

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

AUTHORITY:	Administrative Directive California Code of Regulations, Title 15 – Minimum Standards for Juvenile Facilities, Section 1412
RESCINDS:	Procedure Manual Item 3-3-004 , dated 08/18/23
FORMS:	AED Tracking Log Sheet Attachment
PURPOSE:	To provide guidelines on use and maintenance of AED units in juvenile facilities.

I. GENERAL INFORMATION

- A. Automated External Defibrillator (AED) units shall be available and accessible in specified locations at each juvenile facility (Juvenile Hall, Youth Leadership Academy, and Youth Guidance Center) to assure access to first aid and emergency services.
- B. All employees in a Probation facility are to immediately assess the situation and seek professional medical assistance, and if properly trained, provide emergency first aid or cardio pulmonary resuscitation (CPR), which includes use of an AED.
- C. The facility administrator **or designee** shall ensure that AED units are maintained properly per manufacturer standard.
- D. AED units and locations are approved and maintained at specified locations (see section I.F. below) by the Health Care Agency, Juvenile Health Services (HCA/JHS) Health Authority.
- E. AED pad expiration dates are monitored and replaced by HCA/JHS. The JHS administrative office has pediatric AED pads if needed.
- F. AED units are wall mounted in the following locations:
 1. Juvenile Hall
 - a. IRC (in emergency bag)
 - b. Dental Unit
 - c. Unit G substation
 - d. Warehouse
 - e. Medical administration office
 - f. "Little Room," located next to Control (in emergency bag)
 - g. Medication room, located in the Medical Unit (in emergency bag)
 2. Youth Leadership Academy
 - a. YLA 1

- b. YLA 2
- 3. Youth Guidance Center
 - a. Gymnasium
 - b. Nurse's office (in emergency bag)
- 4. Multipurpose Rehabilitation Center (MRC)
 - a. Reception
 - b. Gymnasium (in security desk)
 - c. Hallway between the Auto Shop and College Occupational Classroom
- 5. All Probation administration buildings at all juvenile facilities

II. PROCEDURE

A. All Facilities

- 1. Facility administrators **or designee** shall ensure AED units are maintained per manufacturer guidelines.
- 2. Use of an AED will be documented in a Special Incident Report (SIR) by the end of the shift, unless directed otherwise by a supervisor.
- 3. Completed SIRs will be submitted to the facility administrator or Administrator in Charge (AIC).
- 4. Used AEDs will be removed from service and given to the HCA/JHS supervisor for retrieval/downloading of AED event. AEDs will be returned to the designated area once information is retrieved.
- 5. The AED program coordinator will conduct an annual review of AEDs with HCA/JHS.

B. Inventory Documentation and Quality Control System of AEDs

- 1. The unit supervisor or designee shall conduct, at minimum, monthly inventory/quality control check(s) utilizing the AED Tracking Log Sheet. More frequent inventory checks are to be documented in the Integrated Case Management System (ICMS).
- 2. AED units will be checked for battery status and integrity of adhesive pads:
 - a. Flashing green light indicates device is operational.
 - b. No flashing green light indicates a dead battery.
 - c. Beeping sound indicates a low battery.
 - d. Check expiration date on adhesive pad and ensure package integrity.

3. Contact JHS Medical Unit for replacement AEDs, batteries, and adhesive pads.
4. **Contact the Risk Management Administrator (Safety Officer) to request replacement AED units, batteries, and adhesive pads for AEDs located in offices and buildings outside of juvenile facilities.**
5. Report AED inventory and quality control checks to facility administration Medical Unit liaison by the 10th of each month. A summary of individual reports shall be completed by the Medical Unit Liaison and forwarded to HCA/JHS upon request.
6. AED Tracking Log Sheets shall be kept for one year.

REFERENCES:

Procedures:	1-4-205	Building Safety
	3-12-001	Health Care Procedures for Probation Staff
Policies:	F-10	Medical Examination and Treatment for Juveniles
	G-8	Injuries and Medical Emergencies

Attachment

S. Rivera

APPROVED BY:

AED INVENTORY DOCUMENTATION SHEET

All Facilities

Location:_____

Serial #: _____

Battery Operational (Flashing Light)

Safety Operational (Wearing Light)					
Month	Date	Inventory Conducted By: [Staff Name]	Initials	Yes	No
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Expiration Date of Adhesive Pads: _____

Unit Supervisor	Unit
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