



## University Senate TRANSMITTAL FORM

<b>Senate Document #:</b>	14-15-05
<b>Title:</b>	Public Access Automated External Defibrillator Program
<b>Presenter:</b>	Erin Rooney-Eckel, Chair, Senate Campus Affairs Committee
<b>Date of SEC Review:</b>	October 30, 2015
<b>Date of Senate Review:</b>	November 10, 2015
<b>Voting (highlight one):</b>	<ol style="list-style-type: none"> <li>1. On resolutions or recommendations one by one, or</li> <li>2. In a single vote</li> <li>3. To endorse entire report</li> </ol>
<b>Statement of Issue:</b>	<p>In September 2014, a proposal was submitted to the Senate Executive Committee (SEC) to develop a University policy and program related to the purchase, registration, and maintenance of Automated External Defibrillators (AEDs) on campus. The proposal noted that the University currently has many AEDs on campus, but not all AEDs are registered with the State of Maryland. The SEC reviewed the proposal and charged the Campus Affairs Committee (CAC) with researching current procedures and regulations related to AEDs at UMD and the State of Maryland, and with considering whether a policy on AEDs at the University of Maryland should be developed.</p>
<b>Relevant Policy # &amp; URL:</b>	N/A
<b>Recommendation:</b>	<ul style="list-style-type: none"> <li>• The Senate Campus Affairs Committee recommends that the oversight of the University's automated external defibrillator (AED) program be coordinated through one office. Currently, the program is managed by the Department of Environmental Safety within the Division of Administration and Finance.</li> <li>• The Senate Campus Affairs Committee recommends that this office should manage all new campus acquisitions of AEDs, ensuring that State of Maryland guidelines are followed in the purchase, installation, and maintenance of AEDs.</li> <li>• The Senate Campus Affairs Committee recommends that the University maintain an updated list of all AEDs on campus that is accessible to the campus community, and that the University work to ensure that all existing and newly acquired AEDs are registered with the State of Maryland and follow state maintenance standards.</li> <li>• The Senate Campus Affairs Committee recommends that the University develop plans: 1) to expand AEDs on campus to</li> </ul>

	<p>initially include all public assembly and high hazard buildings; 2) to implement AEDs in all appropriate campus buildings; and 3) for replacing AEDs every ten years to ensure that campus AEDs have the latest medical technology. As a means to accomplish this goal, the Campus Affairs Committee suggests incorporating AEDs into facility design criteria for new construction or renovation projects on campus, in a manner similar to fire extinguishers and other life safety equipment.</p> <ul style="list-style-type: none"> <li>• The Senate Campus Affairs Committee recommends that the Division of Administration and Finance and the office overseeing the AED program evaluate the need for a University policy related to AEDs within two years of final approval of these recommendations.</li> </ul>
<p><b>Committee Work:</b></p>	<p>The Campus Affairs Committee (CAC) began its review of the charge in November 2014. It consulted with the Division of Administration and Finance, the Department of Environmental Safety, the Fire Marshall, the Health Center, and others during its review. The CAC researched AEDs and State of Maryland regulations on AEDs and reviewed policies at peer institutions.</p> <p>The CAC learned that UMD’s AED program was recently transferred to the Department of Environmental Safety (DES), which has inventoried all AEDs on campus and began to develop plans for the University’s AED program. DES and the CAC discussed centralizing the purchase, registration, and maintenance of campus AEDs through DES; expanding the AED program to include all campus buildings, based on priority for high hazard and public assembly areas; and increasing public information about UMD’s AED program, including additional information available online and additional signage for AEDs in campus buildings. The CAC determined that it would not be appropriate to institute a campus policy on AEDs at this time, since DES’s efforts are in a preliminary phase.</p> <p>At its meeting on September 25, 2015, the CAC voted unanimously in favor of recommendations that support the efforts of DES and provide guidelines for UMD’s AED program.</p>
<p><b>Alternatives:</b></p>	<p>The Senate could reject the recommendations. However, the University would lose an opportunity to establish guidelines and goals for the AED program at UMD.</p>
<p><b>Risks:</b></p>	<p>There are no associated risks.</p>
<p><b>Financial Implications:</b></p>	<p>Financial resources are needed to increase the number of AEDs at UMD, to provide adequate training, and to maintain equipment.</p>
<p><b>Further Approvals Required:</b></p>	<p>Senate approval, Presidential approval.</p>

# **Senate Campus Affairs Committee**

## **Report on Senate Document # 14-15-05**

### **Public Access Automated External Defibrillator Program**

**November 2015**

#### **2015-2016 Campus Affairs Committee Members**

Erin Rooney-Eckel, Chair

Beth Douthirt Cohen, Ex-Officio Chief Diversity Officer Rep

Lori Ebihara, Ex-Officio Chair of the Coaches Council Rep

Barbara Gill, Ex-Officio Provost's Rep

Anne Martens, Ex-Officio VP Administration and Finance Rep

Mahesh Naidu, Ex-Officio GSG Rep

Julie Potter, Ex-Officio VP University Relations Rep

Patrick Ronk, Ex-Officio SGA Rep

John Zacker, Ex-Officio VP Student Affairs Rep

Sharon Epps, Faculty

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Lee Friedman, Faculty

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Elizabeth Warner, Faculty

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Kevin McGann, Exempt Staff

Jeffrey Dunton, Non-Exempt Staff

Thomas Malone, Graduate Student

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Ariel Bourne, Undergraduate Student

Rebecca Rosansky, Undergraduate Student

## **BACKGROUND**

In September 2014, a proposal was submitted to the Senate Executive Committee (SEC) to develop a University policy and program related to the purchase, registration, and maintenance of Automated External Defibrillators (AEDs) on campus. The proposal noted that the University currently has many AEDs on campus, but not all AEDs are registered with the State of Maryland and therefore some may be lacking in appropriate maintenance and training processes. The SEC reviewed the proposal in September 2014, and charged the Campus Affairs Committee (CAC) with researching current procedures and regulations related to AEDs at the University of Maryland and the State of Maryland, and with considering whether a policy on AEDs at the University of Maryland should be developed (Appendix 2).

## **CURRENT PRACTICE**

The University of Maryland does not have a policy related to Automated External Defibrillators (AEDs), but it maintains an AED program with the Maryland Institute for Emergency Medical Services and Systems (MIEMSS) and currently has AEDs in facilities such as athletic venues and campus recreation centers. Prior to 2015, the University of Maryland's AED program was overseen by the University Health Center, in part because of state regulations requiring that oversight of the AED program be conducted by a health care professional. In 2013, revisions to State of Maryland regulations to make AED programs more accessible removed this requirement, to allow other appropriate individuals or offices to have oversight of an AED program. In February 2015, the University Health Center transferred ownership of the University's AED program to the Department of Environmental Safety (DES); DES accepted the program as part of its ongoing role in safety at the University.

## **COMMITTEE WORK**

The Campus Affairs Committee (CAC) began its review of the charge in November 2014. It consulted with representatives of the Division of Administration and Finance, the Department of Environmental Safety, the Fire Marshall, the Health Center, and others during its review.

As it began its review, the CAC learned how automated external defibrillators (AEDs) are used and received information from the Director of the University Health Center on AEDs on University campuses. AEDs are emergency medical devices that are used to assess heart rhythms and administer defibrillation when needed for ventricular fibrillation or other sudden cardiac arrest. The American Heart Association recommends the use of AEDs in cardiac situations, since time is critical and early defibrillation has been shown to save lives. AEDs are intended for general use, and do not require professional assistance. The device gives voice prompts for each step and analyzes heart rhythms to determine whether the pads are placed correctly and whether a charge would be appropriate, given the patient's condition. AEDs typically will not administer charges or continue to function if the device is being used improperly.

Since AEDs are lifesaving medical devices, their use is strictly outlined by state laws and regulations, in addition to institutional policy and procedures. In the State of Maryland, the Maryland Institute for Emergency Medical Services and Systems (MIEMSS) oversees the Maryland Public Access Automated External Defibrillator Program, which permits organizations meeting certain requirements to make AEDs available to the public (Appendix 1). The purchase, use, and maintenance of an AED in Maryland is guided by regulations in Title 30, Subtitle 06 of the Code of Maryland Regulations (COMAR), which are implemented and enforced by MIEMSS.

According to MIEMSS and state regulations (Appendix 1), AEDs in Maryland must be appropriately registered with MIEMSS. AEDs must be maintained according to MIEMSS guidelines, which includes monthly inspection of the AED and timely replacement of parts and equipment as recommended. AEDs

must be placed in highly-visible locations, with signage indicating the location within the building. Each organization must have an AED coordinator designated as the individual responsible for administering the AED program, and each location with an AED must have trained personnel who are able to operate the AED. Any use of AEDs for suspected cardiac arrest must be reported emergency responders immediately and to MIEMSS as soon as possible after an incident.

In its review, the CAC spoke with the proposer in order to gain additional perspective on the proposal. The proposer explained his personal experience with AEDs from service as a paramedic and firefighter, and gave the committee general information about AEDs and his knowledge of the University's existing program. He noted that while the State of Maryland inventory of AEDs includes 19 AEDs at UMD, he knows of additional AEDs in academic buildings that are not included in the inventory that were likely purchased by departments outside of any coordinated program at the University. He discussed the importance of registration with the State in ensuring that AEDs follow necessary maintenance and equipment replacement standards. He suggested that the committee consider centralizing the University's AED program in one office, and explained that recent revisions to State of Maryland regulations in 2013 clarified that AED programs can be coordinated by any individual who completes appropriate training, and the program does not need oversight from health care professionals.

As it considered guidelines for the University's AED program, the CAC considered information on policies and procedures at peer institutions. Many peer institutions have AEDs on their campuses, though institutions vary on whether the program is guided by a University policy or by established procedures. AED programs are typically administered by a public safety department, an environmental safety department, or the University's health center. In a few cases, such as at UC Berkeley and Michigan State University, the program is jointly managed, either through work coordinated across multiple offices or through an oversight body with representatives of each unit. Publicly available information on AEDs often includes the number of AEDs on campus, locations of AEDs, maps of AED units, and information on University training on AEDs. Some institutions, such as the University of Wisconsin and UCLA, note in procedures that placement of AEDs should take into account the risk and need, based on building size, age of building visitors, typical emergency medical services response time, and risk for cardiac arrest on site, which is increased in athletic facilities and other recreation centers. Procedures typically indicate that each department, office, or building is to designate an AED manager, who will undergo certified AED training and take on specific tasks related to AED maintenance and reporting.

In March 2015, the CAC met with the Fire Marshall, who is also an Assistant Director of the Department of Environmental Safety, and with a Deputy Fire Marshall tasked with oversight of the AED program. They explained that DES has become the primary owner of the AED program. In February 2015, DES began efforts to develop an inventory of the exact locations of campus AEDs, gather information on which individuals in each location are trained on AEDs and determine who is currently responsible for performing required monthly maintenance on AEDs. Representatives explained that each location with an AED is required to have two people in the location who are trained on how to use and maintain AEDs. DES also reached out to Facilities Management, which supports an increase in AEDs in campus buildings, and began working with various units on campus that had indicated interest in acquiring AEDs.

Representatives explained that DES is developing plans for purchasing a number of AEDs each year, and is exploring options for including AEDs in facility design criteria, so that AEDs would be incorporated into new buildings or renovations as life safety equipment. In considering the priority of AED placement, representatives explained that high traffic and public assembly areas are DES's first priority, followed by any buildings with high hazard. Many of these locations, such as athletic venues and recreation centers, already have AEDs, but other locations such as the Stamp Student Union do not yet have AEDs. The CAC also learned from conversations with DES that the University of Maryland Department of Public

Safety (UMDPS) has begun to purchase AEDs for its patrol vehicles, with the goal that each patrol vehicle would be equipped with an AED.

In discussing the purchase of campus AEDs, the CAC learned that DES envisions that it would coordinate the ordering and oversight of new purchases, ensuring that new AEDs are registered with the State and follow state maintenance guidelines. The CAC also discussed the importance of accurate information about the program with DES, and DES agreed that information should be publicly available on its website. The CAC made suggestions regarding placement within buildings, suggesting that AEDs could be located with fire extinguishers and near entrances, so that individuals would be more aware of their locations and so that signage can alert individuals to both.

In April 2015, the CAC met with a representative from the Division of Administration and Finance to ask for feedback on the committee's charge. The representative indicated support for the committee's work and for DES's work on the new AED program. She noted that AEDs fit well with the other activities of DES, so it seems the appropriate place for the program at this time.

In September 2015, the CAC met again with the Fire Marshall and Deputy Fire Marshall to ask for an update on the AED program and discuss the committee's draft recommendations. DES completed its inventory of AEDs and found 43 units owned by UMD. 29 units are on campus, and 14 units were recently installed on the campus farms, through efforts of the dean for the College of Agriculture & Natural Resources (AGNR). During the inventory, a few units were taken out of service because they did not meet MIEMSS standards, and those units will be repaired or replaced.

DES representatives noted that they are assessing the feasibility of purchasing a number of units each year to meet goals of having AEDs located in all public assembly and high hazard areas initially, and in all occupied campus buildings in the future. DES is also working with the Division of Information Technology on redesigning its website, and plans to include basic information on the AED program, along with campus locations and contact information for those who are trained on AEDs in each location, on the website once the redesign is complete. DES also noted that it is working with the Vice President for Administration and Finance to develop a plan for financing new AEDs, including purchase costs as well as training and equipment replacement costs.

In September 2015, the CAC developed recommendations to support the efforts of DES as it implements an AED program. The CAC considered which buildings on campus should have AEDs, and agreed that the initial effort should focus on high-priority areas such as areas with high traffic or public gathering spaces. The CAC agreed that eventually, the University should have AEDs in all buildings that are occupied on a daily basis. The CAC drafted its recommendations to allow for a priority-based implementation, and to address replacement of AEDs as recommended by manufacturer guidance.

As it developed recommendations, the CAC considered whether the University should have a policy to guide its AED program. The CAC had discussed this question with DES, and concerns were raised that a policy may unintentionally hinder efforts DES may need to take as it implements the program. DES representatives also noted a policy may need to be continually updated to align with new facets of the program or new procedures. In discussion, the CAC agreed that the AED program may be at a stage of development that would make a policy ineffective. The CAC agreed that DES is taking appropriate steps at this time to address the concerns that had been raised in the original proposal without the help of a formal policy. After discussion, the CAC agreed that it would not be appropriate to recommend a University policy at this time. However, the CAC voted to recommend that DES should evaluate the need for a policy after it has appropriately implemented the program.

## **RECOMMENDATIONS**

At its meeting on September 25, 2015, the Campus Affairs Committee voted unanimously in favor of the following recommendations.

The Senate Campus Affairs Committee recommends that the oversight of the University's automated external defibrillator (AED) program be coordinated through one office. Currently, the program is managed by the Department of Environmental Safety within the Division of Administration and Finance.

The Senate Campus Affairs Committee recommends that this office should manage all new campus acquisitions of AEDs, ensuring that State of Maryland guidelines are followed in the purchase, installation, and maintenance of AEDs.

The Senate Campus Affairs Committee recommends that the University maintain an updated list of all AEDs on campus that is accessible to the campus community, and that the University work to ensure that all existing and newly acquired AEDs are registered with the State of Maryland and follow state maintenance standards.

The Senate Campus Affairs Committee recommends that the University develop plans: 1) to expand AEDs on campus to initially include all public assembly and high hazard buildings; 2) to implement AEDs in all appropriate campus buildings; and 3) for replacing AEDs every ten years to ensure that campus AEDs have the latest medical technology. As a means to accomplish this goal, the Campus Affairs Committee suggests incorporating AEDs into facility design criteria for new construction or renovation projects on campus, in a manner similar to fire extinguishers and other life safety equipment.

The Senate Campus Affairs Committee recommends that the Division of Administration and Finance and the office overseeing the AED program evaluate the need for a University policy related to AEDs within two years of final approval of these recommendations.

## **APPENDICES**

Appendix 1 – Maryland Public Access AED Program Informational Packet

Appendix 2 – Senate Executive Committee Charge on Public Access Automated External Defibrillator Program (Senate Document # 14-15-05)