

**DEPARTMENT OF THE INTERIOR
BUREAU OF OCEAN ENERGY MANAGEMENT MANUAL**

TRANSMITTAL SHEET

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SUBJECT: Administrative
Part 485: Safety and Occupational Health Program
Chapter 6: Automated External Defibrillator Program

EXPLANATION OF MATERIAL TRANSMITTED:

This chapter establishes policy and responsibilities for the use of Automated External Defibrillators in facilities occupied by Bureau of Ocean Energy Management (BOEM) employees. This chapter replaces MMSM 485.6 Automatic External Defibrillator Program, dated April 14, 2009.



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FILING INSTRUCTIONS:

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485	6	4	001

**Department of the Interior
Bureau of Ocean Energy Management Manual**

Effective Date: February 1, 2016

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Series: Administrative

Part 485: Safety and Occupational Health Program

Chapter 6: Automated External Defibrillator Program

Originating Office: Bureau of Safety and Environmental Enforcement (BSEE) Management Support Division (MSD), Office of Administration

1. Purpose. This chapter provides policy and responsibilities for the use of Automated External Defibrillators (AEDs) in facilities occupied by Bureau of Ocean Energy Management (BOEM) employees. Note: This Program does not replace prompt immediate activation of the site Occupant Emergency Plan or the local 911/Emergency Medical Services (EMS) system.

2. Scope. This policy is applicable to all BOEM employees.

3. Authority:

A. Public Health Improvement Act, Public Law 106-505 (November 13, 2000).

B. Code of Federal Regulations (CFR) Title 21, Part 870, Cardiovascular Devices (21 CFR 870-5300).

C. 21 CFR 870-5300 Low Energy DC-Defibrillator.

D. 29 CFR 1910.1030 Bloodborne Pathogen Standard.

E. General Services Administration (GSA) Guidelines for Public Access Defibrillation Programs in Federal Facilities, May 23, 2001.

F. Individual States' AED Legislation (Good Samaritan Laws).

G. 2010 American Heart Association's Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC).

H. Americans with Disabilities Act (ADA) of 1990, Accessibility Guidelines (ADAAG) Accessible Elements and Spaces: Scope and Technical Requirements, Protruding Objects, General (4.4.1).

4. Policy. The BOEM will establish an AED Program that provides safety and health benefits for all employees. This Program will comply with all Federal, State, and local laws and regulations.

5. Definitions, Acronyms, and Abbreviations.

A. **AED (Automated External Defibrillator)** is semi-automatic medical device programmed to analyze heart rhythms, recognize rhythms that require defibrillation, and provide visual and voice prompts to the device operator. The AED instructs the operator to deliver an electric shock, if indicated, after ensuring all personnel are clear.

B. **AED Program.** A Public Access to Defibrillation (PAD) Program providing AEDs in all facilities occupied by BOEM employees.

C. **Bloodborne Pathogens (BBP).** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV).

D. **EMS.** Emergency Medical Services.

E. **Lay Responder.** A voluntary response team member trained in CPR, AED, and BBP. Responders are covered under the individual States' Good Samaritan Laws and the Public Health Improvement Act, Public Law 106-505 (November 13, 2000).

F. **Occupant Emergency Plan.** Policies and procedures regarding responsibilities and actions to be taken in the event of an emergency in a government occupied facility, in accordance with guidelines established by the Federal Protective Service.

G. **Public Access to Defibrillation (PAD).** The availability of AEDs in public places where people gather or work.

H. **Sudden Cardiac Arrest (SCA).** A significant life-threatening event when a person's heart stops or fails to produce a pulse.

I. **Designated Official.** The highest ranking official in the facility or, alternatively, a designee selected by mutual agreement of occupant agency officials.

6. Responsibilities.

A. The Designated Official is responsible for determining if an AED Program is appropriate for their particular facility.

B. The BSEE Program Administrator, per the reimbursable agreement giving BSEE responsibility for the administrative activities for BOEM, is responsible for overseeing a specific facility AED Program once it is implemented. This includes verifying AED inspections, recordkeeping, selecting AED locations, coordinating initial and refresher AED, CPR, and BBP training for Lay Responders. The BSEE Program Administrator is responsible for reviewing State laws and AED Program procedures, notifying local EMS that they are implementing an AED Program, and ensuring that a trained backup is available during the BSEE Program Administrator's absence.

C. Lay Responders are part of a volunteer AED response team. This team is trained and certified in BBP, CPR, and in the appropriate use of AEDs. They are responsible for responding expeditiously to a possible SCA victim within the workplace, deploying the AED located within the facility, and administering CPR and appropriate resuscitative efforts until the local EMS providers arrive on the scene and assume responsibility. Lay Responders are not intended to replace the local EMS providers.

D. Device Inspectors are responsible for inspecting one or more AEDs at a site each normal workday. The inspection will include, at a minimum, a daily inspection for visible obstructions and verification that the status light is showing an operable system. Also required is a minimum monthly inspection of the auxiliary items against an inventory sheet. These inspection records must be readily available for verification by the BSEE Program Administrator.

E. The BSEE Bureau Safety Manager (BSM) is responsible for overseeing and reviewing, at least annually or as appropriate, all AED Programs, including auditing of the systems and recordkeeping.

F. The Medical Director is legally responsible for the emergency care providers' performance, prescribing the AED, giving final program approval, and providing medical direction and oversight for the AED Program. The Medical Director is also responsible for providing medical leadership by providing guidance in equipment selection and deployment; developing guidelines for responder actions; overseeing medical care that is rendered through the program, including review of all AED Team responses to medical emergencies. The Medical Director will assist in developing and approving protocols for the use of the AED and other medical equipment related to the AED Program; reviewing all incidents involving the use of the AED; and providing post-incident reports. Note: Most AED manufacturers, authorized dealers, and Federal agencies that provide AED programs offer the services of a licensed physician. The physician writes the AED prescription and oversees the Program as the Medical Director. This option should be used if it is available. If this option is not available, a local physician shall perform the duties of the Medical Director.

6. Requirements.

A. The Food and Drug Administration (FDA) classifies AEDs as Class III medical devices (21 CFR 870.5300). Federal law restricts the sale of this device without a physician's prescription (21 CFR 801.109).

B. In the event an AED is used, the Lay Responder(s) shall complete the Event Documentation Form. This form shall be filled out by the facility Program Administrator of the facility in which the event occurred with the assistance of the Lay Responder(s) who provided care. Within 24 hours, the facility Program Administrator will forward the Event Documentation Form to the Medical Director, the BSEE BSM, and the Designated Official.

C. The BSEE BSM shall notify the FDA if the AED fails to operate properly (FDA Form 3500A).

D. Device Inspectors shall follow the manufacturer's guidelines for the periodic inspection and inventory of AEDs and accessories.

E. Program Administrators must notify the Designated Official and the BSEE BSM if or when there are no trained or certified Lay Responders within their facility. A determination will be made within 30 days whether to continue or discontinue the AED Program at that facility occupied by BOEM employees.