

Queerls University Environmental Health & Safety

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3.0

Subject:



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Revision: 3.0	Subject: Automated External Defibrillator (AED) Program	

- Ensure that adequate AED-related supplies and recommended ancillary medical equipment are kept on hand.

5. AED/CPR Training Providers

Individuals can be trained to use an AED in a sudden cardiac arrest emergency. These individuals are trained to operate AED units through a certified external agency (such as St. John Ambulance or the Canadian Red Cross) or a certified trainer from the University. For additional information on AED/CPR training, contact the Department of Environmental Health & Safety.

6. Purchasing

Any AED purchase must be approved by the Department of Environmental Health and Safety. Approval will be granted based on the need for the AED and the department having an approved AED program.

7. AED Locations

AED coverage for the campus is provided by mobile units carried around by Campus Security and Queen's First Aid during the academic year. Additional AEDs are in various buildings on campus. Units that are not publicly available due to them being purchased for a specific departmental or unit need are considered auxiliary and will not be listed as being publicly available on the Department of Environmental Health and Safety website.

8. Departmental AED Program and Protocols

To have an AED each department must establish a written program and protocols that include at a minimum the following components:

- Coordination with the AED Program Director.
- Identification of authorized AED and ancillary equipment
- Location and/or assignment of AED (s)
- Training and/or certification requirements for personnel
- Procedures for:
 - Maintenance and replacement of AED battery and ancillary equipment
 - Use of AEDs

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Appendix A
Automated External Defibrillator (AED) Application Form

Contact Information

Department: _____

Appendix B

Automated External Defibrillator (AED)
Post Incident Form

Department:		
Location of incident:		
Date of incident:	Time of incident:	
Name and phone number of person(s) who found the patient:		
Name and phone number of person(s) who determined patient was unresponsive:		
Name and phone number of person(s) who operated the AED:		
Did the patient have a pulse?	YES / NO	How was the pulse checked?
Was the patient breathing?	YES / NO	How was breathing checked?
Was 911 called?	YES / NO	If yes, when were they called?
Briefly describe the event, incident or situation that resulted in the need for an AED:		
Was the AED applied to the patient? YES / NO		
		fibrillated:

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