lay people onsite, and reporting of AED uses/misuses in order to improve the quality and availability of AED services as well as
Suggestions for how your proposal could be put into practice:	1. A committee should be formed in consultation with legal in order to write a coherent and sound policy regarding the aforementioned issues. 2. The committee formed for the policy construction could evaluate this issue and include it in the policy or escalate the issue to administrative officer of the university. 3. A census could be taken with assistance of the police auxiliary or alternatively an email sent to the entire campus requesting the self-reporting of an AED in the building of the recipient could be used.
Additional Information:	Automated External Defibrillators (AEDs) are devices that deliver an electric shock to the heart of a victim of sudden cardiac arrest (such as those of heart attacks, etc) in order to restore a functioning heart rhythm to the patient. These devise are designed to be used by any individual as it has both auditory and visual prompts on what to do and how to deliver the lifesaving intervention. Less than 8% of individuals who go into cardiac arrest outside of the hospital live, however with the application of CPR and an AED prior to 911 EMS arrival the chance of survival triples (American Heart Association).

Please send your completed form and any supporting documents to senate-admin@umd.edu or University of Maryland Senate Office, 1100 Marie Mount Hall,

College Park, MD 20742-7541. Thank you!