

Administrative Procedures

HMIS-PRO-SP-10648

First Aid and Automated External Defibrillators

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Change Summary

Description of Change

Remove all references to MSA/MSA

Pub Correction 8346: add alternate SME

First Aid and Automated External Defibrillators

1.0 PURPOSE

This document provides the requirements and information for implementation and maintenance of the Hanford Mission Integration Services (HMIS) [Automated External Defibrillator \(AED\)](#) program. The AED Program includes the selection and purchase, training, use, maintenance and reporting, as well as identifies the minimum First Aid supply requirements.

2.0 SCOPE

This Level 2 Administrative procedure is applicable to HMIS personnel performing Hanford Mission Essential Services Contract (HMSEC) scope of work where a decision has been made to deploy AEDs. This procedure is designed to promote a safe and compliant work environment through support of the Integrated Safety Management System/Environmental Management System (ISMS/EMS) and Voluntary Protection Program (VPP).

This document implements elements of ISMS Core Functions #1 (Define Scope of Work), #4 (Perform Work Within Controls), #5 (Feedback and Improvement), and Guiding Principle #2 (Clear Roles and Responsibilities).

3.0 IMPLEMENTATION

This document is effective upon publication.

4.0 AUTHORITIES

The Hanford Site Occupational Medical Contractor (SOMC) Medical Director (SOMD) has program oversight and prescription authority and is the only physician at Hanford authorized to write prescriptions for the purchase of AEDs under the control of HMIS for the HMIS AED program.

The HMIS AED Subject Matter Expert (SME) is the primary liaison with HMIS AED program participants and SOMD.

5.0 REQUIREMENTS

The decision to deploy AEDs is at the discretion of Project/Facility management. Appendix B lists the minimum supplies as directed by the Hanford Site Occupational Medical Director, that must be staged with an AED.

Should Project/Facility management decide to deploy AEDs, the following requirements apply.

NOTE: For the tables in this section under the requirement "type" column, "V" means verbatim and "I" means interpreted.

First Aid and Automated External Defibrillators

5.1 AED Selection and Procurement

#	Requirement	Type V or I	Source
1.	Facility Management shall approve and provide the resources to support installation and maintenance of AEDs and to train and qualify volunteer responders.	I	RCW 70.54.310
2.	New and/or replacement AEDs must be programmed to meet the most current version of the AHA ECC Guidelines.	I	RCW 70.54.310
3.	A purchase Authorization/Prescription from the SOMD is required for the purchase of all AEDs. NOTE: <i>The record copy of the HMIS Authorization/Prescription may be found in the following Integrated Document Management System (IDMS) file location: Enterprise/Managed Information/Electronic Records/Mission Support Alliance/Environmental Safety, Health & Training/Automated External Defibrillator (AED) Reports/Authorization Prescription. If you are unable to access this area in IDMS, contact the HMIS AED SME for a copy.</i>	I	RCW 70.54.310

5.2 AED Training

1.	Qualified personnel shall provide initial and refresher training to all designated and volunteer responders expected to use an AED.	I	RCW 70.54.310; 10 CFR 851.25 (c)
2.	All expected AED users shall complete a First-Aid/CPR/AED course of instruction that meets the intent of RCW 70.54.310. Nationally recognized First-Aid/CPR/AED courses, such as those provided by American Red Cross, AHA, the National Safety Council or MEDIC First-Aid, include reasonable hands-on practice and practical skill demonstration and meet the intent of RCW 70.54.310.	I	RCW 70.54.310(2) (a) 10 CFR 851. 25 (c)

First Aid and Automated External Defibrillators

5.3 AED Use

1.	<p>In each project where AEDs are installed, volunteer responders shall be trained in CPR and AED use by a qualified person using a curriculum that includes reasonable hands-on practice and practical skill demonstration (see 5.2, Step 2 above).</p> <p>NOTE: <i>RCW 70.54.310 did not intend to preclude the use of AED's by Good Samaritans, but simply to assure personnel are available who have been properly trained in AED use.</i></p>	I	<p>RCW 70.54.310 (2) (a); 10 CFR 851.25 RCW 70.54.310 (5); RCW 4.24.300</p>
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5.4 AED Maintenance

1.	<p>Projects/Facilities and operations with AEDs shall verify accuracy and contents of an annual report prepared by the HMIS AED SME. The annual report prepared by the HMIS AED SME will identify the Project/Facility AED Point(s) of Contact(s) (POC), make, model, serial number and location of AEDs under their control, and a current listing of the number of trained AED volunteers/expected users.</p>	I	<p>RCW 70.54.310</p>
2.	<p>Projects and Facilities are responsible for the regular maintenance of the AEDs under their control and shall assign an AED POC to ensure the AED program and AED maintenance is current. The AED POC will forward the updates as soon as possible to the HMIS AED SME whenever:</p> <ul style="list-style-type: none"> • A new AED POC is assigned • AED locations and installations change • AEDs are transferred with facility to other Hanford Contractors • New or replacement AEDs are procured <p>NOTE 1: <i>Projects will document monthly maintenance and annual maintenance (for specific units) of their AEDs using an auditable checklist/inspection tag documenting the performance of the inspection. The AED Monthly Maintenance Checklist (A-6004-381) or an equivalent as recommended by the AED manufacturer, can be used as either:</i></p> <p>(1) <i>Documentation of these periodic inspections, or</i> (2) <i>as an inspection guide to support the auditable checklist/inspection tag record for each AED. The auditable checklist/inspection tag will be maintained for the life of the AED.</i></p>	I	<p>RCW 70.54.310</p>

First Aid and Automated External Defibrillators

	<p>NOTE 2: <i>Physio-Control Original Equipment Manufacturer's Operating Manual (OEM) of the LIFEPAK 1000 AEDs suggests a weekly inspection of the LIFEPAK 1000 AEDs. Site Form A-6004-381 may be used for weekly surveillance and maintenance as opposed to monthly).</i></p>		
3.	<p>When Projects/Facilities stage AEDs in motor vehicles or outside storage cabinets without environmental controls, personnel shall be assigned to assure AEDs are moved to a safe location when environmental conditions within the vehicle or storage location will exceed the environmental conditions recommended by the manufacturer (e.g. temperatures <32° F or >122°F, humidity >94% non-condensing). In all cases the manufacturer's recommendations must be closely followed.</p>	I	<p>RCW 70.54.310 (2)(b)</p>

5.5 First-Aid Kits

1.	<p>Trained First-Aid providers will be at all workplaces of any size if there is no infirmary, clinic or hospital in near proximity (OSHA defines near proximity as 3-4 minutes) to the workplace which is used for the treatment of all injured employees.</p>	I	<p>29 CFR 19.10.151</p>
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6.0 PROCESS

6.1 AED Program

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
HMIS AED SME	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 	<ol style="list-style-type: none"> 1. Ensure uniform requirements for an AED program are established. 2. Ensure proper interfaces occur between the SOMD or his/her representative and the HMIS AED SME on any inquiries relating to the medical use of an AED. 3. Maintain direct authority over the HMIS AED Program and its project site participants. 4. Recommend improvements in the AED program. 5. Review requests for all new project AED programs, providing oversight and concurrence before final approval is granted. 6. Interface with the Client and Stakeholders in regards to the medical aspects of the AED program.

First Aid and Automated External Defibrillators

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
	7.	Act as the AED Program SME and primary liaison with the HMIS AED program participants and SOMD.
	8.	Provide technical assistance as requested or as needed.
	9.	Ensure that information is disseminated to HMIS projects with AED programs in the event of Lessons Learned, equipment recalls/updates, or program requirement changes.
	10.	Prepare and generate the HMIS Annual Report and place in the IDMS Enterprise/Managed Information/Electronic Records/Mission Support Alliance/Environmental Safety, Health & Training/Automated External Defibrillator/HMIS/Annual Report
	11.	Submit the annual report to the local EMS providers as recommended in " Washington State Public Access Defibrillation, Information and Guidelines, 2012 "
Facility/Project Management	13.	Make the decision to deploy an AED unit on a project.
	14.	Evaluate all proposals to install AEDs. If approved: <ul style="list-style-type: none"> Select AED locations with assistance from Zero Accident Council membership and the AED Program Coordinator/SME. Determine the number of volunteers to receive AED training.

6.2 AED Procurement

NOTE: Procurement of new or replacement AED's is limited to models approved by the AED SME. Contact the AED SME for approved AEDs before initiating HMIS procurement.

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
HMIS AED SME	1.	Approve the procurement of all AEDs for use at HMIS Facilities/Projects.
	2.	Ensure all new or replacement AEDs are capable of field programming when ECC Guidelines are changed. See Section 6.6 for additional information.
	3.	Allocate budget and resources for AED program development.

First Aid and Automated External Defibrillators

6.3 AED Use and Maintenance

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
HMIS AED SME	1.	Establish requirements for proper maintenance of equipment and supplies.
Facility/Project Management	2.	Ensure that all projects/facilities with an AED program have a designated POC/Administrator/Overseer that assures AEDs are inspected and maintained per Section 5.4 of this procedure in accordance with manufacturer’s specific recommendations.
AED POC	3.	Ensure that AED units are maintained as required by manufacturer.
	4.	When Projects/Facilities stage AEDs in motor vehicles or outside storage cabinets without environmental controls, personnel shall be assigned to assure AEDs are moved to a safe location when environmental conditions within the vehicle or storage location will exceed the environmental conditions recommended by the manufacturer (e.g. temperatures <32° F or >122°F, humidity >94% non-condensing). In all cases the manufacturer’s recommendation must be closely followed.

6.4 AED Training

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Emergency Services Training and Programs	1.	Establish training requirements for site AED volunteers that meet the intent of RCW 70.54.310 .
	2.	Ensure the availability of AED volunteer responder training.
	3.	Authorize training equivalencies for AED training based on the trainee’s prior training in a course of instruction meeting the intent of RCW 70.54.310, in accordance with HMIS-PRO-TQ-179 , <i>Obtaining Training Equivalencies, Waivers, and Extensions</i> .
	4.	Ensure applicable training and qualification of all AED Instructors.
	5.	Provide training assessment and evaluation for the AED initial and continuing training program.
	6.	Ensure that auditable copies of training documentation are maintained by Training Records.

First Aid and Automated External Defibrillators

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
HMIS AED SME	7.	Ensure that all projects/facilities with an AED program have volunteers trained to initiate CPR and properly use an AED.
Facility Management/ Supervisor/ Industrial Hygienists	8.	Determine the number of volunteers to receive AED training. NOTE: <i>First-Aid volunteer responders do not require Bloodborne Pathogen enrollment via the EJTA per HMIS-PRO-SP-11058, Occupational Medical Qualification using the EJTA or training per HMIS-PRO-SP-45039, Biological Hazards (Including Bloodborne Pathogens) unless their respective job task or processes have a reasonable expectation of exposure to regulated biological hazards.</i>

6.5 AED Reporting

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
HMIS AED SME	1.	Ensure records are maintained showing the make, model, serial number, type and location of all HMIS AEDs.
	2.	Provide information about the HMIS AEDs to the Hanford Fire Department (HFD) or Richland Fire Department (RFD) when requested by either agency.
	3.	Ensure information is available at the site level to support the AED program.
	4.	Provide assistance to the HFD, RFD and/or Facility Management in downloading the event data stored in the AED following use.
Facility/Project Management/ AED POC	5.	Make available event data stored in the AED following use, if requested by local EMS providers and SOMD.
	6.	Maintain a listing of volunteers by the POC/Administrator/Overseer and post with the AED(s) and/or on the Facility Emergency Response Information Board (FERIB) and/or post a phone number that may be called to dispatch volunteers to assist until Emergency Medical services arrival. (NOTE: <i>When a phone number is posted in lieu of posting a list of volunteer responders next to each AED or on the FERIB, a complete list of volunteers must be maintained in the location of the phone associated with the posted phone number).</i>

First Aid and Automated External Defibrillators

6.6 Updating AEDs to Comply with New AHA Guidelines

AEDs are programmed to meet the most current guidelines adopted by the AHA when they are manufactured. Periodically the AHA reviews these guidelines and incorporates the newest information, based on research to provide the most beneficial outcome. For example, these guideline changes might include changes in the way CPR is performed (including the shock) or a CPR sequence programmed into the AED.

When ECC Guideline changes require AEDs to be re-programmed, the following steps shall be taken:

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Facility Management	1.	Ensure AEDs are re-programmed within 18 months of the guideline changes or as soon as possible after the AED manufacturer releases the update program.
	2.	Contact the AED manufacturer and assure your AED will be re-programmable with the new updates. If AED(s) cannot be re-programmed, then (1) request management to develop a schedule for replacing the outdated AED(s) and/or (2) move updateable units within the facility to provide area coverage.
	3.	Remove AEDs from service that cannot be updated within 24 months, and arrange for proper disposal through Asset Control.
	4.	To purchase an AED that will replace a non-updateable unit, follow the company procurement procedure and Section 6.2 of this procedure.
	5.	When updates are made available by the AED manufacturer, obtain the update software and install in accordance with the manufacturer recommendations (including verification of unit functionality following update). Where possible, work with other projects/facilities on software updates.
	6.	Following the update of each project/functional organization AED(s), notify the HMIS AED Program Coordinator that the updates have been successfully completed.
AED SME	7.	Assist with AED updates and/or coordinate AED updates between projects.

First Aid and Automated External Defibrillators

6.7 FIRST-AID KITS

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Facility/Project Management	1.	First-Aid Kits are to be staged at a location where response by EMS or travel to an infirmary, clinic, or hospital will exceed four minutes (“near proximity”)

NOTE: First-Aid Kits are not required if the workplace falls within “near proximity” as stated in section 5.5. Facility/Project Management may choose to have an optional First-Aid Kit if the workplace does not require one and the contents of the First-Aid Kit are up to the management’s discretion as it does not fall under the required minimum fill of supplies listed in Appendix C. If an optional AED has been installed at a workplace where a First-Aid Kit is not required the AED still needs to have the minimum supplies staged with the AED unit as stated in appendix B to support AED use.

2. Appendix C lists the required minimum fill as well as additional contents of required First-Aid Kits.

NOTE: *Consistent with their practices and needs, Safeguards and Security, Hanford Patrol and Hanford Fire department management will determine their need for and the placement of First-Aid kits.*

3. Keep First-Aid kits with supplies for Bloodborne Pathogen/Bodily Fluid Clean-up Packs (BBP) readily accessible for response to an accident at each job location where First-Aid Kits are required. Several off-the-shelf BBP Kits/Packs are available from local safety equipment suppliers/first-aid services suppliers.

NOTE: Bloodborne Pathogen/Bodily Fluid Clean-up Packs (BBP) are not required to be with optional First-Aid Kits for facilities that fall within “near proximity” of response by EMS or travel to an infirmary, clinic, or hospital. *Remember, in an emergency response, call 373-0911.*

4. Inspect First Aid Kits Monthly:
 - Ensure that First-Aid kits are sealed with easily broken tamper seals.
 - If the tamper seal is broken, identify missing items and restock as needed.
 - Report any discrepancies to your supervisor.

First Aid and Automated External Defibrillators

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
		<ul style="list-style-type: none"> • The tamper seals should be dated and the contents inspected on an annual basis even if the seals are not broken to change out any supplies that may have an expiration date.

6.8 PERSONAL USE SHARPS

Contaminated sharps can be any type of object that can penetrate the skin; the definition includes needles, lancets and broken glass. Sharps present a danger to personnel if they are improperly stored or disposed of, potentially leading to injury or transmission of infectious agents. **NEVER** dispose of personal use sharps in office or shop trash containers not marked for that purpose.

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Employees using personal use sharps	1.	Responsible for the safe disposal of their personal use sharps in the correct manner.
	2.	Sharps must be taken home for disposal or otherwise disposed of per site requirements.
	3.	On site personal use sharps may be disposed of in an approved sharps container or in a rigid puncture resistant and sealable container, such as a liquid laundry detergent or cooking oil container that is properly labeled. <ul style="list-style-type: none"> a. Make a small hole in the neck of the bottle to allow air to escape. b. Label your container with a biohazard sticker, or with the words “Sharps – Do Not Recycle,” if not already marked. c. Secure lid or cap tightly on container and tape lid closed. d. Always drop sharps needle – first into a container. e. Do not attempt to break the needle from the syringe. f. Do not put any sharps containers into a recycling bin. g. Once the container is full the employee must take the container home for disposal. h. Do not store sharps in paper or plastic bags, cardboard or paper containers, glass containers, milk jugs or aluminum containers, plastic soda bottles or similar thin plastic containers.
All Employees	4.	If you find a personal use sharp, DO NOT TOUCH IT. <ul style="list-style-type: none"> a. Call your Safety and Health Point of Contact representing the facility or the fire department. b. Warn others who frequent the area that a used sharp was found and let them know appropriate personnel are responding.

First Aid and Automated External Defibrillators

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
	5.	Personnel responding to secure personal sharps should use mechanical means to pick them up.

7.0 DISPOSITION OF END-OF-LIFE CYCLE, DAMAGED AEDS

1. When replacement batteries, pads and manufacturer support are no longer available to maintain older AEDs, or they are damaged to the extent that repair costs exceed the present value of the unit, then the unit should be dispositioned in the proper manner. Follow guidance provided in [HMIS-PRO-FPROP-144 \(Disposition of Excess Property\)](#).
2. Do not dispose of AEDs in any unsorted municipal or Hanford Site waste stream. Contact your Facility/Project Environmental Compliance Officer (ECO)/Environmental Services Representative (ESR) for assistance.
3. AED Units using removable batteries should be fully discharged before disposal. Tape the terminal ends of the battery per guidance from the ECO/ESR and place into the appropriate universal waste accumulation bin for the appropriate battery type.
4. AED electrodes that are expired can be recycled by offering them to HAMMER training for use in First-Aid /CPR/AED Training activities. Send the electrode pads to HAMMER Training at MSIN: G5-51.

8.0 FORMS

[AED Monthly Checklist \(A-6004-381\)](#)

9.0 RECORDS IDENTIFICATION

All records generated by this procedure are processed and maintained in accordance with [HMIS-PRO-RM-10588, Records Management Processes](#)

Records Capture Table

Name of Document	Submittal Responsibility	Retention Responsibility
Annual AED report providing make, model, serial number, location of all project AEDs and the number of AED volunteers	HMIS AED SME	HMIS AED SME record file maintained in IDMS designated file location.
AED Weekly/Monthly Checklist (A-6004-381) or an equivalent auditable file of the inspections performed.	Facility/Project Managers designated POC	Project Manager or designated POC

NOTE: Employees may print off this document for reference purposes but are responsible to check HMIS PS to ensure the most current version is used to prevent unintended use of obsolete versions.

First Aid and Automated External Defibrillators

10.0 REFERENCES

10.1 Source References

[10 CFR 851.25](#), Training and information
29 CFR 19.10.151, OSHA First-Aid Standard

RCW 4.24.300, Immunity from liability for certain types of medical care

RCW [70.54.310](#), *Semiautomatic external defibrillator – Duty of acquirer – Immunity from civil liability*, 1998

[Washington State Public Access Defibrillation, Information and Guidelines](#) , Washington State Department of Health (Revised April 2012)

10.2 Working Reference

[HMIS-PRO-FPROP-144](#), *Disposition of Excess Property*
[HMIS-PRO-TQ-179](#), *Obtaining Training Equivalencies, Waivers, and Extensions*
[HMIS-PRO-RM-10588](#), *Records Management Processes*
[HMIS-PRO-SP-11058](#), *Occupational Medical Qualification using the EJTA*
[HMIS-PRO-SP-45039](#), *Biological Hazards (Including Bloodborne Pathogens)*

First Aid and Automated External Defibrillators

APPENDIX A Glossary

AED	A “semiautomatic external defibrillator” device that is used to apply a pre-selected amount of electrical energy, through specially designed electrodes attached to an individual's thoracic skin. The shock is delivered to stop fibrillation activity of the individual's heart possibly permitting the heart to restart in an orderly manner capable of sustaining life.
AED designated responders	Those personnel who are trained, authorized and required in the course of their assigned duties, to respond to emergency events and render care appropriate to their level of training. This group is composed of the Hanford Fire Department (HFD) and Hanford Patrol (HP).
AED volunteers	Individuals trained and authorized to use an AED as prescribed by this procedure but are not required to respond to emergency events in the course of the normal job assignment. <i>NOTE: "AED volunteers" are recognized by Facility Management as trained and capable to respond to First-Aid and emergency events. "AED volunteers" are personnel who have expressed a desire to respond to medical/traumatic events and assist where needed but are not expected, based on job assignment, to respond to First-Aid or emergency events.</i>
SOMC	Site Occupational Medical Contractor
SOMD	Site Occupational Medical Director

First Aid and Automated External Defibrillators

APPENDIX B

Minimum Supplies Staged with AED Units

As directed by the Hanford Site Occupational Medical Director (SOMD)

- 1 spare set of electrodes per unit (2 sets total of AED pads in sealed packages) (check expiration date on pad packages and replace if expired.)
- 2 pocket face shields/masks with one-way valve
- 2 pairs of Nitrile or Latex examination gloves
- Scissors (blunt edge)
- 2 prep razors
- 5 – 10 alcohol wipes
- 5 sterile gauze pads (4x4 in.) wrapped
- 1 absorbent cloth towel for drying victim before attaching pads

First Aid and Automated External Defibrillators

APPENDIX C Recommended Worksite First-Aid Kit Supplies (Source: HMIS Worker Protection and SOMD)

QTY	Required Minimum Fill
1	Absorbent Compress, 4x8 in. minimum (206 sq. cm)
16	Adhesive Bandages, 1x3 in. (2.5 x 7.5 cm)
5 yd.	Adhesive Tape total (457 cm)
10	Antiseptic applications, 0.14 fl oz. each (0.9 g) (e.g., antiseptic towelettes)
6	Burn Treatment applications, 1/32 oz. each (0.9 g) (e.g., burn cream and cotton tipped applicators like Q-tips; or spray containers)
4	Sterile Pads, 3x3 in. minimum (7.5 x 7.5 cm)
2	Pair Medical Exam Gloves (nitrile recommended)
1	Triangular bandage, 40x40x56 in. minimum (101 x 101 x142 cm)

- HMIS Safety and Health recommends the additional items to cover both First-Aid and Bloodborne pathogens:
 - Antiseptic Wipes/Towelettes (Vionex or equivalent)
 - Biohazard Bag
 - Face Shield, Microshield or CPR Pocket Mask
 - Splash-Resistant Goggles/Safety glasses/face shield
 - Tweezers
 - Eye Dressing (2 single eye pads or single covering that covers both eyes) (required in ANSI Z308.1-2009 minimum requirements)
 - Cloth Tape
 - Utility Shears or Scissors
 - Space/Trauma Blanket
 - Self-Adhesive Rolled Bandages
 - 6 – Non-Neomycin Containing Antibiotic Ointment 0.5g
 - 2 – Roll Gauze Bandage 2” x 4.1 yds
 - 2 – Aspirin 325mg
 - 2 – Acetaminophen 325mg
 - 1 – Sterile Eye Wash 10ml
 - First-aid guide (required in ANSI Z308.1-2009 minimum requirements)