SONOMA STATE UNIVERSITY

ENVIRONMENTAL HEALTH & SAFETY

Automated External Defibrillator (AED) Program



Department of Environmental Health and Safety

Version 1.2 | October 2025

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Record of Revisions

Version	Ву	Date	Description of Revision
0	RL	May 2019	Initial Written Program
1.1	CG	Oct 2021	Program reviewed and updates made to cover page SSU emblem in accordance with university updates. No changes to program content.
1.2	JC/ MB	Oct 2025	Program review / updates to include new content, map, new content includes additional statutory authorities, and realignment of duties between AED administrators and coordinators/owners

Legend:

RL: Ruth LeBlanc, Director of Environmental Health & Safety

CG: Christy Gorman, Safety Program Manager, EH&S

JC: Jason Csontos, Environmental Health & Safety Specialist

MB: Missy Brunetta, Director, Environmental Health & Safety

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Introduction & Background

The use of automated external defibrillators (AED) can be a critical tool in saving the life of someone experiencing a cardiac incident. AEDs check the heart's rhythm and can deliver an electric shock (defibrillation) if needed, to help the heart re-establish an effective rhythm.

Studies have shown that when an AED is used within the first 3–5 minutes, survival rates can be as high as 50–70%. and that without defibrillation, survival drops 10% for every minute that passes after cardiac arrest. Additionally, in the U.S., studies show that when a bystander uses an AED, the survival rate is about 2–3 times higher than if they just perform CPR alone.

Sonoma State University (SSU) has placed Automated External Defibrillators (AEDs) in multiple locations as a means of delivering potentially lifesaving defibrillation to victims of Sudden Cardiac Arrest (SCA). These devices are intended to provide a bridge during the critical minutes between onset of SCA and arrival of Emergency Medical Services (EMS) personnel.

To comply with state law (see <u>Authority</u>), and for the reasons above, the university recognizes the value of AEDs in a university setting and is prioritizing the installation and maintenance of AED units as budget and resources permit.

This program establishes the process for acquiring, placing, using, testing, and disposal of AEDs and for training personnel. This program is also designed to assist in compliance with applicable laws and regulations. It is not, however, intended to address every circumstance or situation that could arise during an SCA event.

Purpose & Scope

The purpose of this program is to provide good practices, procedures, and training to employees who may use an AED on campus or who may control an AED unit within their department. Although not directly responsible for a unit or tasked with its operation, all university employees are responsible for reporting maintenance issues or missing AEDs.

Other than medical providers and other trained first responders, no university employee is required to use an AED.

Definitions

Automated External Defibrillator (AED): An FDA approved medical device that is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia and is capable of determining, without intervention by an operator, whether defibrillation should be performed; and upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.

Cardiopulmonary Resuscitation (CPR): is a procedure to support and maintain breathing and circulation for a person who has stopped breathing (respiratory arrest) and/or whose heart has stopped (cardiac arrest).

Department Coordinator: SSU employee responsible for their departmental AED.

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Emergency Medical Services (EMS): is typically an ambulance service that provides acute medical care and transports patients to a medical facility for more advanced treatment.

Layperson: Someone without professional expertise in a particular field. A non-medical professional who is trained to respond to an emergency situation, like performing CPR or using an AED, when needed; essentially, a "lay person" who has received training to become a responder in an emergency situation.

Lay Responder or Rescuer (LRR): Someone that has not been professionally trained to render a higher level of medical care. This is a person who has been trained to provide basic first aid and medical care in an emergency. Recognize and responds to medical emergencies

Peace officer: means any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal or deputy marshal or police officer of a district authorized by statute to maintain a police department or other peace officer required by law to complete the training specified in the California Code of Regulations.

Public Safety AED Service Provider: means an agency, or organization which is responsible for, and is approved to operate, an AED.

Public safety first aid: means the recognition of and immediate care for injury or sudden illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.

Sudden Cardiac Arrest (SCA): is a condition in which the heart suddenly and unexpectedly stops beating, stopping blood flowing to the brain and other vital organs. SCA usually causes death if not treated within minutes.

Authority

The following statutes provide direction and support to this program.

California Health and Safety Code 1799.102

Known as the Good Samaritan Law, provides immunity from civil liability to a person who provides emergency care at the scene. "No person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission."

California Civil Code, Section 1714.21

Any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an AED at the scene of an emergency is not liable for any civil damages resulting from any acts or omissions in rendering the emergency care.

These codes expanded the Good Samaritan Law to include the use an AED for the purpose of saving the life of another person in a cardiac arrest

California Health and Safety Code 1797.196

This statute outlines specific conditions that apply to any person or entity in the state that acquires an AED, including placement, notification, training, maintenance, testing, and inspection.

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California Health and Safety Code 19300

Statute requires that any building, based on occupancy type, if newly constructed, renovated, or improved (per statutory definitions), install and maintain AEDs pursuant to CA Health & Safety Code 1797.196.

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Duties and Responsibilities

AED Administrator

The Director for Environmental Health and Safety Office (EH&S) shall designate an AED Administrator. The AED Administrator shall be responsible for all the following tasks:

- Provide guidance, monitoring, and annual evaluation for this program.
- Oversight of AED Owners and ensure they are familiar with inspection and testing procedures and documentation requirements
- Maintain an inventory of University-owned AEDs and Department-owned AEDs and their locations
- Notify the local EMS agency of the existence, location and type of AED and complete online AED registration
- Coordinate AED locations in conjunction with the Safety Committee to promote easy access by responders.
- At least once a year, notify the tenants as to the location of the AED units and provide information to tenants about who they can contact if they want to voluntarily take AED or CPR training. (CA H&S Code 1797.196(2))
- At least once a year, offer a demonstration to at least one person associated with the building
- Monitor updates to legislation and regulations.
- Act as a liaison between manufacturers, and health agencies to assist with AED maintenance and compliance issues.
- Conduct post-incident debriefings and complete follow-up reports.
- Ensure that the AED is tested at least biannually and after each use.
- Ensure that an inspection is made of all AEDs on the premises at least every 90 days pursuant to Health and Safety Code 1797.196
- Ensure the posting of the most recent edition of this program on the EH&S website.
- At least every three years and upon notice of the need for changes, review and recommend revisions to this document. Reviews of this document will occur annually.
- Ensure records of the maintenance/testing of AEDs are maintained and available for at least two years.
- Purchase and replace batteries, pads, and other supplies for university-owned AEDs as needed.

AED Owners¹

Any University Department possessing an AED will be considered an AED Owner. The AED Owner will be responsible for all the following functions:

• Conducting and documenting at a minimum quarterly inspections and biannual tests and submitting documentation to EH&S.

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¹ Owners as of the publishing of this plan include: Green Music Center, Kinesiology, Police, Recreation Center, Student Center, Student Health Center

- Ensure that the AED is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer.
- Budget for all costs to include but not limited to: purchase, installation (though Medabim), and maintenance(repairs/replacement of parts).
- Report all AED use incidents and remove AED from service after use for inspection by EH&S.
- Ensure appropriate placement of the AED in a location that is either publicly accessible or that can be accessed by trained personnel as needed.

Campuswide Safety Committee

The Campuswide Safety Committee is delegated responsibility for advisory oversight of the AED program and will be consulted regarding:

- Identifying the placement of AEDs as required by state law or when appropriate to based on building use and operations
- Review any updates to the Sonoma State University AED Program
- Participate in incident reviews following AED use (excepting police or Student Health Center AED use)

University Police Department

University Police Officers are the primary CPR/AED responders at facilities patrolled by Police Services.

The University Police Department is also responsible for:

- Receiving and appropriately routing emergency medical calls
- Responding to an emergency location, including providing medical services pursuant to the officer's training, experience, and/or capabilities
- Meet EMS personnel and direct those personnel to the site of a medical emergency
- Reporting the use of any AED controlled/owned by the police department through the appropriate agency

Procurement/Contract Services

 Procurement/Contract services shall ensure that all AED purchases are approved by the AED Administrator prior to procurement.

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Training

Any employee who is expected to provide emergency care as part of their employment or who is otherwise required to receive first aid, CPR, and/or AED training will receive such training at the expense of the university. For information on first aid and CPR/AED training standards for employees who provide medical care, contact EH&S.

AED training is not required for any other university employee who may use an AED in an emergency, except an employee designated under H&S §1797.196(a)(2)(B). However, EH&S will endeavor to provide AED training as part of the voluntary first aid and CPR training program for employees, as resources permit. Additionally, written instructions and video resources in English and Spanish will be posted to the EH&S website.

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CPR/AED Responder Activation

When a university employee is notified of a medical emergency they should call 911 to notify University Police so emergency medical services can be summoned. The caller should provide authorities with the following information:

- Type of emergency,
- Location of emergency,
- Phone number they are calling from, and
- Additional information as requested

Someone should meet and direct University Police and/or emergency responders to the incident location.

If the medical incident involves sudden cardiac arrest or when cardiac arrest is suspected, one person should remain with the patient (when possible) while someone else is directed to get the AED, if one is known in the building or general area.

If AED Responders were exposed to blood or other infectious materials, immediately notify the Worker Compensation Coordinator @ 664-2664 or EH&S office @ 664-2100.

AED Post-Incident Use Reporting

Each time an AED is used, the following steps will be taken:

- The AED should be removed from service and secured by a university employee
- Notify EH&S by calling (707) 664-2100 or by email at safety@sonoma.edu
- The AED Post-Incident Report shall be completed and submitted to the AED Administrator within 48 hours of use
- EH&S will coordinate the retrieval of AED data
- The AED Administrator will conduct a post-incident review and report to the EHS Director and the Campuswide Safety Committee
- The AED Program will be reviewed by the Administrator to check for regulatory compliance and effectiveness
- The Administrator will return the AED to operational condition per the procedures in the next section

Returning AED to Service after Use

After an AED is used, it is critical to get the AED back into service as soon as possible. The following activities must be conducted per the manufacturers instructions:

- Conduct an inspection and test of the AED.
- Check and replenish supplies as indicated on the inspection checklist. (One set of spare electrode pads are required in case they are needed quickly.)
- Clean and disinfect the device.
- Check the battery, and replace if needed.
- Check the device and housing for cracks or other damage.
- Document the inspection.
- Return the AED to its designated location with appropriate supplies.

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Appendix A: AED Post-Incident Form

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AED POST-INCIDENT REPORT

Responder's Name:			
Responder 3 Hame.			
AED Location:		Date of Use:	
AED Model:		AED Serial #:	
Time of Use:	□ AM □ PM	Time EMS/UPD notifi	ed:
How were you notifie	d of the emergency?	Time Notified:	□ AM □ PM
Describe the incident			
Patient Name:		Gender:	☐ Male ☐ Female
Date of Birth/Age:		Witness Name(s):	
Patient Con	dition Upon Arrival	AED Res	sponder Action(s) Taken
Patient Con ☐ Breathing	dition Upon Arrival	AED Res	sponder Action(s) Taken Attached AED
	•	□ CPR	. ,,
☐ Breathing	□ Not Breathing	□ CPR	☐ Attached AED
□ Breathing□ Conscious□ Pulse	□ Not Breathing □ Unconscious □ No Pulse	☐ CPR ☐ AED Shock - Time of Initial Shock:	☐ Attached AED Total Number of Shocks: ☐ AM ☐ PM
□ Breathing□ Conscious□ PulsePatient Condit	□ Not Breathing □ Unconscious □ No Pulse ion Upon EMS Arrival	☐ CPR ☐ AED Shock - Time of Initial Shock:	☐ Attached AED Total Number of Shocks: ☐ AM ☐
□ Breathing□ Conscious□ Pulse	□ Not Breathing □ Unconscious □ No Pulse	☐ CPR ☐ AED Shock - Time of Initial Shock: EMS/Unit Responding:	Attached AED Total Number of Shocks:
□ Breathing□ Conscious□ PulsePatient Condit	□ Not Breathing □ Unconscious □ No Pulse ion Upon EMS Arrival	☐ CPR ☐ AED Shock - Time of Initial Shock: EMS/Unit Responding:	☐ Attached AED Total Number of Shocks: ☐ AM ☐ PM
 □ Breathing □ Conscious □ Pulse Patient Condit □ Breathing 	□ Not Breathing □ Unconscious □ No Pulse ion Upon EMS Arrival □ Not Breathing	☐ CPR ☐ AED Shock - Time of Initial Shock: EMS/Unit Responding:	Attached AED Total Number of Shocks:
 □ Breathing □ Conscious □ Pulse Patient Condit □ Breathing □ Conscious □ Pulse 	□ Not Breathing □ Unconscious □ No Pulse ion Upon EMS Arrival □ Not Breathing □ Unconscious □ No Pulse	□ CPR □ AED Shock - Time of Initial Shock: EMS/Unit Responding: Facility Where F	Attached AED Total Number of Shocks:
 □ Breathing □ Conscious □ Pulse Patient Condit □ Breathing □ Conscious □ Pulse 	Not Breathing Unconscious No Pulse ion Upon EMS Arrival Not Breathing Unconscious No Pulse (s) exposed to blood or or	□ CPR □ AED Shock - Time of Initial Shock: EMS/Unit Responding: Facility Where F	Attached AED Total Number of Shocks:
 □ Breathing □ Conscious □ Pulse Patient Condit □ Breathing □ Conscious □ Pulse 	□ Not Breathing □ Unconscious □ No Pulse ion Upon EMS Arrival □ Not Breathing □ Unconscious □ No Pulse	□ CPR □ AED Shock - Time of Initial Shock: EMS/Unit Responding: Facility Where F	Attached AED Total Number of Shocks:

If AED Responders were exposed to blood or other infectious materials, immediately notify the Worker Compensation Coordinator @ 664-2664 or EH&S office @ 664-2100.

Following the incident, all written documentation concerning the incident must be sent to the EH&S Office for a post-incident review with the Campuswide Safety Committee

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Appendix B: AED Monthly Inspection Checklist

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AED MONTHLY INSPECTION CHECKLIST													
AED Brand: AED Serial #:		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC
	Year:												
Bldg: Floor:													
F1001	Corrective												
Instruction	Action	Initials											
 Check alarm on cabinet if 	No alarm,												
equipped	check 9V												
	battery and												
	call EHS to												
	replace												
	battery												
2. Examine AED Case for:	Damage to												
a. Foreign substances	AED or												
b. Damage or cracks	readiness												
c. Ensure the readiness light	display, see												
display says "OK"	troubleshootin												
, , ,	g												
3. AED must be equipped with two	If dates are												
adult electrodes. Provide	expired,												
electrode pad expiration dates:	contact EH&S												
Electrode Pad #1	for												
Electrode Pad #2	replacement												
	@ 4-2100												
4. AED must be equipped with 2	If battery is												
batteries. Provide expiration	not present or												
dates:	needs												
Battery in AED:	replacing,												
Spare Battery:	contact EH&S												
, <u> </u>	@ 4-2100												
Resuscitation Supplies must be	If missing												
attached to AED unit and accounted	contact EH&S												
for (see below for list).	@ 4-2100												

Resuscitation Supplies: CPR masks, gloves, scissors, 1-absorbant dry towel, alcohol wipes, 1-equipment towel, 1-biohazard bag

Readiness Display - Troubleshooting - Additional Space on reverse if needed

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Appendix C: SSU AED Map / Locations

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