## Queerls University Environmental Health & Safety

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- Develop and maintain written procedures for the Versity AED program
- Approve AEDapplications an programs submitted by department
- Provide authoration for the aquisition and placement of AED units
- Maintain and provide an inventory of AED locations on Campus
- Assist AED owners in the development and internance of deptemental written programs, and establish notes protocols neessary for an testitive AED program.
- Review pertinent AED events and occurrences
- Identify and communicate relevant federal and provincial legipiss.
- Conduct periodic reviews of partmental AED programs

### 4.2 AED Owner

Departments that acquire an AED are seponsible for operating and maintaining device to meet the requirements this SOP, regulatory complians and 0 Tw -29.61 -1.15 TTd (4 (er)-





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 Ensure that adequate AE-Delated supplies and recommended ancillary medical equipment are kept dmand.

## 5. AED/CPR Training Providers

Individuals can be trained tose an AED in a suddeardiac arrest emergency hese individuals are trained toperate AED unit through a certified external agency (such as St. John Ambulance the CanadiaRed Cross) or a certified trainer find the University. For additional information on AED/PR training, contact the Department of Environmental Health & Safety.

## 6. Purchasing

Any AED purchase must be approved by the Department of Environtanth-Health and Safety. Approval will be ganted based on threed for the AED and the expartment having an approved AED program.

#### 7. AED Locations

AED coverage for the camps is provided by mobile units carried year and by Campus Security and Queen's First Aid during the academic year. Addition EDs are invarious buildings on campus. Units that are not publicly available due to them being purchased for a specific departmental or unit neade considered auxiliary will not be listed as being publicly available on the Department of Environmental Health and the Swebsite.

### 8. Departmental AED Program and Protocols

To have an AED **a**ch department must estist awritten program and protocols that include at a minimum the following components:

- Coordination with the AED ProgramDirector.
- Identification of authorized AB and ancillary equipment
- Location and/or assignment of AED (s)t
- Training and/or certication requirements for personnel
- Proceduresdr:
  - o Maintenance and replacement of Albatteryand ancilary equipment
  - Use of AEDs

## Queerls

# Appendix A

# Automated External Defibrillator (AED) Application Form

Contact Information			
Department:			

# Appendix B

# Automated External Defibrillator (AED) Post IncidentForm

Departmet:				
Location of incident:				
Date ofincident:		Time of incident:		
Name and phone number of person(s) who found the patient:				
Name and phone number of person	, ,	·		
Name anothone number of person(s) who erated the AE:				
		T		
Did the patient have a pulse?	YES/NO	How was the pulse checked?		
Was the path threathing?	YES / NO	How was breathing checkle		
Was 911 called?	YES / NO	If yes, when were they called?		
Briefly describe theevent, incident or situation that rested in the need for an AED:				
Was the AED aplied to the nations	2 VES / NO	]		
Was the AED aplied to the patient	? TE3/NO	fibrillated:		

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