



Defense Logistics Agency **INSTRUCTION**

DLAI 6055.02
Effective February 13, 2015

DS

SUBJECT: Voluntary Cardiopulmonary Resuscitation (CPR) Training and Automated External Defibrillator (AED) Program

Reference: U.S. General Services Administration, Federal Management Regulation (FMR) Bulletin 2009–B2, Guidelines for Public Access Defibrillation Programs in Federal Facilities, August 14 2009

1. **PURPOSE.** This Instruction establishes policy, responsibilities, and procedures for voluntary CPR training and AED program to encourage employee preparedness and response activities for cardiac emergencies occurring at Defense Logistics Agency (DLA) worksites.
2. **APPLICABILITY.** This Instruction applies to all DLA activities. It does not apply to public safety and other personnel required to maintain CPR and AED skills for their employment.
3. **POLICY.** It is DLA policy to:
 - a. Lessen the impact of Sudden Cardiac Arrest (SCA) by supporting employee and worksite preparedness and response.
 - b. Provide awareness training for SCA.
 - c. Provide training to selected employees choosing to volunteer for certified CPR training where CPR training is offered at the worksite.
 - d. Provide training to selected employees choosing to volunteer for certified AED training, where there is an AED program at the worksite.
4. **RESPONSIBILITIES.** See Enclosure 1.

5. PROCEDURES. See Enclosure 2.

6. INFORMATION REQUIREMENTS.

a. The training organization or person must maintain training records for a minimum of seven years.

(1) Collect rosters of employees registered for training and completing training. If training results in certification, rosters will indicate the date(s) of valid certification.

(2) Do not collect personally identifiable information.

b. Provide DLA Occupational Safety and Health Office (DS-O) Annual (calendar year) summary statistics of the number of employees registered for training and employees completing training (with certification results if applicable) by the last workday in March of the next year.

c. AED activation reports.

(1) Develop written report within 30 days following each AED activation.

(2) Provide copy of written report to DS-O within 45 days of AED activation.

(2) Maintain written reports for a minimum of seven years.

7. INTERNAL CONTROLS. DS-O will annually review summary statistics of employees registered and completing training. DS-O will review AED activation reports within two weeks of receiving the report.

8. RELEASABILITY. Unlimited: This Instruction is approved for public release and is available on the Internet from the DLA Issuances Internet Website.

9. EFFECTIVE DATE. This Instruction:

a. Is effective on February 13, 2015.

b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with DLAI 5025.01, DLA Issuance Program. If not, it will expire effective February 13, 2025 and be removed from the DLA Issuances Website.

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Enclosure(s)

Enclosure 1 – Responsibilities

Enclosure 2 – Procedures

Enclosure 3 – Reports

Enclosure 4 – Worksite Characteristics

Enclosure 5 – AED Program Major Elements

Glossary

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ENCLOSURE 1

RESPONSIBILITIES

1. DS-O, UNDER THE AUTHORITY, DIRECTION, AND CONTROL OF THE DIRECTOR, DLA INSTALLATION SUPPORT (DS-D), must:

a. Develop agency policy on voluntary CPR training and AED program to encourage employee preparedness and response activities for cardiac emergencies occurring at DLA worksites.

b. Provide guidance on CPR, AED, and worksite cardiac emergency preparedness and response.

c. Work with DLA Human Resources, J1, to provide SCA awareness training in the DLA Learning Management System (LMS).

d. Review AED activation reports within two weeks of receipt, and review annual training reports within one month of receipt.

2. COMMANDERS / DIRECTORS, at DLA-hosted locations and in coordination with the host at other DLA locations, must ensure:

a. Development and implementation of site-specific SCA emergency response procedures.

b. All employees are trained on the site-specific emergency response procedures and how to contact emergency response personnel in case of SCA.

c. All employees are provided access to an SCA awareness training.

d. Procedures are developed and established:

(1) To determine whether local CPR training would be beneficial at the worksite to lessen the impact of SCA. Determination is based in part on worksite characteristics and is made in consultation with local emergency response system personnel. Worksite characteristics are identified in Enclosure 4. Collaboration with local unions during the determination process is encouraged.

(2) To select and provide training to selected volunteer employees if a determination is made to provide certified CPR training. Submit annual summary statistics of the number of employees completing training to DS-O (see Enclosure 3).

(3) To determine whether a local AED program would be beneficial at the worksite to lessen the impact of SCA. Determination is based in part on worksite characteristics and is made in consultation with local emergency response system personnel and a local supervising physician consultant. Worksite characteristics are identified in Enclosure 4. Collaboration with local unions during the determination process is encouraged.

(4) If a local AED program is implemented to:

(a) Comply with Reference, U.S. General Services Administration, FMR Bulletin 2009–B2, Guidelines for Public Access Defibrillation Programs in Federal Facilities, August 14 2009. An AED program must include the major elements identified in Enclosure 5.

(b) Designate an AED program manager and an alternate AED program manager.

(c) Provide funding to retain the services of a local supervising physician to perform AED program functions. Physician services may be available through DoD or other federal agencies; local emergency response system personnel could identify other potential resources.

(d) Select and provide training to selected volunteer employees. Submit annual summary statistics of the number of employees completing training to DS-O (see Enclosure 3).

(e) Fund, acquire, and maintain necessary equipment.

(f) Complete AED activation reports within 30 days, and submit to DS-O within 45 days, of each activation.

e. Completion of annual (calendar year) summary statistics of the number of employees registered for training, and employees completing training (with certification results, if applicable) will be provided to DS-O by the last workday of March the following year.

3. AED PROGRAM MANAGER, or alternate AED program manager, (at worksites with an AED program) must:

a. Manage a local program in accordance with the Reference.

b. Coordinate with local emergency response system personnel to plan for smooth transition along the SCA, “Chain of Survival.”

c. Coordinate with the local physician providing supervision and medical oversight to the AED program.

d. Coordinate with local DLA legal counsel to identify applicable local laws and potential liabilities.

e. In consultation with the local physician, establish and hold AED refresher sessions at least every six months.

f. Recruit employee volunteers and arrange training to maintain sufficient numbers of trained and certified volunteer employees for an effective AED program. The designated local physician and local emergency response system personnel will help determine the number considered sufficient in each location, account for the size and geographic complexity of the location and the

work hours of employees. Worksite characteristics are identified in Enclosure 4. In absence of sufficient numbers, notify the Commander, Director, or their designee.

g. Maintain functional AED equipment directly or under contract, ensuring removal and replacement of defective or recalled equipment and supplies.

h. Annually review rosters of employees registered for training and completing training to determine the ongoing effectiveness of worksite cardiac emergency preparedness and response.

i. Complete an AED activation report after each AED activation, working with the local physician. The report should include items shown in Enclosure 3.

j. Annually and after each AED activation review the AED program effectiveness and inform chain of AED program status.

4. LOCAL SUPERVISING PHYSICIAN designated at locations with an AED program must perform functions described in the Reference such as:

a. Provide medical oversight, an essential component of AED programs.

b. Sign local AED program protocols and setting the medical standards and criteria for the operation of the AED program and all of its components. AED programs operated within the boundaries and criteria of these signed protocols are considered to be under a physician's supervision, whether or not the physician is physically present at the location.

c. Provide advice and consent under which the AEDs will be used by individuals with the proper training and certification.

(1) AEDs are prescription devices that are intended to be operated only by individuals who have received proper training and within a system, which integrates all aspects from first responder care to hospital care.

(2) Emergency response and AED usage protocols signed by a physician constitute legal authorization for properly trained and certified individuals to use AEDs in a particular manner as outlined in the protocol.

d. Assist the AED program manager in the annual program review and in the review following each activation, focusing on technical or medical protocol revision recommendations.

e. After each AED activation, provide a written evaluation to the AED program manager and to any other authorities, as required by applicable state and local laws. The evaluation will include a summary assessment of the AED data and the electrocardiograph tracing of the victim, shielding any privileged or confidential patient information, and a medical assessment of AED program performance.

ENCLOSURE 2

PROCEDURES

1. TRAINING

a. Objective. The objective of providing tiered training in the worksite is to optimize a person's chance for survival of SCA.

(1) SCA. SCA is when the heart stops beating due to an abnormal heart rhythm. Without medical attention, a person with SCA will die within a few minutes. A person is less likely to die if they have early defibrillation. Defibrillation sends an electric shock to restore the heart rhythm to normal. CPR can help a person with SCA survive until defibrillation can be done.

(2) Chain of Survival. The "Chain of Survival" describes linked actions optimizing a person's chance for survival of SCA. There are four links in the chain: (a) early access to emergency medical services, (b) early CPR, (c) early defibrillation, and (d) early advanced cardiac life support.

b. Awareness training.

(1) Purpose. Awareness training of SCA supports early access to emergency medical services, the first link in the "Chain of Survival," optimizing a person's chance for survival of SCA.

(2) Scope. Training is informational with little or no attention to practical skill development. Training does not result in certification.

(3) Access. Online training will be provided through LMS. All employees will be given access to training shortly after assignment to the worksite and at least annually.

(4) Recordkeeping and Reporting. Summary statistics of the number of employees completing training will be maintained via LMS and provided annually to DS-O (see Annual Training Report, Enclosure 3).

c. CPR training.

(1) Purpose. Certified CPR training supports early CPR, the second link in the "Chain of Survival," optimizing a person's chance for survival of SCA.

(2) Scope.

(a) CPR training will consist of informational and practical training. Informational training may occur through lecture, video, reading, or a combination of these methods. Practical training must be instructor led and include skills testing.

(b) Training will result in certification recognized by local jurisdictional authorities. Certificates from the American Heart Association and the American Red Cross are recognized in all U.S. jurisdictions. Local and international jurisdictions may recognize other organizations' certification.

(3) Access.

(a) CPR training will be provided to selected DLA employee volunteers, at no cost to the employee, during duty hours.

(b) Training slots may be limited by budgetary or other resource constraints. Preference may be given to employees based on site-specific characteristics to ensure equitable coverage of worksite and access to trained personnel. Preference may be given to employees renewing certification.

(4) Recordkeeping and Reporting.

(a) Summary statistics of the number of employees registered for training, employees completing training, and employee certification status, will be maintained by the AED program manager; in locations without an AED program, statistics will be maintained by the designee of the Commander or Director. LMS may be used for this purpose. Summary statistics will be provided annually to DS-O (see Annual Training Report, Enclosure 3).

(b) Training records will be maintained for a minimum of seven years by the organization or person providing training.

d. AED training.

(1) Purpose. An AED administers an electric shock through the chest wall to the heart. Certified AED training supports early defibrillation, the third link in the "Chain of Survival," optimizing a person's chance for survival of SCA.

(2) Scope.

(a) AED training will consist of informational and practical training. Informational training may occur through lecture, video, reading, or a combination of these methods. Practical training must include skills testing specific to the AED model(s) present at the worksite.

(b) Training will result in certification that is accepted by local emergency medical services.

(c) Refresher sessions for certified employees every six months for walk-through review of local AED protocols.

(3) Access.

(a) AED training will be provided to selected DLA employee volunteers, at no cost to the employee, during duty hours.

(b) Training slots may be limited by budgetary or other resource constraints. Preference may be given to employees based on site-specific characteristics to ensure equitable coverage of worksite and access to trained personnel. Preference may be given to employees renewing certification.

(4) Recordkeeping and Reporting.

(a) Summary statistics of the number of employees registered for training, employees completing training, and employee certification status, will be maintained by AED program manager. LMS may be used for this purpose. Summary statistics will be provided annually to DS-O (see Annual Training Report, Enclosure 3).

(b) Training records will be maintained for a minimum of seven years by the organization or person providing training.

2. AED EQUIPMENT AND SUPPLIES. AED equipment and supplies will be:

a. Selected, purchased, and installed in consultation with the local supervising physician and with local emergency response system personnel. The selection of a particular AED and associated equipment are integral components of an AED program and, in such a program, plans and protocols that are approved by a supervising physician are considered a prescription.

b. Registered with the manufacturer, and supply chain when possible, in order to receive notices of defects and recalls.

c. Inspected and maintained according to manufacturer guidance.

d. Replaced when damaged or past expiration date. If damaged equipment cannot be immediately removed from the workplace, signs will be posted on the equipment identifying it as not operational.

ENCLOSURE 3

REPORTS

1. ANNUAL TRAINING REPORT. The annual (calendar year) training report will be submitted to DS-O by the last workday in March of the following year, and will include the following elements:

Identification	Worksite location.
	Number of employees at worksite.
	Calendar year covered.
	Date report completed.
	Point of contact: Name, phone, email.
SCA Awareness Training	Number of employees completing training during calendar year.
	Employees currently at location who have completed training, reported by quartile: 0-25%, 26-50%, 51-75%, 76-100%.
CPR Training	CPR training was provided: yes/no. If yes then provide: Number of employees registered for training during calendar year.
	Number of employees who completed training and were successfully certified or recertified during calendar year.
AED Program	Worksite has AEDs: yes/no.
	Worksite has an AED program: yes/no. If yes then provide: Number of employees registered for training during calendar year.
	Number of employees who completed training and were successfully certified or recertified during calendar year.
	If worksite has AEDs but does not have an AED program in accordance with the Reference: describe placement of AEDs, describe training of personnel with access to AEDs.

2. AED ACTIVATION REPORTS. AED activation reports will be provided to DS-O within 45 days of each AED activation, and will include:

Date, time, place of AED activation.
Incident summary: Describe situation without using name or personally identifying information of victim(s); describe evolution of incident, including the transfer of responsibility to emergency responders or other reason for incident conclusion.
Identification of all responders by name, roles taken during incident, and training status.
Local physician summary assessment of the AED data and the electrocardiograph tracing of the victim(s), shielding any privileged or confidential patient information, and a medical assessment of AED program performance.
Name(s) of person(s) writing report.
Date report completed.

ENCLOSURE 4

WORKSITE CHARACTERISTICS

Consider the following local information when making a decision whether or not to provide CPR training, and whether or not to develop an AED program. Other information may also influence the local decision.

Population numbers	DLA employees
	Department of Defense employees
	Other federal employees
	Contract employees
	Visitors
	Residents
	Students, teachers
	Child care attendees, caretakers
	Others
Organizations at work location	DLA affiliations
	Tenant organizations
	Other(s)
Facility/installation description: square footage, number of floors, geographic accessibility	Office buildings
	Warehouses
	Recreational facilities
	Barracks
	Other
Area emergency response and medical support: Distance and time to reach facility/installation, resources, support agreement(s)	Fire Department and other emergency response teams
	Hospital(s)
	Non-hospital medical facilities
	Other

ENCLOSURE 5

AED PROGRAM MAJOR ELEMENTS

If instituted, an AED program must include the following major elements:

Program support by the facility's or installation's occupant organizations.
Training and retraining of selected personnel in CPR and the use of the installed AED models and accessories.
Obtaining medical direction and medical oversight from a local physician.
Legal review.
Development and regular review of standard operational protocols.
Development of an emergency response plan and protocols, including a notification system to activate responders.
Integration with facility security and local emergency response system personnel and services.
Maintaining hardware and support equipment on a regular basis and after each use.
Educating all employees regarding the existence and activation of the public access defibrillation program.
Development of quality assurance and data/information management plans.
Development of measurable performance criteria, documentation and periodic program review.
Review of new technologies.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AED	automated external defibrillator
CPR	cardiopulmonary resuscitation
DLA	Defense Logistics Agency
FMR	Federal Management Regulation
LMS	Learning Management System
SCA	Sudden Cardiac Arrest