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I. PURPOSE

The University of Illinois at Urbana-Champaign (U of I), through the Division of Safety and Compliance (S&C), establishes this policy for the use of Automatic External Defibrillators (AED). Use of AED units is regulated by the Illinois Department of Public Health (IDPH) through 410 Illinois Compiled Statutes (ILCS) 4, Automated External Defibrillator Act and 210 ILCS 74, Physical Fitness Facility Medical Emergency Preparedness Act.

The Illinois Physical Fitness Facility Medical Emergency Preparedness Act requires indoor physical fitness facilities that serve a population of 100 people or more to develop and implement a plan for responding to medical emergencies. A copy of the plan shall be filed with IDPH. The Act requires these types of physical fitness facilities to have at least one AED on the facility premises and to have at least one trained AED user on staff during business hours.

II. POLICY

All Automated External Defibrillators located in U of I facilities shall be operated and maintained in accordance with the rules and regulations stipulated by the Illinois Department of Public Health 77 Illinois Administrative Code (IAC) 525, Automated External Defibrillator Code and, as applicable, 77 IAC 527, Physical Fitness Facility Medical Emergency Preparedness Code.

III. SCOPE

This policy is applicable to all U of I units that have purchased or received AED units for their facilities, either as mandated by the above stated Acts or voluntarily.

IV. RESPONSIBILITIES

The division of responsibilities regarding AEDs on campus is outlined in the Campus Administrative Manual (CAM) Section V-B-6.11 “Policy for Use of Automated External Defibrillators.” In addition to those requirements, the following shall be met:

The Division of Safety and Compliance shall:
A. Review and update policy documents and internal AED records as necessary.
B. Be a regulatory compliance reference point for departments choosing to obtain an AED.

The Division of Public Safety shall maintain the Medical Emergency Plan appendix of the Building Emergency Action Plans (BEAP) as required for Physical Fitness Facilities.

Deans, Department Heads, and Directors of academic/administrative units shall:
A. Ensure that their unit-specific AED Program meets the requirements of this AED Manual.
B. Provide fiscal and administrative resources for the implementation of their unit-specific AED Program.
C. Ensure that all personnel within their unit affected by this policy receive proper training.
D. Appoint an AED Coordinator or Designee that will be responsible for implementing the unit-specific AED Program.

The AED Coordinator shall:
A. Understand the requirements of this AED Manual.
B. Complete “Appendix A. Automatic External Defibrillator Registration Form” and submit to the Division of Safety and Compliance.
C. Oversee the maintenance and upkeep of AED equipment in accordance with manufacturer’s guidelines.
D. Coordinate so that at least one CPR/AED trained user is on staff during all business hours.
E. Train or arrange training for all affected personnel on the requirement of the unit-specific AED Program.
F. Supply appropriate AED information to the EMS System Resource Hospital.
G. Keep appropriate program documents.
   - Training records
   - Inspection records (Example in Appendix B)
   - Post incident AED Utilization Forms (Example in Appendix C)
H. Place AEDs back in service after use and submit utilization forms to the EMS System Resource Hospital.
I. If a unit is defined as a “physical fitness facility” as described in VI Definitions, additional responsibilities are required. Refer to Section V for these.

The CPR/AED Trained User shall be certified by a nationally recognized program in the use of an automated external defibrillator (AED) and cardiopulmonary resuscitation (CPR).

The EMS System Resource Hospital shall:
A. Notify local ambulance providers of the AEDs in the ambulance provider’s service area.
B. Submit a quarterly report to IDPH that includes: the number of times the AED has been used, the outcome of each incident and any adverse effects.

V. ADDITIONAL RESPONSIBILITIES - “PHYSICAL FITNESS FACILITIES”

When a Unit is described as a Physical Fitness Facility, the unit must abide by the additional requirements stated in this section.

AED Coordinator shall:
A. Maintain copies of:
   - Inspection records (Example in Appendix B)
   - Post incident AED Utilization Forms (Example in Appendix C)
   - “Appendix D: Medical Emergency Plan at a Physical Fitness Facility”
   - Ensure that at least one operable AED is on the facility premises.
   - Maintenance and testing records should be kept with the AED Coordinator and with the AED.
• Arrange for repair or replace an inoperable AED within 10 days.
• Inform patrons when down times occur.

B. Develop and implement a plan for responding to medical emergencies.
• Complete appendix B of this manual entitled “Medical Emergency Plan at Physical Fitness Facilities.”

If the unit chooses, they may create their own medical emergency plan. Specific state requirements for this are listed in IAC 77.527.400 (The Physical Fitness Facility Medical Emergency Preparedness Code, Medical Emergency Plan). Regardless, subsection (b) should still be done.

• Complete the appendix entitled “Medical Emergency Plan for Physical Fitness Facilities” within the Division of Public Safety’s Building Emergency Action Plan (found at: www.dps.illinois.edu/emergencyplanning/emergency.html).

C. File the current copy of the medical emergency plan with IDPH. The address is:

Illinois Department of Public Health
Division of EMS & Highway Safety
422 S. 5th St – 3rd Floor
Springfield, IL  62701

The plan should be updated with IDPH if there is any change that may affect the ability of the facility to comply with a medical emergency. This includes, but not limited to, situations where for more than 45 days: the facility is closed, the AED is inoperable, or there is lack of trained staff.

D. Train each member of facility staff on location of the AED and requirements of the medical emergency plan.

Special Situations:
A. Outdoor Physical Fitness Facilities:
• Have a trained employee on site when activities or sponsored events of the university are occurring.
• Should have an AED housed within 300 ft. of the outdoor facility, if available. It should be accessible during events or activities. Building entrances should have directions to the AED.
• If there is no building where AEDs can be housed, an AED should be available when activities or events sponsored by the university occur.

B. Multiple facilities on one floor may use a single AED if:
• AED is located no more than 300 ft. from each facility
• AED is still accessible to both facilities

C. In regards to special events, facilities can have third parties ensure that the proper number of AEDs and trained users are present during third party sponsored activities not already supervised by facility staff.
VI. DEFINITIONS

**Automatic Electronic Defibrillator (AED):** An AED is a portable electronic device that can be used in cases of sudden cardiac arrest. The device is able to assess cardiac arrhythmias and treat through defibrillation.

**AED Coordinator:** An individual designated by the facility to be in charge and coordinate the functions of the AED program in their unit.

**CPR/AED Trained User:** An individual who has successfully completed a course of instruction in CPR that includes an AED component in accordance with the standards of a nationally recognized organization such as the American Heart Association, American Red Cross, or otherwise nationally recognized program.

**EMS System Resource Hospital:** The hospital with the authority and responsibility for an Emergency Medical Services (EMS) System. This includes coordination and provision of pre-hospital, inter-hospital emergency care, and medical transportation.

**Medical Emergency Plan:** A written plan to deal with the occurrence of a sudden, serious, and unexpected sickness or injury. This type of occurrence would result in urgent or unscheduled medical care.

**METCAD:** The local dispatch center, which serves all of Champaign County (aside from the Village of Rantoul). This center is responsible for relaying information and coordinating operations in the event of an emergency. When a person in the County calls the emergency 911 number, these are the individuals who answer.

**Physical Fitness Facilities:** As defined by 210 ILCS 74 and tailored for the application of the U of I buildings, a physical fitness facility is an outdoor or indoor establishment that:
   A. Is supervised by one or more persons for the purpose of directly supervising physical fitness activities taking place at the facility.
   B. Serves for more than 100 individuals in a calendar year who actively engage in physical exercise that uses large muscle group.
   C. Is in whole or in part owned by the university.
   D. Exempt from this statute are: yoga studios, driving ranges, bowling lanes, putting greens, batting cages, hospitals, hotels, or other facilities where participants do not focus primarily on cardiovascular exertion.
VII. GENERAL REQUIREMENTS

Program Evaluation
Division of Safety and Compliance will annually conduct a review of the University’s AED program and make appropriate recommendations for improvement or remediation. The annual review will include at least the following components:

- Review of the Illinois laws and legislations related to AED use
- Survey of buildings with AEDs to ensure compliance
- Review of any documentation deficiencies associated with the University AED program
# AED Registration Form

**Name of Department:** __________________

**Name of Facility:** __________________

**Address:** __________________

**AED Coordinator** __________________

**Telephone Number:** __________________

**Email Address:** __________________

**EMS System Resource Hospital:** ___

**Physical Fitness Facility (Y/N)?**

* If unsure, please see the definition of a Physical Fitness Facility within the Division of Safety and Compliance’s “AED Manual.”

**Registered with METCAD:**

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**List of Current AED’s:**

<table>
<thead>
<tr>
<th>AED Manufacturer</th>
<th>AED Model</th>
<th>Location</th>
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The Department agrees to comply by policies of the U of I AED Program. These include:

1. Have all anticipated employee users, one at minimum during all business hours, trained to use the AED in a course approved by IDPH.
2. Training must be repeated at least every (2) two years.
3. Register the AED with an Emergency Medical Services (EMS) System Resource Hospital.
4. Maintain and test the AED in accordance with the manufacturer’s guidelines.
5. Report each use of the AED to the EMS System Resource Hospital.
6. Notify an agent of the local emergency communications or vehicle dispatch center (METCAD – (217)333-8911) and the Division of Safety and Compliance of the existence, location and type of the AED.

The above are stated policies for all units that house AED’s. Additional directives must be followed by physical fitness facilities and should refer to the manual for this.

**AED Coordinator Signature:** ____________________________

**Date:** ________________
An AED maintenance check should be done, as per manufacturer’s requirements. For physical fitness facilities, the AED coordinator or designee will be responsible for this. Maintenance records should be available to the Division of Safety and Compliance as requested.

**Building:** _______________________________  **AED Location in Building:** _______________________________

**AED Manufacturer/Model:** _______________________________

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<td>AED is maintained in accordance with manufacturer's guidelines</td>
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<td>Batteries are not expired</td>
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<td>Pads are not expired</td>
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<td>AED contains adequate amount of additional supplies</td>
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**Additional Comments:** ________________________________________

**Name of AED Program Coordinator:** _______________________________
Use this form to report any event, incident or situation that resulted in use or possible use of an AED.

Organization: University of Illinois Urbana-Champaign

Department: ___________________ Location of victim: ______________________________

Date of incident: ___________ Time of incident: ______________________________

Name and contact information of victim if known: ______________________________

Name and contact information for person(s) who determined victim was unresponsive:

_______________________________

_______________________________

Name and contact information for person(s) who found the victim:

_______________________________

Name and contact information for person(s) who operated the AED:

_______________________________

Did the victim have a pulse? Yes No How was the pulse checked? ________________

Was the victim breathing? Yes No How was breathing checked? ________________

Was EMS (911) called? Yes No If yes, what time did that happen? ______________

Briefly describe the event, incident, or situation that resulted in the AED being brought to this victim:

_________________________________________________________________________

Did the AED applied to the victim? Yes No

If yes, describe what actions the AED advised and how many times the patient was defibrillated:

_________________________________________________________________________

Status of patient at the time EMS personnel arrived:

Did the victim have a pulse? Yes No How was the pulse checked? ________________

Was the victim breathing? Yes No How was breathing checked? ________________

Name of person completing this form: ______________________________

Contact information: ________________________________________________

Signature: ___________________________________ Date signed: ________________
PURPOSE

The plan serves as a guide for handling medical emergencies at physical fitness facilities. The plan also encompasses the use of an AED for cases of sudden cardiac arrest. This will be completed in order to comply with the Physical Fitness Facility Medical Emergency Procedures Act, 210 ILCS 74.

CONTACTS AND PROCEDURES

Departmental AED / Medical Emergency Coordinator

This individual is responsible for coordination, maintenance of AEDs, and reviewing this plan periodically. They are also responsible for submitting this plan to IDPH, connecting with a resource hospital, and notifying local emergency communications (METCAD) of existence, location, and type of AED. They shall update the plan if changes affect the ability of the facility to comply with a medical emergency.

Name: ___________________ Contact Information: _______________________

Designated Emergency Medical Responders

These individuals will be responsible for activating internal emergency response system, medical support as trained to, and understanding the requirements of this plan.

1. Name: _______________ Contact Information: _______________________

2. Name: _______________ Contact Information: _______________________

3. Name: _______________ Contact Information: _______________________

Resource Hospital

[Enter Resource Hospital Contacts]

Emergency Medical Response for Designated Emergency Medical Responders

1. Immediate assessment of the injured or ill person
2. Activation of the emergency medical services (EMS)
   a. Call 911 (provide name, address, telephone number, conditions related to the injured or ill person, and other information as requested
3. Emergency equipment retrieval and use as trained to do so
4. Provide timely and proper basic life support including CPR/AED and First Aid as trained to do so.
5. Inform department AED/medical emergency coordinator as soon as possible.

AED LOCATIONS AND TYPES

This table lists the AED’s type and location for this department. AEDs and the medical emergency plan should be easily accessible and identifiable by postings or other notifications. In the case of an outdoor...
physical fitness facility, the building must provide unimpeded and open access to the AED while events or activities are conducted. Additionally, building entrances shall provide marked directions to housed AED in the case of an outdoor fitness facility.

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<thead>
<tr>
<th>Defibrillator Manufacturer</th>
<th>Defibrillator Model</th>
<th>Location</th>
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EQUIPMENT MAINTENANCE

All equipment and accessories necessary for an emergency response shall be maintained in a state of readiness. Follow manufacturer’s guidelines for proper maintenance of the equipment.

TRAINING REQUIREMENTS

The facility will have at least one trained AED user on staff during business hours. This training must be done with an IDPH approved program. All current records of CPR/AED training will be kept in AED program documents. Additionally, all facility staff will be trained concerning the location of the AED and the requirements of the facility’s medical emergency plan.

POST INCIDENT PROCEDURES

If an AED is used, the following steps should be completed as soon as possible:

1. Fill out AED Utilization Form, and forward promptly to EMS Services
2. Replace pads
3. Replace any other items used (pocket mask, razors, towels, etc.)
4. Check battery life as per manufacturer standards
5. Ensure AED is ready for use
Document revisions
April 27, 2016 – Review, update forms, revise page numbers