CLARK ATLANTA UNIVERSITY

Policy 9.5.15: Early Defibrillation

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PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAM

Cardiovascular disease is the single greatest cause of death in the United States. Nearly half of those deaths are due to Sudden Cardiac Arrest (SCA) in out-of- hospital settings, including the workplace. Prompt application of the integrated skills of Cardiopulmonary Resuscitation (CPR) and automated external defibrillation; provide victims of SCA with the greatest chance of survival.

An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. It is only to be applied to unresponsive victims – that is those who are unconscious, not breathing normally and show no signs of circulation, such as normal breathing, coughing, or movement. The AED will analyze the heart rhythm and advise the operator if a shock-able rhythm is detected. If a shock-able rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

The following document describes the policies and procedures governing the Public Access Defibrillation (PAD) Program of Clark Atlanta University. It is the goal of this program to provide a rapid response to sudden cardiac arrest for students, employees, and visitors of Clark Atlanta University. It is the intent of this document to provide campus based AED general guidance in response to an incident of (SCA). This document is not intended to cover all circumstances involved in such emergencies. All AED responders should operate within the parameters of the (PAD) Program.

The (PAD) Program Medical Advisor provides guidance, monitoring, and approves all protocols for the PAD program. Annual review of this document will be conducted by the Clark Atlanta PAD Program Coordinator, along with PAD Program Developers and American Heart Association Instructors. for content and guideline modifications to meet national standards. The policies and procedures described in this document will be in effect from the signed date until Clark Atlanta University and/or the (PAD) Program administrators make further review and changes.

_____ _____

PAD Program Coordinator Date
Thomas Y. Trawick, Jr,
Chief of Police / Director of Emergency Management
Clark Atlanta University Department of Public Safety

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1.0 Policy Statement

Clark Atlanta University (University) recognizes the critical importance of timely intervention in life threatening situations to save the life of its students, employees, or guests. The Public Access Defibrillation Program provides a life saving measure crucial to health and welfare of the University community.

Sudden Cardiac Arrest (SCA) is recognized as a serious public health problem accounting for 250,000 to 350,000 deaths per year in the United States. SCA strikes without warning and can occur in men and women, young or old. According to the American Heart Association, for every minute that goes by without someone attempting CPR or defibrillation, the odds of survival decrease by 7 to 10 percent. Survival of a cardiac arrest is exponentially increased when an Automated External Defibrillator (AED) is employed within the first five minutes of the event.

SCA most often occurs when the electrical system of the heart becomes chaotic, causing it to stop beating effectively. Lacking proper blood flow, the person becomes unresponsive, stops breathing, and will die unless promptly treated. CPR is important, but it alone cannot restore a normal heart rhythm. A "shock" from a defibrillator is the most effective way to restore the heart's normal pumping rhythm. The victim's best chance of survival is to receive that shock within the first 2 to 5 minutes of collapse. Outside of a hospital setting the chain of survival often relies on trained bystanders or lay responders, along with Emergency Medical Services (EMS) to initiate the potentially life-saving procedures of CPR and defibrillation.

The University recognizes that variances of this policy may be adopted to accommodate the specific requirement of the Clark Atlanta University's Emergency Response Preparedness Plan.

1.10 Purpose and Scope

The document describes the policies and procedures governing the Public Access Defibrillation (PAD) Program of Clark Atlanta University. It is the purpose of this program to provide a rapid response to sudden cardiac arrest for students, faculty, staff and visitors on the Clark Atlanta campus. It is the intent of this document to provide campus based AED general guidance in response to an incident of Sudden Cardiac Arrest (SCA), utilizing responders who have completed an American Heart Association CPR / AED course. Although all AED responders should operate within the parameters of the Early Defibrillation (AED)

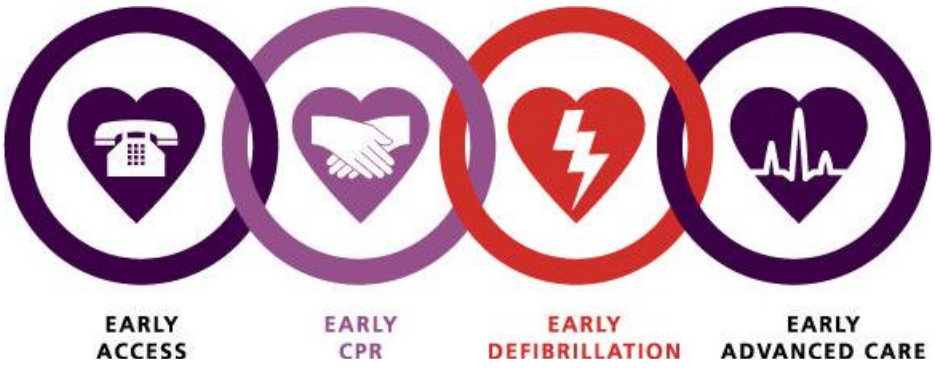
Program, this document is not intended to cover all circumstances involved in such emergencies.

2.0 Procedure Narrative

This document establishes a consistent guideline for the application, location, maintenance, and various other components described herein involving the Clark Atlanta University Public Access Defibrillation (PAD) Program. It is the intent of the Clark Atlanta University PAD Program to provide the appropriate AED coverage for the campus in accordance with established guidelines. A response time of (3) minutes or less is desired based on notification and availability from the time of the incident to the first delivered shock is the intended goal, in order to increase survivability in the event of a sudden cardiac arrest (SCA).

2.1.0 Chain of Survival: Time sensitive actions for victims of Sudden Cardiac Arrest (SCA) to optimize a patient's chance for survival. There are four links in the chain: early recognition, early CPR, early defibrillation, and early access to advanced cardiac life support.

A. Early Access – recognizing that a medical emergency exists and quickly phoning EMS (emergency medical services), usually 911 in most communities.
B. Early CPR – starting CPR immediately after cardiac arrest. CPR circulates oxygen-rich blood to the brain and heart. It buys time for the victim until defibrillation can be performed.
C. Early Defibrillation – defibrillating the victim as soon as the AED arrives. This is most effective within 2 to 5 minutes.
D. Early Advanced Care – Trained healthcare providers arriving quickly to give advanced care.



2.2.0 Public Access Defibrillation Program Overview

In the event of a Sudden Cardiac Arrest (SCA) on campus, Cark Atlanta University provides a medical emergency response that includes cardiopulmonary resuscitation (CPR) and emergency defibrillation with on-site automated external defibrillators (AED's).The goal of early defibrillation is to participate actively in the American Heart Association's Chain of Survival, illustrated above, by providing CPR and defibrillation to any victim of sudden cardiac arrest (SCA) on campus, within (3) minutes is desired based on notification and availability of witnessed collapse or discovery of the victim. Research has shown that early bystander cardiopulmonary resuscitation and rapid defibrillation are often the two major contributors to the survival of a victim of sudden cardiac arrest.

2.3.0 Responsibility of PAD Coordinator

It is the responsibility of the Public Access Defibrillation (PAD) Program Coordinator to provide continuous guidance, and monitoring of the program contents. All AED Responders must operate within the parameters of this early defibrillation program; the appropriate officers listed on this signature page must approve any deviations from its guidelines. Annual review of this document will be conducted by the PAD Program Coordinator for content and guideline modifications to meet generally accepted national standards. The policies and procedures described in this document will be in effect from the signed date until Clark Atlanta University and/or the PAD) Program administrators make further review and changes.

2.4.0 PAD Medical Emergency Response Team (MERT): University created a group of individuals designated as responders who train on a regular basis to respond to medical emergencies on campus. This would include campus Public Safety Officers, and any healthcare personnel, who are AED first responders as defined by their job descriptions. These individuals will have completed training adequate to provide AED/CPR assistance at least at an American Heart Association HeartSaver AED level. They may also have additional training in First Aid, Bloodborne Pathogens, and other health and non-health related emergency response procedures. Additional members of a campus medical emergency response team at Clark Atlanta will include Dormitory Resident Directors (RD's), Assistants (RA's), and Building Managers (BM) who have completed an American Heart Association Family and Friends CPR/AED course.

2.5.0. PAD Medical Emergency Management Team Roles and Responsibilities:

The success of the Public Access Defibrillation (PAD) Program depends on the effective collaboration of a variety of individuals and team members from across

the Clark Atlanta University community. Specific responsibilities of team members include the following:

See Appendix A for the Roster of Trained AED Responders.

2.5.1 PAD Program Coordinator: It is the responsibility of the PAD Program Coordinator to have direct governance over the PAD Medical Emergency Response Team members (MERT) for enforcing the policies and procedures of the PAD Program, and to:

A. Serve as the primary liaison between the local campus' PAD program and the Medical Advisor.
B. Communicate to the President of the college the status of the existing campus medical emergency response, including use of the AEDs.
C. Ensure adequate resources are allocated to achieve PAD program goals.
D. Communicate with the Medical Advisor, and the Office of the President regarding updates in AED practice and Protocols.
E. Maintain on file a specifications/technical information sheet for each approved AED model purchased, and location assigned on campus.
F. Publicize an annual list of AED locations.
G. Participate in case reviews, data collection, and other quality assurance activities.
H. Organize AED/CPR training and re-training programs.
I. Coordinate maintenance and inspection of the AEDs and related response equipment.
J. Assure compliance with regulatory requirements.
K. Maintain all data pertaining to the Early Defibrillation (PAD) emergency response plan and campus policy and procedures, including the following records, for four (4) years or as indicated:
    - A copy of the physicians prescription for the AED as required by device and or manufacturer.
    - List of individuals with program responsibilities.
    - Training documentation from the American Heart Association CPR and AED training classes.
    - List of currently certified AED responders.
    - Log of maintenance checks of the AED, including the dates checked and the name of the person that performed the review.
    - Record of all incidences for 7 years, or in the case of minors, until they are 18 years of age plus one year or for 7 years, whichever is longer.

L. Assure compliance with American Heart Association current guidelines and have the ability to suspend or terminate any Medical Emergency Response Team Member who does not follow established protocols.

M. Assure program quality is maintained. The PAD Program Coordinator shall ensure that all Emergency Management Team Members are current in all necessary training. This would include any updates of information or new materials. Any Public Safety Officer team member not currently certified must receive their recertification in HeartSaver AED/CPR or the equivalent before they can respond as a team member. Dormitory Resident Directors and Assistances should have completed the American Heart Association CPR/AED training at least at the Friends and Family program level.

N. Hold periodic AED drills with the PAD responders and volunteers.

O. Upon use of an AED, be responsible for forwarding incident data to the for medical advisor review and for holding post-incident debriefing session for any responder(s) involved in the incident.

2.5.2 PAD Medical Emergency Response Team Members: It is the responsibility of the PAD Team Members to:

A. Successfully complete the American Heart Association HeartSaver CPR and AED course, or its equivalent and other mandated training as defined by the Campus PAD Coordinator.

B. Respond to emergency calls according to the campus PAD protocols.

C. Maintain current status in all required training. If not current in AHA HeartSaver CPR and AED or its equivalent, the PAD Coordinator has the authority to suspend or terminate the AED Team Member.

2.5.3 Public Safety Officers: Clark Atlanta Public Safety Officers by the nature of their jobs function ~~as~~ are first responders in medical and other emergency situations. Along with campus healthcare professionals, they are the backbone of the Medical Emergency Response Team. It is the responsibility of Clark Atlanta Public Safety Personnel to:

A. Successfully complete the American Heart Association HeartSaver CPR/AED course, or its equivalent and other mandated training as defined by the campus PAD coordinator.

B. Respond to cardiac related emergency calls according to the campus AED protocols.

C. Follow the incident and post-incident procedures of the PAD Program contained herein.

E. Maintain current status in all required training.

F. Notify the PAD Program Coordinator of any cardiac arrest incidences or use of an AED.
G. Perform Checks by visually verifying the green light indicator status on each Philips Heart Start FRx AED unit Inform the Program Coordinator of any malfunctioning AED unit.
H. Participate in Monthly AED Inspection and maintenance as specified by the AED manufacturer recommendation.
I. Maintain the Philips HeartStart FRx Automated External Defibrillator (AED), including the Infant/Child Key, and Fast Response Kit in their vehicles as assigned by the Director of Public Safety.
J. Report any abuse, vandalism, or theft of an AED the PAD to the Program Coordinator immediately.
K. Immediately notify the AED Program Coordinator of any major changes in campus environment affecting AED status (e.g. a building is no longer in use).

2.6.0 Certification and Training: All of the above individuals must receive CPR and approved AED device training in compliance with the standards of the American Heart Association. Upon successfully completion of the American Heart Association HeartSaver CPR/AED course, individuals will receive a Course Completion Card which is valid for 2-years. In accordance with regulations set out in Section 10.7 below to protect the confidentiality of any victim's health information, all lay responders – medical emergency response team members, public safety officers, and AED volunteers must receive training in protection of health information. Although this program does not constitute a HIPPA component program, basic HIPPA workforce training in privacy policies and procedures for employees and volunteers should be covered.

2.6.1 Dormitory Resident Directors and Assistants: Clark Atlanta University will Provide CPR/AED training to dormitory RD's and RA's (Resident Directors and Resident Assistants), to ensure the presence of at least two staff members per dorm who are trained in CPR and the operation and use an AED. The volunteers will:

- Successfully complete all required AED training, including the American Heart Association Friends and Family CPR/AED course.
- Respond to emergency calls related to AED use.
- Follow the guidelines of the PAD program and remain current with prescribed AED training.

2.6.2 Faculty/Employee/Student CPR Training: While not mandating that all Clark Atlanta employees or students be required to complete formal CPA/AED training, the university is committed to providing an opportunity for any Clark

Atlanta student, employee, or faculty member who so desires to learn this potential lifesaving set of skills by periodically offering American Heart Association CPR/AED Training classes. Such individuals, having successfully completing this training may serve as AED Volunteer Responders.

2.6.3 Faculty/Employee/Student PAD Orientation: A PAD orientation digital media presentation will be posted on the Clark Atlanta University Intranet for students, faculty, and employees to view. Additionally PAD Orientation sessions, covering an introduction to the Philips HeartStart FRx AED Unit, an overview of elements of the American Heart Association "Chain of Survival", including the role of CPR, and basic information regarding Sudden Cardiac Arrest (SCA), as well as the importance of appropriate bystander intervention in emergency situations will be available at the beginning of each school year. This program does not constitute CPR/AED training, but merely serves to make the larger Clark Atlanta University community aware of the PAD Program, location of AED units on campus, and medical emergency response procedures.

2.6.4 Train-the-Trainer: Due to periodic turn over in university personnel, and a need at any given time for an adequate number of trained responders, two Clark Atlanta University Public Safety Officers will be trained as American Heart Association Instructors. These instructors will then provide AHA HeartSaver CPR/AED initial training to newly hired public safety officers. They will also conduct AHA Friends Family CPR training to dormitory Resident Assistants and the Clark Atlanta Campus community as directed be the PAD Program Coordinator.

2.7.0 AED Equipment

See Appendix B for the AED Location and Equipment Sheet.

2.7.1 Description of Authorized AED Equipment. The equipment provided in support of the Public Access Defibrillation Program is to be used in the event of an SCA at Clark Atlanta University. This equipment shall not be used outside the parameters of the PAD program except as approved by the Medical Advisor. Each AED device will be maintained according to Clark Atlanta University policy and following manufacturer's guidelines. Clark Atlanta University has elected to use the Philips HeartStart Defibrillator for its stationary location and future mobile n deployment and for its mobile deployment in the AED program.

******(Prior to the initiation of the current PAD Program, Clark Atlanta University was in possession of two HeartSine AED's. Operation parameters for these units are determined by the manufacture's recommendations).***

2.7.2 Assignment and Location of AED Units. Each AED location, other than units deployed in campus Public Safety Officer's vehicles should include the following items:

Item Description Quantity	**Quantity**
Alarmed AED Wall Mounted Cabinet	1
Philips HeartStart FRx AED with battery installed & Adult SMART Pad II Cartridge	1
Infant/Child Key	1
Carrying Case	1
Simplified CPR/AED Instructions	1
AED Maintenance Inspection log	1
Accessories (Fast Response Kit)	1

A comprehensive site survey of the Clark Atlanta campus considering a number of factors, such as physical facility layout, accessibility, demographics, and an optimal response time of three (3) minutes or less is desired based on notification and availability, determined the best location of "fixed" AED units throughout the campus.

- AED fixed installations will be accompanied by a wall sign mounted above the AED surface mounted alarmed cabinet clearly denoting the location of the AED unit.
- All AED units are to be uniquely identified for reporting purposes. Unit and location records are kept by the PAD Program Coordinator.
- AED units removed from service will be kept by the PAD Program Coordinator.
- Appropriate Local EMS will be notified of the existence and location of all Clark Atlanta University AED units, prior to their being placed in use.
- All AEDs falling under the jurisdiction of this program will be mapped on the Campus Map to facilitate immediate response by EMTs in the event that a unit alarm is activated.

Mobile deployment of the Philips HeartStart FRx Defibrillators in Clark Atlanta Campus Public Safety Officers Vehicles should include:

Item Description Quantity	**Quantity**
HeartStart FRx Defibrillator, with set of Adult SMART Pads II	1
Hard-shell, waterproof carrying case	1
Infant/Child Key	1
Simplified CPR/AED Instructions	1
AED Maintenance Inspection Log	1
Accessories (Fast Response Kit)	1

2.7.3 Accessories: Supplies and accessories will be provided and maintained for all AEDs and must remain with the unit. See Appendix B for the AED Location and Equipment Sheet. The Fast Response Kit includes tools and supplies typically needed for patient care and personal protection: a pairs of hypoallergenic nitrile gloves, a pocket breathing mask, paramedic scissors, and a chest hair razor. This is part of the periodic inspection and is the responsibility of the PAD Coordinator and Public Safety Officers.

2.8.0 AED Maintenance

See Appendix C Check log.

2.8.1 Reports of Damage. All scheduled AED maintenance checks shall follow the manufacturer's recommendations. Any performance discrepancies, device defects, or missing, expired, and/or damaged accessories shall be reported to the PAD Program Coordinator immediately.

2.8.2 Calibration. The Philips HeartStart FRx AED requires no calibration and performs regular self-tests to assure that it is functional. Annual maintenance will be performed by the AED Maintenance Contractor.

2.8.3 Suggested Maintenance Schedule. Refer to the suggested maintenance schedule in the HeartStart FRx AED User's Guide, which also provides detailed instructions for responding to each maintenance task. Servicing and Annual maintenance will be provided by AED service providers).

2.8.4 Visual Check. Each AED shall be checked to verify its readiness for use. It is not necessary to open the case; the Status Indicator can be seen through the window in the case. The Status Indicator shall be checked for a "blinking" Green Ready light. This means the defibrillator has passed its most recent self-

test and is therefore ready to use. If the Green Ready light is not blinking or the defibrillator is making a "chirping" sound, report this to the AED Program Coordinator immediately.

2.8.5 Monthly Check. Each AED shall be checked monthly for readiness and any visible damage on the case or AED that may cause disruption of use.

- Documentation of these checks will be forwarded to the Office of Business Services
- On at least an annual basis, the Chief of Police of Public Safety will provide documentation and a report to the Compliance Committee to attest that these checks are being performed

2.8.6 Post Use Check. The AED will be inspected and shall be checked after each use prior to returning the unit to service.

This check shall include:

- Visible inspection of the AED and its' case for outward damage or dirt that may impair operation of the AED.
- Insert a new SMART Pads II cartridge into the FRx unit. Check supplies and accessories for damage and expiration dates. Replacement of any damaged or expired items and all materials used during the SCA event.
- If data regarding use of the AED has been transferred to local EMS and the unit is ready to be returned to service, remove the battery for five seconds, then reinstall it to run the Battery Insertion Self-Test to check the operation of the FRx. When the test is complete, check that the green Ready light is blinking.
- Return of the AED to its designated location, in working order.

2.9.0 AED RESPONSE PLAN OVERVIEW

2.9.1 Initiation of an Emergency AED Response. Any individual who recognizes a medical emergency involving cardiac arrest, initiates the Emergency AED Response Plan immediately; by calling the appropriate phone number to dispatch appropriate request for emergency services.

- Call Clark Atlanta Public Safety directly at (404) 880-8911.
- Supervising Public Safety officer will request EMS/Ambulance.
  The supervising Public Safety office will assess the emergency and notify the Counseling Center and Student Health Services if the victim is a student.

- Students taken to the hospital by EMS personnel will be accompanied by a university representative, typically Student Affairs personnel.
- The Chief of Police will immediately notify the University President and V.P. for Student Affairs (if victim is a student).

When calling to report a cardiac event:

- Report your name.
- Type of emergency (e.g. cardiac arrest).
- Location of emergency.
- Brief description of the victim.
- If CPR is in process.
- If an AED is available.
- Designate someone to promptly direct the resources that arrive at the scene.

2.9.2 9-1-1 Notification. Calling (404) 880-8911 will reach the Clark Atlanta University Public Safety Department dispatcher who will then contact EMS so that appropriate personnel and equipment will be readily dispatched to the incident location.

2.9.3 AED Responder. The first person on the scene will initiate the Chain of Survival by calling the CAU Public Safety Dispatcher at (404) 880-8911, verifying scene safety before assessing the patient, and then rendering appropriate care based upon the patient's condition and Clark Atlanta's Early Defibrillation AED response protocols. In most instances, after calling the Campus Public Safety Department, the responder will continue through the following steps:

1. First, determine the most appropriate course of action for providing the best care to the individual(s) involved.
2. Second, assess whether the AED is needed.
   - If needed, apply device.
   - If not needed, continue to give proper care until medical professionals arrive.
3. Third, Prior to using the AED, and in accordance with American Heart Association training, the responder should confirm:
   - The patient is unconscious, absent of respirations, and has no pulse.
   - The patient's condition is not a result of trauma.
   - The patient is not hypothermic.
   - The patient is 8 years of age or older and the patient's body weight is over 55 pounds.

- If the patient is younger than 8 years of age, or less than 55 pounds, the responder should initiate the Infant/Child Key Protocol.
- In the event that the Infant/Child Key cannot be located, continue with the adult protocol.

4. Fourth, those administering medical aid shall take necessary Bloodborne pathogens isolation precautions (gloves, goggles, masks, etc.).
5. Fifth, if the AED is delayed in the arrival and patient is pulse less/non-breathing, initiate basic CPR.
6. Sixth, use the AED in accordance with appropriate training methods. 2
7. Seventh, maintain confidentiality of victim's health information and route only to necessary and appropriate personnel involved in the victim's care.

2.9.4 EMS Contact and Lead-In. The Clark Atlanta Public Safety Responder will contact EMS and provides lead-in instructions (directions for reaching the patient onsite) to the responding EMS unit, while continuing to provide appropriate patient care until a higher medical authority arrives or the patient refuses care. Responders may instruct a bystander to provide EMS contact and lead-in.

2.9.5 Transfer of Patient Care. Once EMS arrives, the AED Responder transfers patient care to the EMS agency for appropriate advanced medical treatment and provides the following information:

- The initial time of discovery.
- Any care given prior to the Responder's arrival.
- Patient's condition upon the Responder's arrival.
- All treatment rendered to the patient by the Responder.
- Any pertinent available medical information about the patient.

Summary of care can be retrieved from the Philips HeartStart On-Site Defibrillator's internal Memory.

- An EMS provider can press the "i-button" and the HeartStart FRx verbally recounts events from its last clinical use, including how many shocks were delivered and how long it has been since it was turned on.

1,2 Follow the recommended guidelines of the manufacturer of the specific approved AED device

2.9.6. Post-Event Procedures. After transferring patient care to EMS responders, a Volunteer AED Responder will turn over the AED to a Public Safety Officer, MERT Team member, or PAD Program coordinator, who then will contact the AED Maintenance Contractor who will conduct the following post-event procedures in accordance with the protocol as provided in:

- Post-use equipment check.
- Replacement of necessary supplies used.
- Return of the AED to its designated location.

2.9.7 Early Defibrillation Incident Confidentially. Responders to an SCA or other emergency medical incidents, must protect the confidentiality of a victim's health information and route any information related to the Early Defibrillation incident only to necessary and appropriate personnel involved in the victim's care. The Early Defibrillation incident Report is confidential to both the victim and Clark Atlanta University. This report should not be altered once it is completed. Discussion of all aspects of the event is to be limited to University Counsel, the EMS Provider, Clark Atlanta Public Safety Department, PAD Program Coordinator, and PAD Medical Advisor. Following the incident, when University Counsel is not present, such discussions shall take place only during staff debriefing sessions. To prevent violation of victim confidentiality, lay responders – AED Volunteer Responders, Emergency Response Team members, Public Safety Officers and others of the Clark Atlanta community, are to refrain from public discussion about any aspects of the medical event. Victim confidentiality must be maintained in accordance with all applicable state and federal regulations.

2.9.8 Debriefing Procedures. As soon as possible, a debriefing is conducted to evaluate the Early Defibrillation response and the potential need for emotional support of the responders involved. This debriefing can be conducted on an informal basis with the responder or with the assistance of professional counselors. The PAD Program Coordinator, will conduct an evaluation of all aspects of the emergency response and the strengths and deficiencies of the response plan as revealed by the incident. Modifications made to the AED response plan must be approved by PAD Coordinator and properly communicated to all AED Responders of record in an effort to insure continuous

quality improvement. The Medical Advisor may be contacted if necessary for consultation.

2.9.9 Response and Equipment Irregularities. Any protocol or equipment irregularities that occurred during the use of an AED are to be immediately reported to the PAD Program Coordinator and AED Maintenance Contractor. In the unlikely event that the AED does not operate properly, the responder shall continue with basic life support measures, including CPR, until a more highly trained medical authority arrives on scene.

2.10. AED Response Protocol Authorization

2.10.1 Protocol Approval. The PAD Program Coordinator, in consultation with the AED Program Service Provider, and Medical Advisor, as necessary, is authorized to review the Clark Atlanta Early Defibrillation AED response protocols. The protocols shall be used by members of the college campus MERT Team.

2.10.2 Protocol Revisions. PAD Protocol Revisions may be based on an annual or more frequent review of the content and the AED program's performance data. This will be provided by the AED Service Contractor.

2.10.3 Operational Guidelines. The AED Responders are to perform only to the level of their American Heart Association Training. The entry level of response is that of the American Heart Association – HeartSaver AED/CPR Certification for Public Safety personnel and HeartSaver Friends and Family training of Dorm Resident Directors and Resident Assistants.

2.10.4 Liability and Good Samaritan Laws: Lay AED responders or rescuers are legally protected when they render CPR and AED assistance according to Georgia Code Title 51, Torts, Chapter 1. General Provisions, O.C.G.A. 51-1-29.3.(a), (1), (2). (See Appendix E for full text)

§ 51-1-29.3. Immunity for operators of external defibrillators

(a) The persons described in this Code section shall be immune from civil liability for any act or omission to act related to the provision of emergency care or treatment by the use of or provision of an automated external defibrillator, as described in Code Sections 31-11-53.1 and 31-11-53.2, except that such immunity shall not apply to an act of willful or wanton misconduct and shall not apply to a person acting within the scope of a licensed profession if such person acts with gross negligence. The immunity provided for in this Code section shall extend to:

(1) Any person who gratuitously and in good faith renders emergency

> *care or treatment by the use of or provision of an automated external defibrillator without* objection of the person to whom care or treatment is rendered;
>
> (2) The owner or operator of any premises or conveyance who installs or provides automated external defibrillator equipment in or on such premises or conveyance;…

2.10.5 Protocol Qualifications. All Medical Emergency Response Team members/AED Responders are authorized to use the AED response protocols based upon:

- Successful completion of the American Heart Association Heartsaver CPR/AED or CPR/AED/First Aid Certification course or American Heart Association Friends and Family Course or their equivalents.
- Appointment to the AED Responders roster.

2.10.6 Performance Evaluation. The PAD Coordinator shall establish that each MERT Team member is current in their training. At the discretion of the PAD Program Coordinator, any MERT Team Member may be required to complete additional training.

2.11.0 AED Response Protocol Guidelines

See Appendix D for the Early Defibrillation AED Response Protocol and Flow Chart.

2.11.1 AED Application Guidelines. Once the AED is turned on and the pads applied to the patient, the AED Responder shall not remove the pads or turn off the device unless prompted by the device itself or directed by a higher medical authority. In all cases, the Responder shall continue to assess the patient's airway, breathing, and circulation and provide CPR as indicated.

2.11.2 AED Application Criteria. The AED shall be applied only to patients who are unresponsive and not breathing.

2.11.3 Use of AED on a Child. Most cardiac arrests in children are not caused by heart problems and are generally respiratory in nature. Medical Emergency Response Team members who have completed an appropriate American Heart Association CPR/AED course of instruction covering Child CPR/AED and are using the Philips HeartStart FRx Defibrillator with the Infant/Child Key installed will follow the Infant/Child AED protocols.

- An AED is only used on victims 1 year of age and older only when the victim does not respond and is not breathing.

- For victims 1 to 8 years of age, CPR should be performed first for about 2 minutes prior to attaching and using an AED.
- At the present time, there is not enough data for the American Heart Association to recommend for or against using AEDs in infants less than approximately 1 year of age.

2.11.4 Indications for AED Use – Use the Philips AED unit when a suspected cardiac arrest victim has an apparent lack of circulation indicated by the following:

- Unconscious; and
- Absence of normal breathing; and
- Absence of pulse or signs of circulation.

Contraindications for AED Use – Do NOT use the Philips AED unit when the patient:

- Is conscious; or
- Is breathing; or
- Has a detectable pulse or other signs of circulation.

  - DO NOT use this unit if victim is submerged in water. Safely remove the patient from the water if safe, and quickly dry them off.
  - DO NOT use this unit if patient or responder is in contact with metal surface. Move patent from contact with metal prior to use.
  - Move patient away from volatile liquids or flammable agents such as gasoline, gases, or propane.

*Dry patients skin as much as possible and remove jewelry if possible before applying electrodes.

2.11.5 Defibrillation Procedure. Defibrillation shocks are to be delivered only in accordance with American Heart Association response protocol. If the device advises no shocks, the AED Responder should follow the approved protocols for patient care and CPR.

2.11.6 Special Situations. Wet Environments, Metal Surfaces, Transdermal Medications, Implanted Pacemakers or Cardioverter-Defibrillators.

a) **Wet Environments** - patients who are in wet environments shall be removed from standing water when possible and the chest area shall be wiped dry, prior to application of the AED.

- Patient lying in water / rescuer kneeling in water (e.g. pool deck, locker room).
- May cause burns or shocks to the victim or rescuers.
- Carefully remove the victim from contact with water.
- Dry the victim's chest quickly before attaching the AED.
- It may be safe to defibrillate a patient on a wet surface, such as a pool deck, or rainy environment as long as the appropriate safety precautions are taken.
    - Ensure that no one is touching the patient when the shock button is pressed.

b) **Metal** – all metal conducts electricity.
- Victim or rescuer on a metal surface;
- Metal on the victim (e.g. nipple rings jewelry, bra, etc.);
- Chance of the electric charge shocking a rescuer or bystander;
- Chance of burns on the victim where the metal is located;
- Remove ALL metal located above the victim's waist.
- It may be safe to defibrillate a patient on a metal surface if absolutely necessary as long as appropriate safety precautions are taken.
- Ensure that no one is touching the patient when the shock button is pressed. (historically, patients have been safely defibrillated on the metal floors of a helicopter).

c) **Transdermal Medications** – medication patches.
- Placing an AED electrode pad on top of a medication patch (e.g. nicotine patch, nitroglycerin patch, etc.) may block a delivery of shocks or cause small burns to the skin;
- Remove transdermal medication patches with a gloved hand and wipe the skin with a clean cloth.

d) Implanted Pacemakers or Cardioverter-Defibrillators
- Hard lump (usually about ½ the size of a deck of cards and usually accompanied by a small overlying scar) beneath the size of the upper chest or abdomen (usually on the victim's left side).
- Placing an AED electrode directly over an implanted medical device may reduce the effectiveness of defibrillation;
- Do Not place an AED electrode pad directly over an implanted device;
- Place an AED electrode pad at least one (1) inch to the side of any implanted device.

2.11.7 Excessive Chest Hair. If required for proper defibrillation pad adhesion, any excess hair on the patient's chest is shaved with a prep razor supplied in the Fast Response Kit. A completely smooth shave is not required.

2.11.8 AED Abuse or Vandalism. No abuse or vandalism of the AED is to be tolerated. If abuse or vandalism is suspected, it is to be reported to the PAD Program Coordinator immediately so that the AED can be evaluated for proper operation. The Clark Atlanta University Public Safety Department should be notified and a report filed.

2.12.0 AED Response Protocol*

2.12.1 Initial Assessment. The first AED Responder conducts an initial assessment to determine the level of response required. This initial assessment includes:

- Assessment of the scene for safety of self and other responders.
- Use of gloves and other universal precautions if appropriate prior to patient contact.
- Assessment of the patient for absence of responsiveness, respiration, and signs of circulation.
- Assessment for additional information about the patient or scene.

Information gathered at the scene should be relayed to the Clark Atlanta University Public Safety Department (404) 880-8911, and/or other emergency services for dissemination to responding parties.

2.12.2 AED Response Plan and Emergency Call. The initial AED Responder verifies that the AED response plan has been activated and that Clark Atlanta Public Safety Dispatcher has been notified. If the AED is not present at the scene, the responder verifies that it is being brought immediately.

2.12.3 CPR Procedures. After assessing a cardiac emergency, and removing patient's shirt or blouse, the AED Responder initiates chest compressions and CPR procedures – until the AED arrives.

2.12.4 AED Application. Turn on the AED as soon as it arrives at the scene and follow its prompts. If more than one AED Responder is present, one responder can apply the defibrillation pads and operate the AED while the other continues CPR until told to stop. Perform any special procedures required (removal of Medication patches, shaving of excessive chest hair, etc.) as outlined in the Defibrillation (AED) response protocol guidelines (Section 12) prior to placing the pads on the patient's bare chest.

2.12.5 AED Heart Rhythm Analysis. When the pads are properly attached to the patient and connected to the AED, the device will automatically analyze the patient for a shockable rhythm – such as ventricular fibrillation (VF). **Ensure that no one touches the patient during rhythm analysis**. On completion of rhythm analysis, the AED will prompt the rescuers as to the appropriate course of action. Follow the device prompts in treating the patient.

2.12.6 AED Defibrillation Safety Precautions. If the AED gives a "Shock Advised" prompt, first ensure that no one is touching by examining the patient area and loudly stating ***"I'm clear, you're clear, everyone clear, do not touch the patient"*** Then press the shock button to deliver a shock to the patient as prompted. Shock delivery will be followed by re-analysis of the patient's heart rhythm by the AED. The AED will indicate that it is safe to touch the patient. Continue administering CPR. If additional shocks are advised by the AED, follow the above sequence until the AED prompts otherwise, or EMS arrives.

If anyone is touching the patient and/or the environment is not safe, the rescuer SHOULD NOT push the Shock button until contact with the victim stops and/or a safe environment for AED operation is established.

2.12.7 AED Shock/NoShock Sequence. Defibrillation shocks shall be delivered only in accordance with the Clark Atlanta Public Access Defibrillation AED Program protocols. If the AED gives a **"No Shock Advised"** message, and the patient is not breathing and has no signs of circulation, administer CPR until the patient regains signs of circulation, the AED advises to stop CPR for analysis, or EMS arrives and assumes care of the patient. If the patient is not breathing but does have signs of circulation, perform rescue breathing until the patient regains adequate respiration, the AED advises to not touch the patient for analysis, or EMS arrives and assumes patient care. Conduct continuous monitoring of the patient's condition and evaluation of rescue in accordance with AED Responder training.

2.12.8 Patient Monitoring. Once the AED has been applied to the patient, do not turn off the AED or remove the defibrillation pads unless prompted by the device (e.g. "Replace pads"). The AED will continue background monitoring of the patients heart rhythm and alert the rescuers if additional shocks are required. Continue to assess the patient's airway, breathing, and circulation and provide CPR as indicated.

2.13.0 Transfer of Patient Care to EMS

2.13.1 EMS Arrival. Upon arrival of EMS, the Medical Emergency Response Team member or AED Responder shall transfer patient care to the EMS team. If requested by EMS, the AED Responder shall assist in patient care; otherwise, post-incident procedures shall be initiated (see section 15).

2.13.2 Oral Report. The Emergency Response Team member or AED Responder shall give the EMS staff a complete oral report of the event and any significant findings. Unless requested to remain at the scene to assist, the Emergency Response Team member shall then complete the Clark Atlanta AED Incident Report. *Summary of care can be retrieved from the Philips HeartStart FRx Defibrillator's internal Memory.

- An EMS provider can press the "i-button" and the HeartStart FRx verbally recounts events from its last clinical use, including how many shocks were delivered and how long it has been since it was turned on.

2.13.3 AED Incident Report. The AED Incident Report may be copied and given to the EMS agency at the discretion of the PAD Program Coordinator as part of the patient care document, either while EMS is on-scene or after the ambulance has left with the patient. If the report is to be given later, it shall be the responsibility of the PAD Program Coordinator to oversee this data transfer and delegate responsibility if necessary.

2.13.4 AED Retrieval. A Medical Emergency Response Team member who responded to the incident shall be responsible for retrieval of the AED.

2.13.5 Biohazard Disposal. Upon completion of patient transfer and EMS departure, the Medical Emergency Response Team member shall ensure that any biohazards are properly cleaned up and disposed of to prevent any further contamination. All biohazards shall be placed in a properly labeled bag for proper disposal to comply with OSHA standards.

2.14.0 Post-Incident Procedures.

See Appendix E for the AED Incident Report.

2.14.1 AED Incident Report. All accounts of the medical event and any patient care given shall be documented on the AED Incident Report form. This document shall be completed by the team member who rendered care of the patient. The report shall be completed in ink and signed by the attending team member. All fields on the report form are to be completed; any areas not pertinent to the particular incident will be so indicated by marking with a diagonal

line across the space or N/A. The responder will then provide the completed AED Incident Report to the PAD Program Coordinator for data collection and quality review.

2.14.2 AED Report Confidentially. The AED Incident Report is a part of the patient care record and is confidential to both the patient and Clark Atlanta University. This report is not to be copied or altered once it is completed. Discussion of all aspects of the event is to be limited to Responders, in debriefing, or in training sessions. To prevent violation of patient confidentiality, AED Responders are to refrain from open discussion about any aspects of the medical event. Patient confidentiality must be maintained in accordance with all state and federal regulations.

2.14.3 Relaying of Information. All aspects of the event shall be discussed only with PAD Program Coordinator in formal debriefing or training sessions. To prevent violation of patient confidentially and liability for the Clark Atlanta University, MERT Team members shall refrain from open discussion about any aspects of the medical event.

2.14.4 AED Debriefing Procedures. A debriefing shall be conducted with the team members involved. This debriefing process shall be headed by the PAD Program Coordinator and will involve all team members who responded to the event, as well as any bystanders and co-workers who witnessed the event.

If anyone needs psychological support after the incident, they shall be directed to Clark Atlanta University Human Resources for consultation and referral.

2.14.5 AED Defects and Protocol Deviations. Any protocol or equipment irregularities that occurred during the SCA event are to be reported to the PAD Program Coordinator immediately for appropriate action. The Coordinator is to ensure that the device manufacturer may be contacted if required.

2.14.6 Post-Event AED Check Procedures. The following post-event procedures shall be performed by the authorized AED Maintenance Contractor before returning the device to service:

- The AED shall be visually checked for damage or missing parts.
- Request replacement of all supplies used in the event.
- The battery insertion test shall be run and the battery replaced if indicated.
- The AED shall be returned to its designated area for future use.

2.15.0 Data Collection and Recordkeeping

2.15.1 AED Incident Report. Data collection begins with the AED Incident Report. This shall be given to the PAD Coordinator as soon as possible or within 24-hours of the event.

2.15.2 Post-Incident Critique. The PAD Program Coordinator, Medical Advisor, and other personnel as appropriate will conduct a "debriefing meeting" where all aspects of the performance of the system, personnel, AED Unit, protocols will be addressed with a non-judgmental eye toward validating and/or improving effectiveness and identifying problem areas that need to be addressed. Reviews of the post-incident critiques will be maintained by the PAD Program Coordinator for integrity and confidentially purposes.

See Appendix F for the *Post-Incident Critique form*

2.15.3 Record Keeping. The PAD Program Coordinator will keep records in written or electronic form of all AED-related training including names of Instructors, persons rained and dates of initial, refresher and renewal classes records of all AED locations, test logs, service and updates and other data as specified below:

- Original monthly inspection sheets. Inspection sheets shall be retained for auditing purposes.
- All AED-related training logs containing instructors' names, trainees' names, training class dates, practice session dates, and certification dates, which include expiration dates and certifying agency (e.g., AHA, etc.).
- A current list of AED responders.
- Original AED Use Reports.
- Copy of the maintenance contract which includes contact information.
- Records of all annual inspections by the manufacturer or authorized dealer.
- Records of all AED locations, service, and updates.
- Records of AED implementation medical reviews.

2.15.4 The PAD Program Coordinator must:

- Complete an annual recordkeeping audit for each AED device.

- Keep copies of all records as well as the annual recordkeeping audit.

2.15.5 Reserved for changes in statutes or requirements.

2.15.6 The CPR/AED Trainers will provide to the Program Coordinator:

- Trainer certifications (American Heart Association BLS, etc.).
- Certificates indicating successful completion of the specified course per ECC guidelines.

2.16.0 AED Program Evaluation/Quality Assurance

2.16.1 Periodic Review. Shall be performed in accordance to current best practices.

2.16.2 Program Evaluation. The PAD Program Coordinator and others as appropriate shall conduct:

- A Yearly review of all components of the PAD program with modifications as necessary.
- A Yearly assessment of efficacy of the program with modification as necessary.
- Documentation of the program evaluation and quality assurance will be forwarded to the Office of Business Services
- On at least an annual basis, the Chief of Police of Public Safety will provide documentation and a report to the Compliance Committee on the program's evaluation and quality assurance

2.16.3 Federal and State Regulation Compliance. Clark Atlanta Public Access Defibrillation PAD Program policies and procedures should comply with current guidelines and will be monitored by the AED Program Services Contractor. Updates will be provided as necessary to the PAD Program Coordinator.

2.16.4 PAD Program Coordinator will continue to coordinate with local emergency medical services. Local EMS will receive timely notification of any logistic changes to the Clark Atlanta PAD program, i.e., purchase of new unit, any location changes, units out of services, etc.

2.17.0 Training and Drill Procedures.

2.17.1 AED Certification Requirements. The Medical Emergency Response Team members shall be responsible for maintaining all required training certification. The PAD Program Coordinator shall track these certifications and notify each team member of any deficiencies.

2.17.2 AED Response Plan Drills. Periodic drills of the AED response plan and protocols shall be conducted to evaluate the effectiveness of the Clark Atlanta Public Access Defibrillation (PAD) Program. These drills may comprise a live re-enactment of an SCA event or classroom discussion of the overall response plan and protocols. Additional critique discussions with the Medical Emergency Response Team may also follow any actual SCA and AED events.

2.17.3 Post-Incident Drill Critique. A Post-Incident Drill Critique form shall be Completed at the conclusion of each drill and each real SCA event to evaluate the response model and debrief the Medical Emergency Response Team. The completed form shall be discussed in the debriefing meeting following the drill or event.

3.0.0 Entities Affected by this Policy

University students, employees, and guest are impacted by this policy.

4.0 Definition of Key Terms

- **AED Responder:** An individual who has completed an American Heart Association HeartSaver or Families and Friends CPR/AED course, and who is expected to respond to Sudden Cardiac Arrest (SCA) medical emergencies.

- **Ventricular Fibrillation (VF):** An abnormal heart rhythm that results from very fast unorganized electrical activity in the heart. VF is characterized by an effective quivering of the heart ventricles that does not allow for adequate blood flow to the heart, lungs, brain, and the rest of the body.

- **Defibrillation**: The delivery of a present amount of electrical energy (“electric shock”) to the heart intended to stop ventricular fibrillation and allow the heart to regain an organized rhythm. Along with CPR, Defibrillation is the most effective and definitive treatment for ventricular fibrillation.

- **Automated External Defibrillator (AED):** An automated computerized medical device, approved by the United States Food and Drug Administration that:

  1. Is capable of recognizing the presence or absence, in a patient, of ventricular fibrillation and rapid ventricular tachycardia;
  2. Is capable of determining, without intervention by an operator, whether defibrillation should be performed on the patient;
  3. Upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to the patient's heart; and
  4. Then, upon action by an operator, delivers an appropriate electrical impulse to the patient's heart to perform defibrillation.

- **Public Access Defibrillation (PAD):** The use of automated external defibrillators by individual other than the traditional providers of emergency healthcare/medicine.

- **Bystander First Aid/CPR:** Initial first aid/CPR provided by a trained individual who is not part of an organized medical response system such as EMS.

- **Cardiopulmonary Resuscitation (CPR):** Rescue breathing and external cardiac compression applied to a victim in respiratory and/or sudden cardiac arrest. CPR is a critical component of any successful AED program.

- **Emergency Medical System (EMS):** Professional community responder agency for emergency events, which provide medical assistance and/or ambulance transport. The local community based responders may be law enforcement, fire, rescue or ambulance responding from a public service answering point (911).

- **Rescue Breathing:** Artificial ventilation of a victim in respiratory and/or sudden cardiac arrest.

- **Sudden Cardiac Arrest (SCA):** A significant life-threatening event when a person's heart stops or fails to produce a pulse, caused by an electrical failure of the heart to beat. SCA can strike anyone at any time. Victims of SCA will quickly lose consciousness, often without warning, and unless there is quick intervention, death will occur within a few minutes.

APPENDIX A
AED Responder Roster

Appendix B: AED Location List – CAU Campus

	Building	# Unit(s)
1.	Life Sciences Building	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
	TOTAL	

Map of Campus Locations

Appendix C
Monthly Check Log

AED Location:			
AED Model Number:	AED Serial Number:		
Date	Does the status indicator show green check mark?		
	Yes	No	If No, enter the date the AED is returned to service

Appendix D:
Early Defibrillation AED Response Protocol and Flow Chart

Appendix E
PAD Incident Report

Incident Details

Incident Date:_____ Incident Time: _____

# of Shocks Delivered:_____ Device ID:_____

Device Type: _____Make:_____Model: _____

Serial #: _____

Victim Detail

Last Name:_____First Name:_____Middle Initial: _____

DOB:_____ Age: _____

Gender:_____Victim CAU ID#: _____

Phone number: _____

AED Operator

Last Name:_____First Name:_____Middle Initial: _____

Phone number: _____

Comments: _____

_____

_____

Additional Information

_____

_____

_____

Report Completed by:_____ Date: _____

Routing:

☐ PAD Program Coordinator

☐ Director, Office of Environment, Health & Safety

☐ CAU Legal Counsel

Appendix F
PAD Post-Incident Debrief Form

Victim Data (If available)

Victim Name:_____ Incident Date:_____

CAU ID Number_____ Gender:_____

DOB:_____ Age:_____

SCA Event Report
Collapse/recognition:____:____:____ CAU Dispatcher called: ____:____:____

Victim unresponsive:	Δ Yes	ΔNo	Documented time: ___:____: ___
Rescue breathing:	Δ Yes	ΔNo	Documented time: ___:____: ___
CPR started:	Δ Yes	ΔNo	Documented time: ___:____: ___
AED applied:	Δ Yes	ΔNo	Documented time: ___:____: ___
First shock advised:	Δ Yes	ΔNo	Documented time: ___:____: ___
Additional shocks:	ΔYes	ΔNo	Total # of shocks delivered:
Return of circulation:	Δ Yes	ΔNo	Documented time: ___:____: ___
Return of respiration:	Δ Yes	ΔNo	Documented time: ___:____: ___

EMT arrival: ___:____: ___

Victim condition at EMT arrival:_____

_____

_____

_____

Report Completed by: _____ Date:_____

Appendix G
Philips FRx AED User's Manual

For Philips FRx user's manual, please visit:
http://www.healthcare.philips.com/us_en/products/resuscitation/products/FRx/documents.wpd

Appendix H
Placing an AED Back in Service After Use Will be managed by AED Service Provider

Appendix I:

Georgia AED Laws

O.C.G.A. § 51-1-29.3

GEORGIA CODE

*** Current through the 2009 Regular Session ***

TITLE 51. TORTS
CHAPTER 1. GENERAL PROVISIONS

O.C.G.A. § 51-1-29.3 (2009)

§ 51-1-29.3. Immunity for operators of external defibrillators

(a) The persons described in this Code section shall be immune from civil liability for any act or omission to act related to the provision of emergency care or treatment by the use of or provision of an automated external defibrillator, as described in Code Sections 31-11-53.1 and 31-11-53.2, except that such immunity shall not apply to an act of willful or wanton misconduct and shall not apply to a person acting within the scope of a licensed profession if such person acts with gross negligence. The immunity provided for in this Code section shall extend to:

(1) Any person who gratuitously and in good faith renders emergency care or treatment by the use of or provision of an automated external defibrillator without objection of the person to whom care or treatment is rendered;

(2) The owner or operator of any premises or conveyance who installs or provides automated external defibrillator equipment in or on such premises or conveyance;

(3) Any physician or other medical professional who authorizes, directs, or supervises the installation or provision of automated external defibrillator equipment in or on any premises or conveyance other than any medical facility as defined in paragraph (5) of Code Section 31-7-1; and

(4) Any person who provides training in the use of automated external defibrillator equipment as required by subparagraph (b)(1)(A) of Code Section 31-11-53.2, whether compensated or not. This Code section is not applicable to any training or instructions provided by the manufacturer of the automated external defibrillator or to any claim for failure to warn on the part of the manufacturer.

(b) Nothing in this Code section shall be construed so as to provide immunity to the manufacturer of any automated external defibrillator or off-premises automated external defibrillator maintenance or service providers, nor shall it relieve the manufacturer from any claim for product liability or failure to warn.

HISTORY: Code 1981, § 51-1-29.3, enacted by Ga. L. 2001, p. 776, § 2; Ga. L. 2002, p. 415, § 51; Ga. L. 2008, p. 12, § 2-37/SB 433.