



**DEPARTMENT OF THE ARMY**  
U.S. ARMY INSTALLATION MANAGEMENT COMMAND-PACIFIC  
HEADQUARTERS, UNITED STATES ARMY GARRISON, HAWAII  
745 WRIGHT AVENUE, BUILDING 107, WHEELER ARMY AIRFIELD  
SCHOFIELD BARRACKS, HAWAII 96857-5000

AMIM-HWG-ZA

MEMORANDUM FOR All Military Personnel, Department of Defense Civilian Employees, Contractors and Residents within the United States Army Garrison, Hawaii (USAG-HI) Installations

SUBJECT: Policy Memorandum USAG-HI-22, Automatic External Defibrillator Program

1. References.

a. Army Regulation (AR) 40-3, Medical, Dental, and Veterinary Care, 23 Apr 13.

b. Commander Navy Region Hawaii Instruction (COMNAVREGHIINST) 11320.27, Automated External Defibrillation Program, 12 Apr 13.

2. Applicability. The Automatic External Defibrillator (AED) program applies to all personnel assigned to, attached to or under the operational control or supporting role to the USAG-HI. Any activity or location requiring placement of an AED shall be enrolled in the Navy Region Hawaii (NRH), Fire and Emergency Services (F&ES) AED program.

3. Purpose. NRH F&ES provides AED program management and oversight on Army installations throughout Hawaii. The NRH, Federal Fire Department (FFD) shall provide policy and strategic oversight of the AED programs and will routinely assess the effectiveness of the current policies and standards. In addition, all AED program requirements are outlined in COMNAVREGHIINST and will be followed unless annotated otherwise in this policy.

4. Responsibilities.

a. Directorate of Emergency Services (DES).

(1) Will determine how many AEDs the garrison requires for all buildings and other areas under garrison control, the purchasing procedures necessary to acquire them, where they will be placed, who should be trained in their use, and who will be responsible for ensuring adequate training and training recordkeeping. Tenant units will be responsible for similar actions for buildings or areas under their direct control.

(2) Will develop a master plan that coordinates the procurement of all AEDs in the garrison. The plan will attempt to standardize the type or brand of AED and should

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include a funded maintenance program. Tenant units, agencies, or organizations must coordinate with the installation DES before purchasing Public Access AEDs.

(3) Will advise Garrison and tenant organizations in identifying locations that require AEDs. Priority locations are outlined in Enclosure 1.

b. Military Treatment Facility (MTF) Commander or Director of Health Services.

The MTF commanders will provide subject matter expertise to the installation or garrison commanders they support and will specifically work with the garrison DES to help ensure a high quality program that complies with all laws and regulations and that meets the medical needs of the community served.

c. Public Access Defibrillator Program Subject Matter Expert (SME).

(1) The physician designated as the SME will advise the command on development of the public access defibrillator plan and protocols, and will be involved as a consultant in all aspects of the program, not only as the program's prescribing physician, but also as an active participant in all phases.

(2) Will ensure the installation's public access defibrillator plan and established protocols comply with all DoD regulations applicable for prescriptive devices and must approve the installation plan prior to implementation.

(3) Will conduct an assessment of the public access defibrillator system's performance after the use of an AED, including review of the AED data and the electrocardiograph tracing of the victim.

(4) The SME will assist the garrison leadership to publicize and explain their public access defibrillator programs to the local community and to appropriate Emergency Medical Services (EMS) and hospital systems.

d. NRH F&ES.

(1) Will provide policy and strategic oversight of USAG-HI AED program and will routinely assess the effectiveness of the current policies and standards.

(2) Region Fire Chief shall have overall responsibility for the implementation, organization, and administration of AED programs on Army installations.

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(3) Will assign an AED coordinator who will be responsible for the implementation and management of the installation AED program.

e. The AED Coordinator.

(1) Is assigned by NRH FE&S Fire Chief, and will serve as the point of contact for all matters concerning AED use and will directly oversee and manage the installation's AED program.

(2) Serves as the point of coordination and guidance for the acquisition of AEDs, storage cabinets and AED signs for the installation AED program.

(3) Assist USAG HI AED Wardens with obtaining initial and recurring CPR and AED classes in facilities where AEDs are located.

(4) Ensure AEDs purchased by the installation or tenant are compatible with existing F&ES AEDs.

f. Garrison Safety Office (GSO).

(1) Reviews the AED program when conducting annual Standard Army Safety and Occupational Health Inspections (SASOHI) to ensure compliance.

(2) Inspects AED units when conducting annual workplace inspections for readiness and serviceability.

(3) Highlights trends and concerns identified during Safety Occupational Health Advisory Council (SOHAC) meetings.

g. Commanders, Directors, and Building Managers for facilities with AEDs will:

(1) Establish and maintain an active AED program.

(2) Appoint a facility AED warden who is responsible for the periodic AED inspections per manufacturer's recommendations, and communicate the need for AED maintenance to the AED coordinator.

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(3) Fund replacement equipment (e.g., AEDs, pads, batteries, etc.), AED maintenance and/or repairs for AEDs.

(4) Fund initial and reoccurring CPR and AED classes for designated staff members and AED Wardens in facilities where AEDs are located.

h. AED Warden.

(1) Will attend initial reoccurring AED and CPR First Aid Training.

(2) Maintain an inventory of all AED locations within their area of responsibility (AOR) and provide a current listing to the AED coordinator.

(3) In coordination with the AED coordinator, make available initial and refresher CPR and AED training for employees and occupants in areas where AEDs are located.

(4) Will conduct annual AED inspection checks.

(5) Maintain written records of all AED makes, models, and serial numbers in areas of responsibility and ensure all AED information is current.

(6) Maintain equipment according to manufacturer's recommendations and maintain an adequate inventory of supplies.

(7) Periodically conduct self-test of AEDs to ensure serviceability.

(8) In coordination with the AED Coordinator, make available AED training for selected personnel. Ensure that selected personnel, who work in areas where AEDs are located, receive AED operation training and adhere to this policy. The following Nationally recognized CPR/AED training resources may be used to train AED Wardens and designated staff members:

(a) Tripler Army Medical Center Life Support Classes (808) 433-2923.

(b) Schofield Barracks (Area X-Ray) Medical Simulation Training Center (MSTC) (808) 655-1566.

(c) American Red Cross AED/CPR.

(d) American Heart Association AED/CPR.

(9) Examine AEDs monthly, document the AED maintenance, and replace the AED pads after use.

5. Emergency Response Alert System. Each organization/agency with an AED device is responsible for having an internal emergency response plan that ensures all staff members are familiar with their role in the event of a medical emergency.

a. The individual discovering an unresponsive person or witnessing a perceived cardiopulmonary emergency will:

(1) Using Basic Emergency First Aid Procedures, evaluate the unresponsive person to confirm there is no pulse before declaring a cardiopulmonary emergency.

(2) Initiate cardiopulmonary resuscitation procedures, if trained.

(3) If administering CPR, have another person immediately call 911.

(4) Follow AED activation instructions by turning the AED on. Perform all steps in the order provided by the AED unit.

(5) Provide Emergency Medical Service (EMS) personnel a summary of events and actions performed to resuscitate the unresponsive person.

b. Following any AED discharge, ensure the area supervisor contacts the AED Coordinator before the AED is placed back in service.

6. Federal Good Samaritan Act – Title 42 United States Code § 238q.

a. Good Samaritan protections regarding AEDs. Except as provided in subsection (b), any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency is immune from civil liability for any harm resulting from the use or attempted use of such device; and in addition, any person who acquired the device is immune from such liability, if the harm was not due to the failure of such acquirer of the device.

(1) To notify local emergency response personnel or other appropriate entities of the most recent placement of the device within a reasonable period of time after the device was placed;

(2) To properly maintain and test the device; or

(3) To provide appropriate training in the use of the device to an employee or agent of the acquirer when the employee or agent was the person who used the device on the victim, except that such requirement of training does not apply if—

(a) The employee or agent was not an employee or agent who would have been reasonably expected to use the device; or

(b) The period of time elapsing between the engagement of the person as an employee or agent and the occurrence of the harm (or between the acquisition of the device and the occurrence of the harm, in any case in which the device was acquired after such engagement of the person) was not a reasonably sufficient period in which to provide the training.

b. Inapplicability of immunity. Immunity under subsection (a) does not apply to a person if—

(1) The harm involved was caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the victim who was harmed;

(2) The person is a licensed or certified health professional who used the automated external defibrillator device while acting within the scope of the license or certification of the professional and within the scope of the employment or agency of the professional;

(3) The person is a hospital, clinic, or other entity whose purpose is providing health care directly to patients, and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent; or

(4) The person is an acquirer of the device who leased the device to a health care entity (or who otherwise provided the device to such entity for compensation without selling the device to the entity), and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent.

#### 7. State Good Samaritan Protection – Hawaii Revised Statute § 663-1.5.

a. Any person who in good faith renders emergency care, without remuneration or expectation of remuneration, at the scene of an accident or emergency to a victim of the accident or emergency shall not be liable for any civil damages resulting from the person's acts or omissions, except for such damages as may result from the person's gross negligence or wanton acts or omissions.

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b. No act or omission of any rescue team or physician working in direct communication with a rescue team operating in conjunction with a hospital or an authorized emergency vehicle of the hospital or the State or county, while attempting to resuscitate any person who is in immediate danger of loss of life, shall impose any liability upon the rescue team, the physicians, or the owners or operators of such hospital or authorized emergency vehicle, if good faith is exercised.

c. This section shall not relieve the owners or operators of the hospital or authorized emergency vehicle of any other duty imposed upon them by law for the designation and training of members of a rescue team or for any provisions regarding maintenance of equipment to be used by the rescue team or any damages resulting from gross negligence or wanton acts or omissions.

8. This policy memorandum is effective immediately, and remains in effect until rescinded or superseded in writing.

9. The proponent for this policy is the Directorate of Emergency Services at (808) 656-6455.

Encl 1  
USAG HI Automatic External  
Defibrillator Program Location  
Criteria

STEVEN B. McGUNEGLE  
COL, AR  
Commanding

DISTRIBUTION  
Electronic Media

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Enclosure 1 – USAG HI Automatic External Defibrillator Program Location Criteria

1. LOCATION

a. AEDs located within buildings or locations should be accessible by all occupants. AEDs shall not be located in a limited access location (i.e., behind the locked door of an office or in a limited access storage area of a commercial building).

b. The following locations are considered the priority placement list for AEDs.

(1) Gymnasiums and indoor athletic facilities:

(a) By the main desk

(b) Consider placing additional AED courtside if location is in a high occupancy facility (i.e., stadium or arena).

(2) By the main desk at staffed fitness centers.

(3) Swimming pools:

(a) In a visible location inside of a publicly accessible lifeguard office.

(b) If there is no lifeguard office, then in a location that is out of the sun and safe from the elements.

(4) By the front checkout counters of main commissaries.

(5) By the front checkout counters of Post Exchanges.

(6) Schools:

(a) By the gymnasium

(b) By the main office or reception desk

(7) Administrative buildings having more than 250 adults over 50 years of age present for more than 16 hours per day:

(a) By public elevators of a central floor if the building has multiple stories.

(b) Outside of centralized restrooms if the building is single story.

(8) High risk training areas. Locations to be determined by operational risk management review (i.e., high intensity physical training, high risk training activities and areas where hazardous work environments exist).

(9) Tenants and organizations not in the scope of priority locations listed above and wishing to participate in the AED Program must provide written justification to the USAH HI Director of Emergency Services.



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