Seattle Police Department

**Automated External Defibrillator**

**Standing Orders**

Contact the Education and Training Section or the Department Safety Officer with questions.

Updated 10/18/16

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**General**

These guidelines apply to all sworn and non-sworn personnel. Sworn and non-sworn employees shall perform CPR and emergency cardiac defibrillation as directed in the STANDING ORDERS FOR AUTOMATED EXTERNAL DEFIBRILLATION (AED) AND CARDIAC ARREST.

The Quartermaster and Safety Officer will maintain a Specifications/Technical Information file for each approved AED model, current Product Liability Certificates, and the serial number of all AEDs used within the Seattle Police Department and other documentation as recommended by the manufacturer and/or AED Program Medical Director.

**Responding to Report of Cardiac Arrest or CPR in Progress**

Employees shall respond to and provide CPR and Early Defibrillation when the following conditions exist:

I. A request for EMS service has been broadcasted by the Communications Section and the officer is in close proximity or when coming upon a cardiac arrest or CPR-in-progress situation.

II. If an “on view” situation, the employee will advise Communications via police radio or direct another person to call 9-1-1 in order to request a Seattle Fire Department response.

III. Upon the arrival of fire units, patients care will be transferred to Seattle Fire Department EMTs or Paramedics in the same manner that other medical or traumatic injury cases are handled. The AED Operator should provide a short report to the firefighter or paramedic assuming care.

**Standing Orders for Automatic External Defibrillation (AED) and Cardiac Arrest.**

**Authorization**

I. These Standing Orders provide guidelines for, and authorize a properly qualified Seattle Police Department or Criminal Justice Employee to provide prompt CPR and cardiac defibrillation using the PHILIPS HeartStart FR2+ ® or FR3 Automated External Defibrillator (AED) for patients 8 years of age or older who have confirmed circulatory arrest from non-traumatic causes.

II. These orders shall be in effect as of August 31, 2016 and remain in effect until modified or rescinded by:

[Signature]

Michael R. Sayre, MD

Medical Director, Seattle Medic One
Arrival at Victim with Suspected Cardiac Arrest:

A. Establish unresponsiveness and NOT breathing normally.
B. Call for Seattle Fire and Medic One via radio or other means.
C. Begin CHEST COMPRESSIONS ONLY (Hands Only) CPR.

AED Immediately Available:

D. If AED is immediately available (e.g. officer can see the AED), then turn on AED and follow prompts.

AED NOT Immediately Available:

E. If AED is NOT immediately available, continue chest compressions at a rate of 100 - 120 compressions per minute.
   • Continue CHEST COMPRESSIONS until other rescuers arrive and take over chest compressions.
   • Retrieve AED. Attached AED while chest compressions are in progress and then follow the AED prompts.
   • Additional rescuers MAY provide ventilations with a face mask as they arrive on scene.

Arrival of Fire Department/Medic One:

I. PATIENT CARE IS THE RESPONSIBILITY OF THE FIRE DEPARTMENT

A. Continue CPR until the fire fighters physically take over.
   • (Depending on the situation, fire fighters may have officers continue CPR, take over CPR immediately, or request officers to continue to assist as needed.)

B. Provide a verbal report of findings and actions to Fire Department member in charge.

C. If AED was applied to patient, regardless if shocked or not, Medic One personnel will take AED for download and analysis. Medic One will contact the Seattle Police Safety Officer for return of AED upon completion.
Reporting

A. Complete a standard GO report and include all relevant information pertaining to the situation.

B. Route a copy of the report in an Alert Packet to the department safety officer.

Definitions

I. **Automated External Defibrillator**: A computerized defibrillator that will analyze the victim’s heart rhythm and if ventricular fibrillation or fast ventricular tachycardia is present, will instruct the user to deliver an electric shock. The AED provides on-going voice prompts to the operator.

II. **Automated External Defibrillation Operator (AED Operator)**: A Seattle Police Department employee who has received CPR and AED training approved by the Department of Health.

III. **Emergency Medical Technician (EMT)**: A person who is authorized by the Secretary of the Washington State Department of Health to render emergency medical care pursuant to RCW 18.73.081.

IV. **Basic Life Support Instructor (BLS)**: An emergency medical technician who has received additional training from the American Heart Association certifying him/her as a CPR and AED Instructor.

V. **OTEP and Skills Assessment Instructor**: A Washington State DOH and King County Department of Public Health On-Going Training and Education Program (OTEP) certified Emergency Medical Technician authorized to instruct EMT basic and continuing medical education (CME) courses.

VI. **Emergency Medical Services Coordinator**: An EMT police training officer responsible for instructing, organizing, and documenting all emergency medical training in the Department including, but not limited to, cardiopulmonary resuscitation (CPR), Automated External Defibrillation, Infectious Disease Prevention Education, and EMT On-Going Training and Education and Skills Assessment. Additional responsibilities include: maintenance of all EMT records, coordinating continuing medical education (CME and OTEP) and the Automated External Defibrillator Program.

The EMS Training Coordinator is appointed by, and reports to, the commander of the Training Section. The Deputy Chief of Administration shall have final authority over the appointment of, and duties assigned to, the EMS Training Coordinator.

VII. **Medical Program Director (MPD)**: An approved emergency medical services medical program director as defined by RCW 18.71.205 (4).

VIII. **AED Program Medical Director**: Dr. Michael R. Sayre, Medical Director, Seattle Medic One has granted authority to the Seattle Police Department to own and operate AEDs under the provisions of his medical license and has sole authority to approve all aspects of and modifications to our Standing Orders.

IX. **Standing Orders**: Written instructions from the MPD to AED operators for use during a cardiac emergency incident describing the activities that are to occur in the absence of the physician.

X. **Department Safety Officer**: The department safety officer is Ofc. Steven Redmond. In conjunction with the other duties of office the department safety officer is responsible for maintaining the medical equipment needs of the department as well as the documentation of the use of AED’s, CPR, and other forms of medical intervention given by officers of the Seattle Police Department.
The Department Safety Officer will be responsible for replacing date-sensitive accessories and end user serviceable parts and will maintain required documentation and/or forms.

Whenever an employee notes that an AED requires service, battery replacement, or other accessory replacement, the department safety officer must be notified immediately.

**Training and drills for Emergency Medical Technicians BLS and OTEP Certified Instructors / CPR-AED Trained Personnel.**

I. The Seattle Police Department defibrillator program functions as a Public Access Defibrillation system. Public Access Defibrillation (PAD) permits any person to initiate use of an Automatic External Defibrillator. The Seattle Police Department does not prohibit any employee from using an AED appropriately. However, if use of an AED is indicated, it is preferred that an SPD employee trained in the use of our AEDs utilize and be the lead person during any attempted resuscitation.

II. Seattle Police employees trained to operate the Automated External Defibrillator shall receive CPR and AED training approved by the Department of Health.

III. EMTs, BLS, and OTEP Instructors will complete annual continuing education to maintain their certification level.

IV. AED operators, in addition to the initial training required to operate the AED, shall:
   A. Maintain CPR proficiency by successfully completing refresher classes as often as recommended by the AED Program Medical Director and which conform to the guidelines of the Seattle Medic One program;