


<b>NORTHAMPTON POLICE DEPARTMENT</b> <b>Administration &amp; Operations Manual</b>		
<b>Policy: Use and Maintenance Of the Automatic External Defibrillator</b>		<b>AOM: O-107</b>
Massachusetts Police Accreditation Standards Referenced:		Issuing Authority <hr/> John D. Cartledge Chief of Police
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**I. Policy:**

It shall be the policy of the Northampton Police Department to allow certified department personnel to provide cardiac arrest patients with prehospital defibrillation when necessary and in accordance with the requirements set forth in this directive and in the Defibrillation Affiliation Agreement with Cooley Dickinson Hospital.

**II. Definitions:**

- A. AED – Automated External Defibrillator.
- B. CDH – Cooley Dickinson Hospital.

- C. Cardiopulmonary Resuscitation (CPR): is the administration of chest compressions and rescue breathing to circulate oxygenated blood through the body.
- D. Medical Orders for Life Sustaining Treatment (MOLST or POLST-Portable Orders for Life Saving Treatment): Department of Public Health approved medical order form for use by licensed Massachusetts providers (physicians, nurse practitioners and physician assistant) which outlines the wishes of the patient and the goals of care with regards to an event in which the patient has stopped breathing. The form must be signed by the patient and the provider with the date.
- E. Defibrillation: the definitive treatment used for patients in cardiac arrest (ventricular fibrillation). It is a brief powerful electrical shock applied to a person's chest, interrupting the abnormal heartbeat and allowing the heart's natural rhythm to regain control.
- F. Defibrillation Coordinator: A department employee designated by the Chief of Police to serve as the Department's liaison with Cooley Dickinson Hospital's Affiliate Hospital Medical Director (AHMD) regarding the Department's Defibrillation Program, also referred to as AED Agency Coordinator.
- G. Defibrillator: the machine used to perform the function of defibrillation.
- H. First Responder: is a member of the police or fire department, the uniformed branch of the Massachusetts State Police and other similar organizations.
- I. WMEMS – Western Mass. Emergency Medical Services.
- J. Affiliate Hospital Medical Director (AHMD): Emergency Physician appointed by CDH to oversee all hospital and area emergency services, first responder and ambulance services. This is also referred to as AHMD Affiliate Hospital Medical Director. The AHMD will work closely with Northampton Police Department Surgeon to ensure the guidelines, procedures, training, maintenance, and inspection outlined in this policy are carried out.
- K. Northampton Police Department Surgeon (NPDS): a physician licensed by the state of Massachusetts and appointed to the position of Northampton Police Department Surgeon by the Chief of Police and sworn in by the City Council. The duties and responsibilities include advising the Department on emergency medical services updates, reviewing policies and procedures as it relates to medical care delivered by the Department, assists in any accreditation reviews, reviews health policies for the Department on forensic examinations as needed or required. Acts as an intermediary with the AHMD at the hospital. Provides training and updates to the Department on use of medical devices such as the defibrillator or other such devices as maybe adopted by the Department. Provides

training and updates on the use of other such devices as maybe adopted by the Department such as Narcan. If requested, reviews reports on uses of medical devices or medications and gives feedback to the Department with regard to their utilization. The NPDS is available to give members of the Department advice on their personal health.

### **III. Use Guidelines:**

- A. Equipment Approval Required: Northampton Police Department shall use only that defibrillation equipment which is approved by the Affiliate Hospital Medical Director (AHMD)
- B. Required Operator Certifications: Only those department personnel who are certified to provide prehospital emergency services at the First Responder Level, where a component of such certification includes Defibrillation, and who have been approved by the Affiliate Hospital Medical Director (AHMD), shall be authorized to operate defibrillation equipment.
- C. Responsibility of Defibrillation Coordinator: In regard to personnel authorization for use of defibrillators, the Defibrillation Coordinator shall be responsible for:
  - 1. Maintaining, with the Affiliate Hospital Medical Director (AHMD) or designee, an up-to-date roster of all trained first responders authorized for defibrillation use.
  - 2. Notifying the Affiliate Hospital Medical Director (AHMD) or designee of all personnel changes involving trained first responders authorized for defibrillation use, and allow the Affiliate Hospital Medical Director (AHMD) to review the credentials of new service personnel before the changes take place.
  - 3. Participating in all Quality Assurance procedures established by the Affiliate Hospital Medical Director (AHMD), including case reviews, skill competency, evaluations and submission of trip reports and recordings.
- D. Immunity From Liability for Police Officers: According to M.G.L. Ch. 111C §14, “No emergency medical technician certified under the provisions of this chapter and no police officer or firefighter, who in the performance of his duties and in good faith renders emergency first aid, including, but not limited to, the use of any semi-automatic or automatic external defibrillator or transportation to an injured person or to a person incapacitated by illness, shall be personally in any way liable as a result of rendering such aid...”

## IV. Procedures:

- A. Dispatcher Responsibilities: In the event a Northampton Emergency Dispatcher receives a report of the following list of medical emergencies, they shall automatically alert the primary response cruisers for the sector:
1. Cardiac Arrest.
  2. Cardiac Distress.
  3. Unresponsive/Unknown.
  4. Respiratory Arrest; and
  5. Respiratory Distress (Cardiac nature not asthma attack).
  6. Drowning.
  7. Electrocution.
- B. Responsibilities of Responding Officers – Initial Response: When responding to one of the medical emergencies listed above, the responding officer will be responsible for the following:
1. Respond with all necessary equipment including First Aid Kit, Oxygen and Defibrillator Unit.
  2. Take appropriate Body Substance Isolation Precautions (a.k.a. Universal Precautions) and look for a mechanism of injury.
  3. Determine Unresponsiveness (absence of breathing and pulse- is there a valid (Massachusetts Medical Orders for Life-Sustaining Treatment(M.O.L.S.T.)
  4. Consider all potential non-cardiac causes of cardiac arrest (i.e. electrical shock, overdose, or trauma).
  5. Initiate CPR and assist with compressions and ventilation's for a minimum of two (2) full minutes - if awaiting defibrillator.

**\*\*If defibrillator is already on scene apply defib pads and analyze after two (2) full minutes of CPR:**

- a. Initiate chest compressions at a rate of 100-200 compressions per minute for a minimum of 2 minutes or until the defibrillator is available for use.
  - b. Continue chest compressions after defibrillator use until arrival of EMS or the patient is responsive.
  - c. Chest compressions should not be stopped for more than 10 seconds.
  - d. If oxygen is available it should be applied to the patient's nostrils by way of a nasal cannula and run at 15L/m.
  - e. Ventilations are not necessary in the first minutes of resuscitation. Ventilations may be begun when there is enough help at the scene and the appropriate equipment is available.
6. **Do not use Defibrillator if:**
- a. Person has a pulse, if unsure start chest compressions.

7. **Do Not Start CPR or Initiate Defibrillation if:**
- a. Person has a pulse, if unsure start chest compressions, or
  - b. There is a valid M.O.L.S.T. of P.O.L.S.T. FORM on site.
- C. Responsibilities of Responding Officers – Post Occurrence Duties: Following the use of an automatic defibrillator during a medical emergency (“use” is defined as any time defib pads are placed on the patient, whether or not shocks are administered), the officer(s) will be responsible for the following:
1. Complete a First Responder Defibrillator Incident Report (DIR). The report shall be forwarded to the Defibrillation Coordinator.
  2. Download the machine and submit the printout to the Defibrillation Coordinator.
- D. Responsibilities of the Defibrillation Coordinator: With regard to the use of automatic defibrillators, the Defibrillation Coordinator will be responsible for the following:
1. All record keeping for the equipment.
  2. Maintain training records, to include:
    - a. CPR.
    - b. First Responder / EMT.
    - c. Quarterly and Annual Skills Evaluation.
  3. Defibrillator incident record keeping;
  4. AED data management,
  5. Forwarding AED Data Reports to CDHED as soon as possible.

## V. Training:

- A. Initial Training: All sworn officers of the Northampton Police Department are required to take the initial training of the Defibrillator. [16.3.5]

The training will include education about M.O.L.S.T. forms.

- B. Periodic Skill Evaluation: Every officer shall attend all required defibrillation in-service training with defibrillation coordinator or designee in accordance with the requirements of the OEMS. Every officer shall also attend any scheduled skills NPDS evaluation.

## VI. Maintenance & Inspection of Defibrillators:

- A. Location & Assignment of Defibrillators: The Northampton Police defibrillators shall be carried in the primary response police cars. The defibrillators shall be issued to cruiser officers each shift, who shall keep the assigned AED in the front

compartment of the cruiser in a safe environment. Every effort shall be made to protect the AED from any damage. At the end of each shift, officers will take the defibrillators out of the cruiser and bring them to roll call where they will be assigned to the oncoming primary response officers.

**\*\* A defibrillator will be kept in the hallway near the Station Officer area.**

- B. Required Inspections: All defibrillator equipment is to be inspected at the start of each tour of duty. Officers assigned who have been assigned a defibrillator will be responsible for the inspection to include ensuring that the unit is in its proper location, that it has all of the appropriate equipment and that it is ready for use. Any malfunction or deficiency shall be documented on an equipment malfunction report form, which shall be turned in to the OIC. While performing the inspection, officers should keep the following in mind:
1. Each defibrillator kit should have one lithium battery, two sets of pads (two adult pads and two pediatric), two razors, alcohol wipes, one pair of shears, a towel, a departmental *First Responder Defibrillation Incident Report (DIR)* form, and a pen.
  2. Expired pads shall be exchanged for new ones.
- C. Maintenance of Defibrillators: All officers certified to operate defibrillators will be responsible for ensuring that such equipment is properly maintained, to include:
1. The defibrillator shall be cleaned with a damp sponge or cloth and warm water with mild soap only.
  2. Defibrillator unit must be consistently kept in a climate with a temperature between 32 – 122° Fahrenheit in order to function properly. Additionally, defibrillator pads must be consistently kept in a climate with a temperature between 40 – 95° F in order to function properly.
  3. The lithium battery should not be exposed to temperatures in excess of 120 degrees Fahrenheit.
- D. Responsibilities of the Defibrillation Coordinator: The Coordinator will be responsible for all required repairs and service to defibrillators.
- E. Responsibilities of the Officer-in-Charge: The Officer-in-Charge will be responsible for the prompt replacement of equipment and supplies. Additionally, they will be responsible for notifying the Defibrillation Coordinator of any necessary repairs or services.