

01-09; Automatic External Defibrillator Programs SAFETY BULLETIN # 01-09

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OVERVIEW

The existence of Automated External Defibrillators (AEDs) is relatively new. There are presently no OSHA regulations mandating AED's in the workplace; however OSHA has aligned with the American Heart Association (AHA) regarding AED program implementation and management. Some states have followed suit requiring that AHA guidelines are followed and in some cases have even adopted their own state statutes that go beyond the AHA guidelines.

This Safety Bulletin is developed to provide bridging guidance between what is listed in the AHA guidelines, state statutes, the PCMSC and what is implemented at marine terminals. This Bulletin is not policy. Policy is established at each facility independently in order to ensure terminal-specific needs are met.

SCOPE

Sudden Cardiac Arrest (SCA) claims the lives of over 450,000 people annually in the United States alone. SCA is different than a heart attack; it is an electrical problem with the heart that strikes anyone, anywhere, anytime as a result of the heart going into an irregular and deadly rhythm – Ventricular Fibrillation. When SCA strikes, every minute counts and CPR is not enough. A lifesaving pulse of electricity, defibrillation, is the only treatment and must be delivered quickly in order to be effective in first aid efforts. In some cases defibrillation may restore the heart to its normal rhythm. The AED is the device that serves this purpose. In 2008 the ILWU and the PMA agreed to make AEDs mandatory on marine terminals and agreed that the AHA guidelines would govern the placement and management of the program.

PMA companies have begun implementing AED programs following the AHA guidelines. AEDs have been strategically placed throughout facilities, program coordinators have been assigned, and proper training of core response teams has been conducted in accordance with AHA guidelines. In some cases companies have extended AED training to steady labor workers. The PMA also provides AED training to the labor force per ILWU-PMA contract agreements.

It is important to recognize that AEDs are not required by law in marine terminals, however by inclusion of the PSMSC rules, employers are now obligated to follow the AHA guidelines and applicable state regulations very carefully. Failure may result in increased legal liability.

GUIDELINES

Each facility has an AED program coordinator (generally the Safety Manager) who is responsible for the management of the AED program. Responsibilities of the program coordinator include:

- Development of an AED response plan.
- Proper placement on the facility
- Training of personnel
- Notification of local Emergency Medical Services (EMS) of an AED program
- Monitoring and maintenance of deployed AED's
- Record keeping

Placement:

Companies are to follow American Heart Association Guidelines regarding placement of AEDs on the facility taking into account factors such as accessibility, visibility and other workplace-specific considerations. AHA recommends a 3 to a maximum of 5 minute response time. This means that an electrical shock from the AED unit is administered within 3 to 5 minutes of the discovery of a stricken person. Units are placed typically in locations where personnel work, such as administration buildings, marine towers and repair shops. In some cases units are kept in marked vehicles in order to meet response times on marine terminals where personnel generally move around by vehicle rather than on foot for safety reasons. Units are often placed in clearly marked wall-mounted cabinets with audible alarms.

AED programs cover vessel dock and rail operations as required by the PCMSC. Companies generally do not provide an AED to the vessel. Response to incidents on a vessel is addressed through terminal specific procedures. The locations of AEDs are posted on the facility map and in common areas in accordance with PCMSC rules 1153 (e), 1605 (e), and 17.106(e).

Training:

Core response teams are to be trained in First Aid, CPR and AEDs every two years. AHA guidelines recommend retraining every two years. This training is budgeted, coordinated and executed by the facility AED Program Coordinator, generally using an outside contractor or the PMA. The AED portion of this training includes elements listed by the AHA:

- How to recognize the warning signs of a heart attack
- How to respond to an emergency
- How to buy time for the victim by performing 1 rescuer CPR until AED arrives
- How to assess the patient to determine if you should use and AED
- How to attached AED pads and ensure that the device is used properly
- How to follow safety protocols to protect the user and bystander
- How to deal with unusual situations (such as the victim with an implanted defibrillator or a victim lying in water)
- How to use all emergency response skills in an emergency

Emergency response notification procedures are also discussed, including:

- Why and how to activate local Emergency Medical Services (EMS)
- The method for EMS arrival, entry and escort to/from the scene

Notification of Emergency Medical Services (EMS):

Notifying the local EMS system of the AED program at a facility is a key step in implementing the program. Many states require coordination with the local EMS to provide follow up data after any use of the AED. Some states require registration or application for AED programs. A medical professional or the program coordinator completes this process. Many the program coordinators view local EMS as a partner in placing AEDs and in developing internal procedures for quality improvement and incident review. EMS notifications should be kept by the program coordinator as a matter of record.

Monitoring and Maintenance:

Scheduled and preventive monitoring and maintenance checks of AED units is necessary. These are conducted by the program coordinator or by an outside contractor. At a minimum the checks are to be conducted monthly and a record is kept with the program coordinator addressing the following:

- Verify placement of AEDs (are where they are supposed to be?)
- Verify battery installation and expiration
- Check the status/service indication light
- Inspect exterior components and sockets for cracks or other damage
- Check supplies (razor, towel, barrier device, scissors, extra battery, disposable gloves, extra set of electrode pads – as applicable at facility)

Additional preventive maintenance checks according to the manufacturer's recommendations may also be required in servicing the units.

Record Keeping:

The AED program coordinator should retain the following records for three years:

- Training dates of core responders
- Monitoring and maintenance
- EMS Notifications
- Event data incident reports

The Good Samaritan Act

This act provides coverage for laypersons assisting a victim in first aid, CPR and use of an AED for cardiac arrest. Administrators of AED Programs are obligated to ensure that they are in compliance of federal, state, and local regulations in order to ensure that their liability is limited.

Reference:

- American Heart Association Automated External Defibrillation Implementation Guidelines (9/04)*
- Pacific Coast Marine Safety Code*
- California Code requirements (1797.196): Note there are specific California Code requirements.*
- Washington State Code requirements RCW 70.54.310: Note there are specific Washington State requirements*
- Oregon Code requirements: No additional requirements*