



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

MCIEAST-MCB CAMLEJO 11320.2A
H&S BN/FESD

13 APR 2026

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

From: Commanding General
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. Cancellation. MCIEAST-MCB CAMLEJO 11320.2.

3. Mission. Implementing and following the guidelines established in references (a) through (c) will provide an 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.

4. 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.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

13 APR 2026

(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, as the MCIEAST-PAD program AED OPR Director, will coordinate with the Naval Medical Center Camp Lejeune (NMCCCL) to ensure a designated physician provides medical oversight and maintains the written prescription(s) for the MCIEAST PAD program.

13 APR 2026

(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 NMCCCL will provide medical oversight to the MCIEAST-AED PAD Program.

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

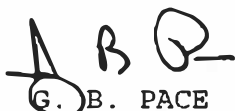
(b) The designated physician will meet with the MCIEAST-PAD Program AED OPR Director at least annually to give advice on the effectiveness of the AED PAD Program, and review a SCA event to ensure quality improvement and quality assurance actions are in-line with sound medical practice.


5. Administration and Logistics. This Order has been coordinated with and concurred with by the Commanding General, II Marine Expeditionary Force; Commander, U.S. Marine Forces 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.

6. 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.


G. B. PACE
Deputy Commander



DISTRIBUTION: A/B/C

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



PROGRAM MANUAL

13 APR 2026

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
Introduction: The Critical Need for Public Access Defibrillation	3
The Chain of Survival: A Blueprint for Saving Lives.....	3
Liability Protection	4
Medical Prescription Requirement.....	4
MCIEAST PAD Program Leadership and Structure	5
MCIEAST PAD Program Organizational Structure Diagram.....	6
Monthly Visual Inspections.....	6
Annual Review and Testing.....	7
AED Locations and Installation Requirements.....	7
PAD Implementation.....	8
Training	10
Requirements, Quality Assurance, Prescription Revocation for AED Use.....	11
Form A: MCIEAST AED PAD MEDICAL AUTHORIZATION (PRESCRIPTION)	13
Form B: AED Monthly Inspection Log.....	14
Form C: MCIEAST Public Access Defibrillator Usage Report Form.....	15
Form D: MCIEAST PAD AED PROGRAM CHECKLIST.....	16

13 APR 2026

Introduction: The Critical need for Public Access Defibrillation

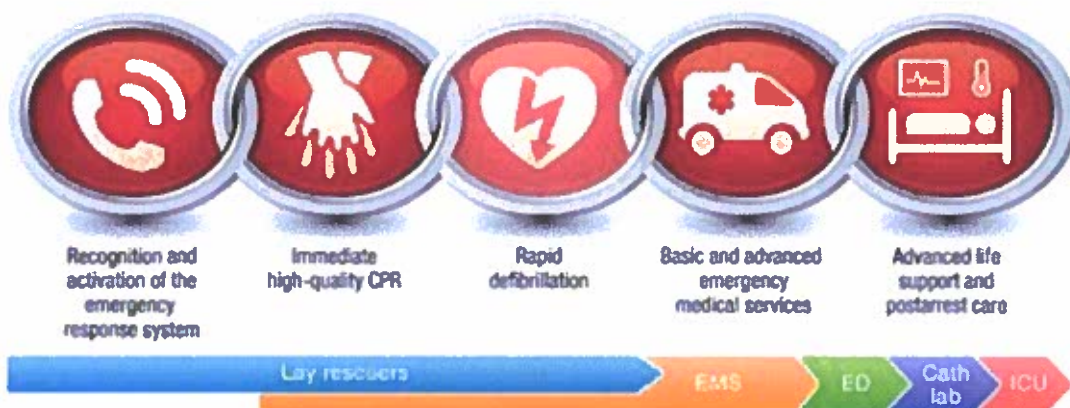
Sudden Cardiac Arrest (SCA) is one of the nation's most urgent medical emergencies. Outside of a hospital, over 400,000 people become victims each year, with a survival rate of only 12 percent. The critical factor in an SCA event is time. According to the American Heart Association (AHA), the chance of survival decreases by 10 percent for every minute that passes without intervention. Within just four to six minutes, the lack of oxygenated blood flow begins to cause irreversible brain damage.

The window for effective action is therefore extremely short. With an aggregate emergency response time of 7 to 12 minutes, relying solely on the installation's Emergency Medical Services (EMS) is not enough. By the time responders arrive, a victim's chance of survival may have already dropped to 30 percent or less.

This is why the role of the bystander is essential. Immediate intervention by personnel on the scene is the single most important factor in achieving a positive outcome. By initiating the "Chain of Survival" most importantly, by using an Automated External Defibrillator (AED), personnel can bridge the gap until EMS arrives, dramatically increasing the odds of survival and reducing the risk of permanent brain injury. This manual establishes the official framework for the MCIEAST Public Access Defibrillation (PAD) program, empowering our personnel to save lives.

The Chain of Survival: A Blueprint for Saving Lives

The AHA developed the "Chain of Survival" to illustrate the critical sequence of actions needed to save a victim of a SCA. Each link in the chain is vital, but the first three depend entirely on the immediate response of bystanders.



The Five Links of Survival:

1. Immediate Recognition of Cardiac Arrest and Activation of EMS: Recognizing the signs of SCA and calling 911 immediately.

13 APR 2026

2. Early Cardiopulmonary Resuscitation (CPR): Starting chest compressions immediately to keep oxygenated blood flowing to the brain.

3. Rapid Defibrillation: Using an AED to deliver an electrical shock to restore the heart's natural rhythm.

4. Advanced Resuscitation: The arrival of EMS to provide advanced care.

5. Post-Cardiac Arrest Care: Coordinated care in a hospital to treat the underlying cause and promote recovery.

The MCIEAST PAD program is designed specifically to empower our personnel to forge the first three, most time-sensitive links in this chain. By providing life-saving equipment and training, this program gives bystanders the tools they need to give a victim the best possible chance of survival long before EMS arrives.

Liability Protection

The Cardiac Arrest Survival Act of 2000 is a key piece of federal legislation designed to increase the availability and use of AEDs. The act accomplishes two main goals:

1. It encourages the placement of AEDs in federal buildings.
2. It provides nationwide "Good Samaritan" liability protection for both the person using the AED in an emergency and the entity that purchased or acquired the device.

This limited immunity is crucial, as it protects individuals and organizations from civil lawsuits, encouraging immediate action to save a life without fear of legal repercussions.

Medical Prescription Requirement

As a medical device regulated by the Food and Drug Administration (FDA), any AED used in the MCIEAST PAD program requires a medical prescription and formal oversight. The Naval Medical Center, Camp Lejeune (NMCCCL) provides this essential medical direction, issuing the necessary prescription to the AED Office of Primary Responsibility (OPR) and the AED Coordinator (AEDC) to operate the program.

To be approved, all AEDs within this program must meet specific criteria. They must be battery-operated, capable of recording data that the AEDC can retrieve locally, and be able to deliver a biphasic shock of at least 200 joules. Furthermore, facilities where children may be present must stock both adult and pediatric electrodes.

While no evidence suggests one FDA-approved brand saves more lives than another, the installation's AED OPR may standardize on a specific

model for interoperability. Although not mandatory, it is highly recommended to purchase an AED compatible with the installation's Fire and Emergency Services Department. This compatibility streamlines the transition from layperson care to Advanced Life Support (ALS) and simplifies post-event data retrieval by emergency responders.

MCIEAST PAD Program Leadership and Structure

The MCIEAST PAD program is managed through a clear hierarchical structure, from regional oversight down to installation-level execution.

The MCIEAST-MCB CAMLEJ Fire Chief serves as the MCIEAST Regional AED OPR Director. At the installation level, the appointment of the AED OPR depends on its categorization per MCO 11000.11A:

- Category A Installations: The Fire Chief is appointed as the Installation AED OPR.
- Category B & C Installations: The Safety Director is appointed 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."

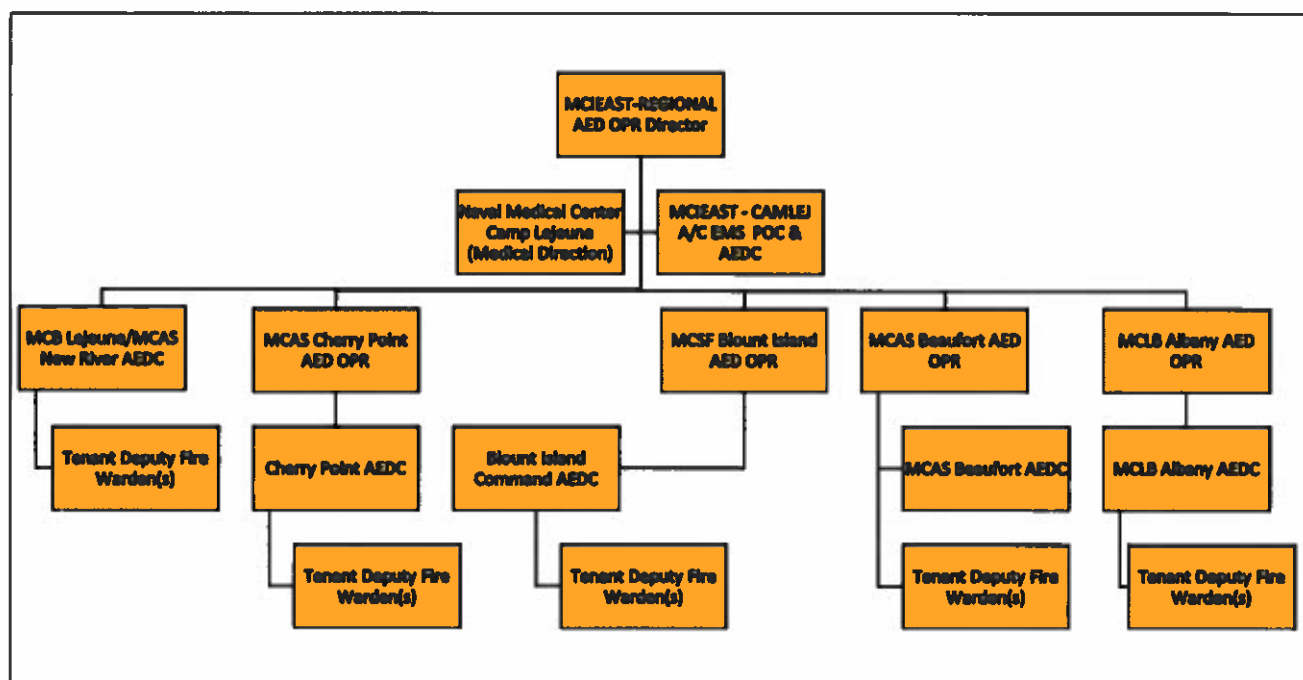
The AEDC utilizes these tenant-assigned DFWs to carry out program tasks and acts as the primary liaison between the DFWs and the Installation OPR on all program matters.

Data Privacy and Training

Due to the handling of sensitive victim information, the appointed AEDC must be trained in Health Insurance Portability and Accountability Act (HIPAA), Protected Health Information (PHI), and Personally Identifiable Information (PII) regulations. However, since DFWs will not access or handle this data, they are not required to complete this training.

13 APR 2026

MCIEAST - PAD Program Organizational Structure



In addition to their primary fire prevention duties, the commander-assigned Deputy Fire Warden (DFW) will conduct routine and annual inspections of each AED within their AOR to ensure the devices remain in a constant state of readiness.

Monthly Visual Inspection

The DFW will perform the following checks monthly:

1. Location and Signage

- Verify the AED is present and correctly stored in its approved cabinet.
- Ensure all required signage is in place and visible, in accordance with the requirements outlined in this manual.

2. Device Status

- Check the readiness display/status indicator to confirm it indicates the device is "ready for use."
- Confirm the battery is charged and no trouble signals are present, following the manufacturer's guidance.
- Ensure all consumables (e.g., electrode pads) are stocked and within their expiration date.

3. Action and Reporting

- If any deficiencies are found, the AED must be immediately taken out of service and replaced with a backup unit if available.
- Record the completion of the inspection on the AED Inspection Log located with the device.
- Report any deficiencies or seek guidance by notifying the AED Coordinator (AEDC). For personnel at MCBCAMLEJ and MCAS New River, this can be done by emailing: fire nonemergent request@usmc.mil.

Annual Review and Testing

Each January, the DFW will perform an annual review by first contacting the AEDC to learn of any updates or specific program testing requirements. Based on these instructions or the owner's manual, tenants should be prepared to remove a device and send it to the manufacturer for testing. In some cases, the annual test may simply require powering the device on and then off.

AED Location and Installation Requirements

1. The placement of AEDs across MCIEAST installations follows a risk-based strategy to prioritize locations with the highest likelihood of a cardiac arrest event. This approach is aligned with both MCO 11000.11A and the National Fire Protection Association (NFPA) 101 Life Safety Code.

A. Minimum Required Locations

At a minimum, an AED must be installed in the following occupancy types:

- **Assembly Occupancies:** Any location used for gatherings of 50 or more people, such as for worship, entertainment, dining, or transportation.
- **Mercantile Occupancies:** Any facility used for the display and sale of merchandise (e.g., main exchanges).
- **Educational Occupancies:** Facilities used for K-12 education by six or more people for more than four hours per day.
- **High-Risk & High-Traffic Areas:** Regardless of other classifications, AEDs are required in:
 - Gymnasiums and indoor athletic facilities
 - Staffed fitness centers and swimming pools
 - Main commissaries

13 APR 2026

B. The "3-Minute" Rule

- As a general guideline, AEDs should be placed in easily accessible locations so that a person can retrieve the device and return to any point within the facility in under 3 minutes at a brisk walking pace.

2. Cabinet Mounting and Marking Requirements

Proper installation is critical for ensuring an AED is visible, accessible, and ready for use.

A. Cabinet Installation

- **Accessibility:** AEDs must be stored in a mounted cabinet with a clear, unobstructed approach.
- **Reach Height:** To ensure accessibility, the handle of the AED inside the cabinet must not be located more than 48 inches above the finished floor.
- **Protrusion Limit:** To prevent injury, cabinets installed in walkways or corridors must not protrude more than 4 inches from the wall if their leading edge is between 27 and 80 inches off the floor.

B. Signage and Alarms

- **Cabinet Alarm:** The AED cabinet must produce a loud, audible alarm when the door is opened.
- **3D Signage:** A three-dimensional sign must be mounted above the cabinet to ensure visibility from all directions of approach.
- **Entrance Decal:** The main entrance of any facility containing an AED must be marked with a sticker or decal indicating that a device is located inside.

PAD Implementation

This section outlines the two primary phases for implementing the Public Access Defibrillation (PAD) program: 1) Inventorying existing devices and 2) Assessing needs and procuring new devices.

Phase 1: Initial Inventory of Existing AEDs

This phase must be completed to account for all current AEDs.

Step 1: Conduct Facility Inventory

- The Deputy Fire Warden (DFW) will survey their facilities to identify all existing AEDs.
- For each device found, the DFW will conduct an inventory, capturing the following details:
 - Make, Model, and Serial Number
 - Date of Manufacture
 - Specific Location (e.g., Building 18, Front Hallway)
 - Any local identification system used (e.g., Device #10)

Step 2: Record Data in E-TRACKER

- The DFW, AED Coordinator (AEDC), and Installation AED OPR must contact their local safety department to ensure the "Public Access AED" E-TRACKER form is enabled in their ESAMS account.
- The DFW will enter the inventory data for each device into this form.
- Important: Any device manufactured before January 2010 must be removed from service and flagged for replacement.

Step 3: Data Consolidation and Medical Authorization

- The Installation AED OPR will generate a consolidated report from E-TRACKER, review it for accuracy, and forward the approved inventory to the MCIEAST PAD Program AED OPR Director.
- The MCIEAST Director will compile these reports into a master inventory.
- Based on this master list, the MCIEAST PAD Program OPR will issue a MCIEAST AED MEDICAL AUTHORIZATION (PRESCRIPTION) for all currently installed and compliant devices.

Phase 2: Needs Assessment and Procurement of New AEDs

This phase begins after the initial inventory and can be performed at any time a new AED is needed.

Step 1: Determine the Need

- No later than 45 days after the program's implementation date (and at any point thereafter), the DFW will assess their Area of Responsibility (AOR) to determine if a new AED is required.
- This assessment must be based on the criteria found in the "Methodology for Determining AED Locations" section of this manual.

Step 2: Request Medical Authorization (Prescription)

- If a new AED is needed, the DFW will initiate a request for a MCIEAST AED MEDICAL AUTHORIZATION (PRESCRIPTION) from their Installation AEDC.
- The AEDC will forward the request via email to the MCBCAMLEJ Assistant Fire Chief of EMS (A/CEMS).
- The A/CEMS will coordinate signatures from both the supervising medical physician and the MCIEAST PAD Program AED OPR Director and will return the signed prescription to the Installation AEDC within five working days.

Step 3: Procure and Deploy the New AED

- Once the DFW receives the signed prescription, they can begin the procurement process using their unit's supply officer.
- DFWs should review the "Medical Prescription Requirement" section of this manual and consider Commercial-off-the-Shelf (COTS) devices that may include maintenance and replacement plans.
 - *Note: While no specific brand is proven to be superior, compatibility with local EMS equipment is recommended.*
- After the new device is procured and placed into service, the DFW must update the inventory by adding the new device to the "Public Access AED Form" in ESAMS E-TRACKER.

Training

Training is essential for the effective implementation and use of the PAD program.

1. Training for Deputy Fire Wardens (DFWs)

- DFWs will receive comprehensive training on implementing the MCIEAST PAD program through their Installation's Fire and Emergency Services (F&ES) DFW training program.
- DFWs should contact their local F&ES agencies directly for class schedules and enrollment information.

2. General CPR and AED Training for Department of War (DoW) Personnel

- While anyone can operate an AED in an emergency, all DoW personnel are strongly encouraged to complete CPR and AED training.
- Training may be mandatory in specific high-risk or high-population areas, such as fitness centers, clinics, swimming pools, and visitor centers.
- A variety of training options are available from several sources:

13 APR 2026

- Your local Fire and Emergency Services Department (FESD) can provide classes for both Hands-Only CPR and full CPR certification.
- On-post medical treatment facility staff education and training centers.
- The Enterprise Safety Applications Management System (ESAMS).

Requirements, Quality Assurance, and Prescription Revocation for AED use

This section outlines the procedures following an AED use, the subsequent quality assurance review, and the measures for ensuring program compliance.

1. Post-Event Protocol

The following steps must be taken immediately after an AED is used in a medical emergency:

- DFW Responsibility: The DFW will immediately turn over the deployed AED to their Installation's AEDC for data retrieval.
- AEDC Responsibility: Within 24 hours of the event, the AEDC will:
 1. Retrieve the event data from the device.
 2. Complete a written summary of the findings using Form C.
 3. Submit the summary, along with the patient care report from the first responders to the MCIEAST-MCB CAMLEJ Assistant Fire Chief of EMS (A/CEMS).

2. Quality Assurance (QA) Review

- Within 10 days of the event, the A/CEMS will convene a Quality Assurance/Quality Improvement (QA/QI) oversight meeting.
- Attendees: The meeting will include the Prescribing Medical Physician and the MCIEAST PAD Program AED OPR Director.
- Outcome: Any lessons learned, or guidance generated from this review will be communicated to the relevant Installation AED OPR. The PAD program manual will be modified as soon as possible if required.

3. Program Compliance and Enforcement

Ongoing adherence to this manual is mandatory and will be enforced through the following measures:

- Spot Inspections: During regular fire and life safety inspections (per MCO 11000.11), Fire and Emergency Services

13 APR 2026

personnel will conduct spot checks on random AED devices. An inspector may require the DFW to demonstrate that monthly and annual checks are being completed correctly.

- Enforcement Actions for DFWs: A DFW's failure to adhere to this program manual may result in a notice of violation, with enforcement action taken according to the installation's F&ES program order.
- Prescription Revocation for Non-Compliance: The Installation AED OPR is responsible for ensuring all tenant commands under their purview adhere to the MCIEAST PAD Program Manual. If an OPR fails to maintain compliance, the medical authorization (prescription) for the specific non-compliant devices or tenant programs may be revoked. This revocation will remain in effect until the OPR ensures sufficient corrective action has been taken. This action is intended to be targeted and does not automatically shut down the entire installation's PAD program.

13 APR 2026

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:

EMS Medical Director, Camp Lejeune Fire & Emergency Services

Signature: _____ Date: _____

MCIEAST - Regional AED OPR Director:

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 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.

13 APR 2026

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 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

13 APR 2026

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 IMPLEMENTATION 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 NMCCCL 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.		

13 APR 2026

CONTINUOUS IMPROVEMENT		
1. DFW conducts monthly inspection of all Program AEDs, ensuring the device is present, battery indicators are 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 manufacture's 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.		