UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE
PSC BOX 20005
CAMP LEJEUNE NC 28542-0005

MCIEAST-MCB CAMLEJO 11320.2
H&S BN/FESD
MAR 1 9 2018

MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE ORDER 11320.2

From: Commander
To: Distribution List

Subj: REGIONAL PUBLIC ACCESS AUTOMATED EXTERNAL DEFIBRILLATION PROGRAM

Ref: (a) MCO 11000.11A
(b) Public Law 106-505, Public Health Improvement Act (Cardiac Survival Act of 2000), 13 November 2000
(c) Federal Register 23 May 01 (Volume 66, Number 100)

Encl: (1) Marine Corps Installations East (MCIEAST) Public Access Automatic External Defibrillator Program Manual

1. Situation. This Order implements a Public Access Defibrillator (PAD) program in accordance with references (a) through (c) for all Marine Corps Installations East (MCIEAST) Installations. It provides policy and procedures, and assigns responsibilities governing the MCIEAST PAD Program. The program will assist in providing rapid access to an automated external defibrillator (AED) in the event of sudden cardiac arrest (SCA). This Order does not include AED's owned and operated by Installation's first responders.

2. Mission. Implementing and following the guidelines established in references (a) through (c) will provide a SCA victim with early cardiac defibrillation and early access to definitive care, creating a Chain of Survival (COS). The COS includes early activation of the 911 system, early cardio-pulmonary resuscitation (CPR), early cardiac defibrillation, and early advanced life support care. Effectively and efficiently implementing the COS reduces the mortality and the negative quality of life outcomes experienced with hypoxic brain injuries often sustained by SCA victims.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Within resource constraints, each MCIEAST Installation will implement and maintain an effective PAD Program reducing death and negative quality of life outcomes from SCA.

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(2) Concept of Operations. This Order shall be utilized by Installation Commanders to set local policy for implementing the MCIEAST PAD program. In accordance with references (b) and (c), individuals operating an AED for the purpose of helping in a SCA event and within the parameters written in enclosure (1) are provided with civil tort protection.

b. Tasks

(1) Installation Commanders shall appoint their Installation Fire Chief as the AED Office of Primary Responsibility (OPR) at Marine Corps Air Station (MCAS) New River, MCAS Cherry Point, MCAS Beaufort and Marine Corps Logistics Base (MCLB) Albany. The Safety Director shall be appointed as the AED OPR at Blount Island Command.

(2) Installation AED OPR(s) will appoint an AED Coordinator (AEDC) for the Installation. Within 5 days of establishing an AEDC, the Installation AED OPR will notify the MCIEAST-Marine Corps Base, Camp Lejeune (MCB CAMLEJ) Fire Chief at: fire_nonemergent_request@usmc.mil, providing the AEDC's name, address, phone number, and email. It is highly encouraged that the appointed AEDC remain within the Fire and Emergency Services career field; but is not required. Immediate notification shall be made to the MCIEAST-PAD Program AED OPR Director should this appointment change. AED OPR(s) and AEDC(s) may also use the above listed email address to request information or assistance from the MCIEAST-MCB CAMLEJ Assistant Fire Chief of Emergency Medical Services.

(3) Installation Commanders shall continue to promote existing training programs for CPR, incorporating the use of AEDs. Commanders are encouraged to leverage assets for training, including but not limited to: the American Heart Association, Red Cross, and other safety programs.

(4) In accordance with reference (a), tenant owners will remain responsible for the purchase, repair, maintenance, testing, and replacement of their AED(s). This Order will leverage the established Deputy Fire Warden program as required by reference (a) and promote life safety and community risk reduction.

(5) The MCIEAST-MCB CAMLEJ Fire Chief will serve as the MCIEAST-PAD Program AED OPR Director.

(a) The MCIEAST-MCB CAMLEJ Assistant Fire Chief of Emergency Medical Services will serve as the point of contact for all MCIEAST Installation's AED OPR(s) and AEDC(s).

(b) The MCIEAST-MCB CAMLEJ Fire Chief will liaison with Naval Medical Center Camp Lejeune (NMCCL) to maintain a written prescription(s) for the MCIEAST PAD Program.

(6) The MCIEAST-MCB CAMLEJ Safety Director will remain in support of the MCIEAST-MCB CAMLEJ Fire Chief's responsibilities by

ensuring the Enterprise Safety Applications Management System is maintained to support the PAD's data requirements for program reviews.

(7) The NMCCL will provide medical oversight to the MCIEAST-AED PAD Program.

(a) The NMCCL designated physician will review and sign AED prescriptions upon the coordinated request of the MCIEAST-PAD Program AED OPR Director.

(b) The designated physician will meet with the MCIEAST-PAD Program AED OPR Director at least annually to give advice on the effectiveness of the AED PAD Program, and review a SCA event to ensure quality improvement and quality assurance actions are in-line with sound medical practice.

4. Administration and Logistics. This Order has been coordinated with and concurred with by the Commanding General, II Marine Expeditionary Force; Commander, U.S. Marine Corps Special Operations Command; Commanding Officer (CO), Naval Medical Center Camp Lejeune; Commander, Special Missions Training Center, and the COs of MCAS New River, MCAS Cherry Point, MCAS Beaufort, MCLB Albany, and Marine Corps Support Facility (MCSF) Blount Island, and their tenant commands.

5. Command and Signal

a. Command. This Order is applicable to MCIEAST subordinate commands and all tenant commands and organizations aboard these installations.

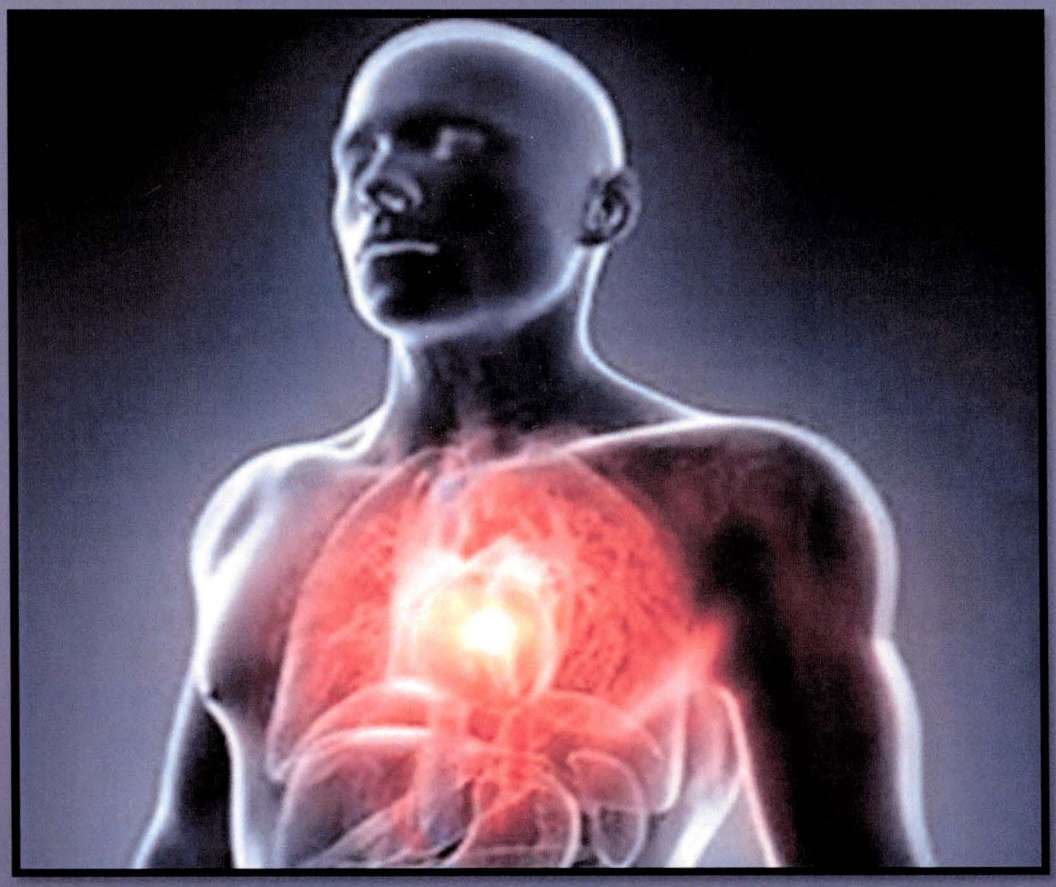
b. Signal. This Order is effective the date signed.

M. L. SCALISE
Acting

DISTRIBUTION: A/B/C

MAR 19 2018

Marine Corps Installations East (MCIEAST) Public Access Automatic External Defibrillator Program



PROGRAM MANUAL

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INTRODUCTION

Sudden Cardiac Arrest (SCA) is one of the leading causes of death in the United States. On average, 400,000 people fall victim to SCA outside of a hospital setting; and only 12 percent will survive a SCA event. Placing automated external defibrillators (AED) in key locations and training personnel to use the devices properly can mean the difference between life and death. Specifically, data provided by the American Heart Association (AHA) demonstrates a 10 percent decrease in survivability each minute that passes after SCA. Moreover, brain cells are irreversibly damaged without oxygenated blood flow within four to six minutes. The time from which the heart enters a disorganized electrical rhythm, such as Ventricular Tachycardia or Ventricular Fibrillation, to the return of spontaneous circulation (ROSC) is the single most important factor related to a positive outcome after SCA. The public or personnel in the presence of a SCA victim will play a vital role in a person's chances of not only having a ROSC, but decreasing the negative quality of life outcomes associated with hypoxic brain injury.

Personnel must remain engaged in workplace safety and response. The aggregate response time for first responders may be seven to twelve minutes, beginning from the time a 911 phone call is placed. Relying on the Installation's Emergency Medical Services (EMS) alone will prove fatal for SCA victims. Considering the AHA's data, the Installation's EMS will only provide a SCA victim with a 30% chance of survival, if no one intervenes, and initiates the very basic lifesaving principles known as the "Chain of Survival."

THE CHAIN OF SURVIVAL

The chain of survival has been adopted by the American Heart Association (AHA), and consists of five links:

1. Recognition and activation of the emergency response system
2. Immediate high-quality CPR
3. Rapid defibrillation
4. Basic and advanced emergency medical services
5. Advanced life support and post-arrest care

The chain of survival illustrated above requires bystanders to recognize and act upon someone going into cardiac arrest quickly. Once recognized and 911 is activated, CPR should begin and emphasis

placed on chest compressions. Next, the heart must regain its electrical rhythm or beat to achieve ROSC. Bystanders should deploy an AED to deliver a therapeutic dose of electricity, allowing the heart to establish its natural electrical rhythm.

Public Access Defibrillation (PAD) programs provide the first three links of the survival chain, these links are provided by bystanders/co-workers, with minimal training, and provides the victim the best chance for survival.

LIABILITY PROTECTION

The Cardiac Arrest Survival Act of 2000 encourages the placement of AEDs in federal buildings and ensures federal liability protection for those who acquire or use an AED to help save a life. In addition, the act provides limited immunity to persons using the AED and the purchaser of the AED device.

MEDICAL PRESCRIPTION REQUIREMENT

An AED is a medical device regulated by the Food and Drug Administration (FDA). A medical prescription must be established for a creditable PAD program. Naval Medical Center, Camp Lejeune (NMCCL) will provide the regulatory medical oversight required for the MCIEAST PAD program and will support the AED Office of Primary Responsibility (AED OPR) and the AED Coordinator (AEDC) with a medical prescription to function the program. AEDs approved for this program will have the following features: battery operated with no charging system, devices shall be able to record data, and data shall be able to be retrieved by the AEDC without the need for the device to be sent to a manufacturer. An AED used in this program will be capable of delivering a biphasic shock of 150 joules minimum, and be labeled by the manufacture as being an approved FDA device. If there is a potential for children to visit a facility containing a MCIEAST - PAD Program AED Device; the AED should be stocked with both Adult and Pediatric AED Electrodes. There is no evidence that any one brand name of AED saves more lives over another's brand of AED. The Installation's AED OPR may require a specific brand of AED to support interoperability with the local emergency medical services (EMS) equipment.

MCIEAST PAD PROGRAM STRUCTURE

MCIEAST-MCBCAMLEJ Fire Chief will serve as the MCIEAST - Regional AED OPR Director. The MCBCAMLEJ Assistant Fire Chief of EMS will serve as the MCIEAST-Regional, MCBCAMLEJ, and MCAS New River AEDC.

Installations categorized by Marine Corps Order (MCO) 11000.11A; *Marine Corps Fire and Emergency Services Program Manual* as a Category (A) Installation will appoint their Fire Chief as the Installation's

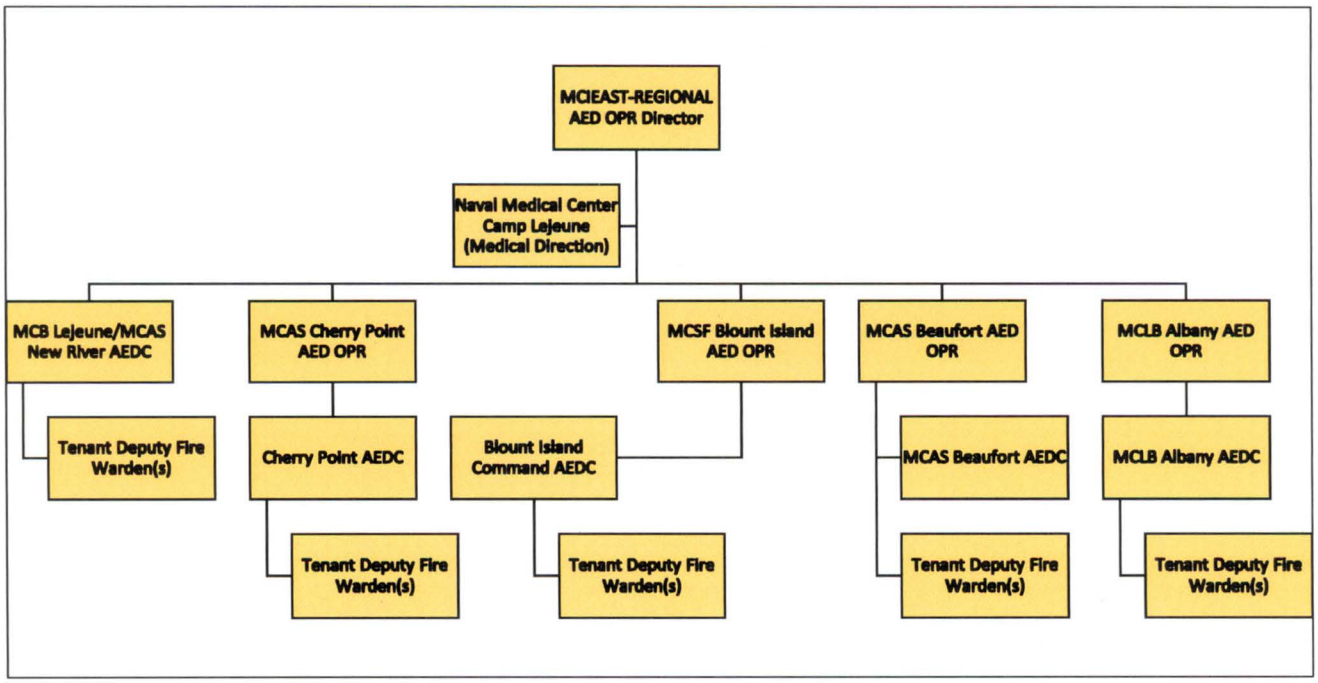
AED OPR. Installations categorized as a (B) or (C) installation will appoint their Safety Director as the Installation AED OPR.

The MCIEAST PAD program will be tied directly to the Installation's Deputy Fire Warden (DFW) Program. The following identifies the MCO 11000.11A requirements as of 16 August 2017:

> *"Each installation tenant organization shall designate a Fire Warden to help execute the fire prevention program. All Fire Wardens shall receive fire prevention training from the fire prevention staff. The Fire Warden may appoint additional Fire Wardens for designated buildings and facilities. Fire Wardens are responsible for the day to day fire prevention regulations within their designated building and facilities. The Fire Warden shall inform the Fire Chief in writing of all fire warden assignments."*

Installation AED OPR(s) will appoint an AED Coordinator (AEDC). The AEDC will be responsible for the day to day activity of the PAD program using tenant assigned DFW(s). The AEDC at each installation will liaison between tenant DFW(s) and the AED OPR for all program matters. The appointed AEDC will be trained to follow the Health Insurance Portability and Accountability Act (HIPAA), Protected Health Information (PHI), and Personally Identifiable Information (PII) regulations. The DFW(s) will not access or handle SCA victim information; and therefore will not be required to take HIPPA, PHI, PII for their appointments.

MCIEAST - PAD Program Organizational Structure



In addition to fire prevention duties; the DFW assigned by his/her commander will conduct a monthly visual inspection of each AED within his/her area of responsibility (AOR). The following items should be checked:

1. Ensuring the device is present and stored within an approved cabinet and signage. Cabinet and signage requirements are outline in this manual.

2. The readiness display/status indicator shall be checked, and will indicate the device is ready for use.

3. In accordance with the manufacture's guidance, ensure battery(s) are charged and no trouble signals are present. If deficiencies are noted, the unit will be taken out of service and a replacement device should be installed if one exists. Consumables such as AED electrodes should be stocked and be within the manufacture's expiration date.

4. Annotate the monthly inspection on the AED Inspection Log located with the AED, and notify the AEDC with any deficiencies and/or seek guidance on correcting the problem. For all MCBCAMLEJ and MCAS New River tenants, this is as simple as emailing: fire_nonemergent_request@usmc.mil with questions, concerns, or notifications.

5. Each January, the DFW will add to his/her inspections an annual review by first contacting the AEDC for any updates related to program testing requirements. Tenants should be prepared to remove a device and send back to the manufacture if stated to do so in the owner's manual for testing. In some cases this may require that the device is powered on and powered off.

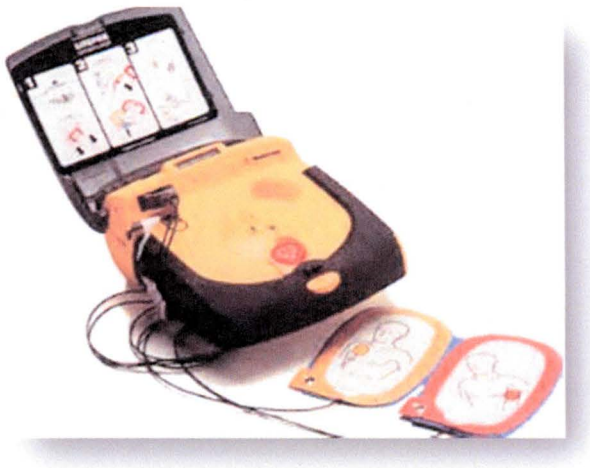
Installation Fire Chiefs will ensure their DFW training curriculum includes a comprehensive review of this program manual.

METHODOLOGY FOR DETERMINING AED LOCATIONS & CABINET MARKING/MOUNTING REQUIREMENTS

The MCO 11000.11A requires installations to identify and prioritize the location of an AED following a risk based strategy that considers the likelihood of cardiac arrest, frequency, installation and facility population, average age of population, security barriers and operational requirements, and historical EMS call volume.

The methodology used by the MCIEAST PAD Program will follow the same risk based strategy used by the National Fire Protection Association's (NFPA) 101 Life Safety Code for determining occupancy classifications. At minimum; the following occupancies will maintain an AED:

A. Assembly Occupancy - An occupancy used for a gathering of 50 or more persons for deliberation, worship, entertainment, eating, drinking, amusement, awaiting transportation, or similar uses, or used as a special amusement building regardless of the occupant load.



B. Mercantile Occupancy - An occupancy used for displaying and sale of merchandise.

C. Educational Occupancy - An occupancy used for educational purposes through the 12th grade, by six or more persons for four or more hours per day or more than 12 hours per week. As venue used temporarily for an educational occupancy shall not be required to have an AED installed; unless the venue is occupied by 300 or more people.

D. Any gymnasium and indoor athletic facilities, staffed fitness centers, swimming pools, main commissaries, main exchanges not classified by A-C above or high risk training areas, or where an

operational risk management review by a tenant has determined the need for an AED.

AEDs should be located in areas of ease of accessibility to a layperson. In accordance with AHA guidelines; the AED should be able to be accessed and returned to any point of a structure/facility within 3 minutes, assuming a person is walking briskly.

An AED will be stored in a mounted AED storage cabinet. AED storage cabinets shall be installed in locations with an unobstructed approach. The maximum forward reach to this equipment shall be no more than 48 inches, and the handle of the AED should not be above this point. An object protruding from walls with leading edges between 27 and 80 inches above the finished floor shall not protrude more than 4 inches into walkways, corridors, passageways, or isles. All cabinets shall be well marked by three - dimensional signs; visible in all possible directions, and produce an audible alarm when opened. Facilities that contain an AED must have an installed marker at the main entrance and above each AED cabinet.

PAD IMPLEMENTATION

A DFW must first determine if any existing AEDs are maintained within their facilities. If existing AEDs are present, an inventory will be conducted, capturing the make, model, date of manufacture, serial number, the equipment's location, and any identification system used by the DFW. For example: (Zoll/PROAED/Oct 2012/(S/N):1A5678Z90/ Bldg. 18-Front Hallway/Device#10. A tracking system must be in place to properly document inspections, testing, and maintenance. The DFW, the AEDC, and the Installation AED OPR will contact their local safety department to ensure E-TRACKER is enabled in their ESAMS account. The "Public Access AED" E-TRACKER form will be used to record the information above. Any device manufactured before January of 2010 must be removed from service and replaced. The Installation AED OPR will obtain a consolidated E-TRACKER data report,

review for accuracy and approve, then forwarded to the MCIEAST PAD Program AED OPR Director. The MCIEAST PAD Program AED OPR Director will compile all inventories, creating a master inventory and tracking system for MCIEAST. The MCIEAST PAD Program AED OPR will issue a **MCIEAST AED MEDICAL AUTHORIZATION (PRESCRIPTION)** for all currently installed devices.

No later than 45 days after the implementation of the MCIEAST PAD Program, DFW(s) will determine the need for procuring an AED for their Area of Responsibility (AOR). DFW(s) will use the requirements above: **"METHODOLOGY FOR DETERMINING AED LOCATIONS"**, and determine if they should seek a **MCIEAST AED MEDICAL AUTHORIZATION (PRESCRIPTION)** to procure an AED device. At any point after the MCIEAST PAD Program implementation; it is determined that an AED is needed; then a **MCIEAST AED MEDICAL AUTHORIZATION (PRESCRIPTION)** should be sought from the AEDC. Once an AEDC receives a **MCIEAST AED MEDICAL AUTHORIZATION (PRESCRIPTION)** request, it shall be forwarded to the MCBCAMLEJ Assistant Fire Chief of EMS (A/CEMS) via email. The A/CEMS will coordinate the signature of the medical physician and the MCIEAST PAD Program AED OPR Director and will return to the Installation AEDC within five working days after obtaining both signatures. Once a **MCIEAST AED MEDICAL AUTHORIZATION (PRESCRIPTION)** is obtained by a unit DFW, the procurement process can begin using the unit's supply officer. It should be noted, that no evidence exists to recommend a particular make, model, or manufacture's AED over another manufacture's product. There is no proof that one manufacture's device will save more lives over any other manufacture's device. DFW(s) should closely review the **"MEDICAL PRESCRIPTION REQUIREMENT"** section of this program manual to assist with procuring the correct AED for his/her AOR. There are a variety of Commercial-off-the-Shelf (COTS) devices with inspection, maintenance, repair, and replace plans. Once a Medical Prescription is issued and the device is placed in-service, the DFW must update ESAMS by using the E-TRACKER "Public Access AED Form."

TRAINING

DFW(s) will receive the necessary training to implement the MCIEAST PAD program via the Installation's Fire and Emergency Services (F&ES) DFW training. DFW(s) should contact their local F&ES agencies for class schedules.

Anyone can operate an AED; however, AED and CPR training should be encouraged for all DoD personnel, and may be required in high risk/population areas (fitness centers, clinics, swimming pools, visitor centers, etc.). CPR and AED training may be available from multiple sources, such as your local F&ES agency; the on-post medical treatment facility's staff education and training centers, and the Enterprise Safety Applications Management System (ESAMS.)

REQUIREMENTS, QUALITY ASSURANCE, AND PRESCRIPTION REVOCATION FOR AED USE

In the event of an AED use, the DFW will turn over the deployed device to the AEDC for data retrieval. The AEDC will provide a written summary, using enclosure Form C to document his/her findings to the MCIEAST-MCBCAMLEJ Assistant Fire Chief of EMS (A/CEMS) within **24 hours**. The written summary should also include the patient care report completed by the first responders. Within 10 days of the event, the MCIEAST-MCBCAMLEJ A/CEMS will convene a quality assurance/quality improvement (QA/QI) oversight with the Prescribing Medical Physician, and the MCIEAST- PAD Program AED OPR Director. Lessons learned or guidance generated from the QA/QI oversight meeting will be communicated to the Installation AED OPR and modifications to the PAD program manual will be made as soon as possible.

DFW will conduct monthly inspection of all Program AEDs, ensuring the device is present, battery indicator is ready for use, and supplies are within their manufacture's expiration date and encouraged to use FORM D: MCIEAST PAD AED PROGRAM CHECKLIST; contained within this manual for accuracy.

Any Installation AED OPR found not to be operating within the MCIEAST PAD Program Manual may be subject to a revocation of their AED prescription until corrective action is taken.

The Fire and Emergency Services agencies aboard each MCIEAST Installation will conduct fire & life safety inspections in accordance with the MCO 11000.11. The fire and life safety inspector will conduct a spot inspection of random AED devices, and may require the DFW to demonstrate monthly and annual checks are being completed. Failure to properly adhere to this program manual may subject a DFW to a notice of violation and enforcement taken within the parameters of the Installation's F&ES program order.

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FORM (A): MCIEAST AED PAD

MEDICAL AUTHORIZATION (PRESCRIPTION)

The Food & Drug Administration considers defibrillators to be prescription devices pursuant to 21 CFR 801.109 and medical authorization is required.

This serves as Medical Authorization (prescription) for procurement and use of an Automated External Defibrillator(s) (AEDs) as indicated below:

- This Medical Authorization is valid only for AEDs approved by the Installation AED Office of Responsibility and has an assigned Deputy Fire Warden (DFW).
- AEDs will be utilized, kept, and maintained in accordance with the manufacture's recommendations and the guidance provided in the MCIEAST PAD Program Manual.
- AEDs approved for the program will have the following features: battery operated, no charging system, devices shall be able to record data and data shall be able to be retrieved by AEDC, without the need for the device to be sent to a manufacturer. AEDC might have to purchase software for the device. AED will be capable of delivering a biphasic shock of at minimum 150 joules and be approved by the FDA.
- While anyone can operate an AED; the owner will ensure CPR and AED training is provided to potential operators within the MCIEAST PAD Program Manual.
- If the AED Device is used, the DFW shall turn the device over to the Installation AEDC for data tracking.

Requesting Unit Commanding Officer: _____
DFW Contact Information: _____

Authorizing Physician:

Joseph G Kotora, DO, MPH, FACEP, FAAEM CDR MC USN
Naval Medical Center, Camp Lejeune
EMS Medical Director, Camp Lejeune Fire & Emergency Services

Physician's Signature: _____ Date: _____

MCIEAST - Regional AED OPR Director:

Christopher W Parker, CFO
MCIEAST-MCB CAMLEJ Fire Chief, Camp Lejeune North Carolina
Signature: _____ Date: _____

FORM (B): AED Monthly Inspection Log

Building Number: **Tenant:**

AED Location: **AED Make/Model:**

AED Serial Number: **Defibrillator Pad Expiration Date:**

Month	Cabinet Mounted No Damage	Cabinet Alarm in Working Order	AED in Cabinet	AED Indicator Light OK	Defibrillator Pads Present and in Date	Personal Protective Equipment is present **	Printed Name of Person Conducting Inspection
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

**PPE should include: Pocket Mask, Scissors, Gloves, Razor

This is Inspection form should remain in the AED Cabinet with the AED. The AED Coordinator will use this inspection form to complete a data entry inspection into ESAMS, using an E-TRACKER inspection.

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FORM (C): MCIEAST Public Access Defibrillator Usage Report Form

This form is to be completed following the deployment of any Public Access Defibrillator that is attached to a patient. Form should be filled out by the person that utilized the AED. The Installation AED Coordinator will forward the form to Regional AED Coordinator within 24 hours of the event.

1. Installation:
2. Incident Location:
3. Date of Incident:
4. Estimated Time of Incident: _____:_____ 4a.Estimated Time of 911 Call: _____:_____
5. Name of Patient: (OPTIONAL, NOT REQUIRED)
6. Patient Gender: Male [ ] Female [ ] 7. Estimated Age of Patient: _____Yrs.
8. What were the Events immediately prior to the collapse (check all that apply):
   Difficulty Breathing [ ] Chest Pain [ ] No Signs or Symptoms [ ] Drowning [ ]
   Electrical Shock [ ] Injury [ ] Unknown [ ]
9. Was someone present to see the person collapse? Yes [ ] No [ ]
   If yes, was that person a trained AED Employee? Yes [ ] No [ ]
10. After the collapse, at the time of Patient Assessment:
    Were there signs of circulation (breathing, coughing, or movement)? Yes [ ] No [ ]
    Was pulse checked? Yes [ ] No [ ]
    If yes, did the person have a pulse? Yes [ ] No [ ]
11. Was CPR given prior to 911 EMS arrival? Yes [ ] No [ ]
12. Estimated time CPR Started: _____:_____
13. Was CPR started prior to the Arrival of a Trained AED Employee? Yes [ ] No [ ]
14. Estimated Time AED at patient's side: _____:_____
15. Did AED deliver a shock to the patient? Yes [ ] No [ ]
16. Was there any mechanical difficulty with the AED? Yes [ ] No [ ]

    If yes please explain:

17. Please indicate the patient status upon arrival of EMS:
    Pulse: Yes [ ] No [ ] Don't Know [ ]
    Breathing: Yes [ ] No [ ] Don't Know [ ]
    Responsive: Yes [ ] No [ ] Don't Know [ ]
    Circulation: Yes [ ] No [ ] Don't Know [ ]
18. Was the patient transported to the hospital? Yes [ ] No [ ]
19. How was the patient transported? EMS Ambulance [ ] Private Vehicle [ ] Other [ ]

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FORM D: MCIEAST PAD AED PROGRAM CHECKLIST

This form is not required to be reported, but it may be used as a task checklist for all members of the MCIEAST PAD Program.

PROGRAM IMPLEMENTION TASK LIST	DATE COMPLETED	COMMENTS
1. AED OPR Established by AED Program Manual		
2. AED OPR Assigns an AEDC for the Installation. Within 5 days of appointment, written notification has been made to the MCIEAST-PAD Program Director.		
3. AEDC establishes training through Installation DFW Program for AED Program		
4. DFW completes initial AED survey of AOR		
4a. Are all buildings that require an AED identified		
4b. Are AED cabinets mounted properly and have correct signage		
4c. Current AEDs inventoried: make, model, serial numbers, expiration dates, and supplies.		
4d. Within 45 days of implementation of the MCIEAST PAD Program, DFW will determine the need of additional AED(s)		
5. DFW send survey to Installation AEDC		
6. AEDC compiles all initial AED surveys and sends final report to MCIEAST AEDC		
7. MCIEAST AEDC reviews data collected for the region and reports to the AED Program Director.		
8. Prescription for AED Program at each Installation is obtained through NMCCL Medical Director		
9. FES fire and life safety inspectors will conduct spot checks of random AED devices and may require the DFW to demonstrate the inspections process of an AED. Feedback from this spot checks shall be reported to the AEDC.		

CONTINUOUS IMPROVEMENT		
1. DFW conducts monthly inspection of all Program AEDs, ensuring the device is present, battery indicator is ready for use, and supplies are within their manufacture's expiration date.		
2. DFW reports any problems or questions to AEDC		
3. Each January the DFW will contact the AEDC for information on any updates/upgrades to the AED Program.		
4. DFW will ensure that all AEDs in their AOR are tested in accordance with the manufactures recommendations		
5. Any use of an AED prompts report to AEDC		
6. DFW will turn AED over to AEDC. AEDC will within 24 hours of the event, collects data off AED and forward to MCBCAMLEJ Assistant Chief of EMS.		
7. Within 10 days of receiving the data and report the MCBCAMLEJ Assistant Chief of EMS will convene a QA/QI with the prescribing medical physician. Feedback is provided by medical oversight to Installation AEDC		
8. Requests for additional AEDs are forwarded to the AED Director for final authorization.		