



Automated External Defibrillator Protocols

Table of Contents

Purpose.....	2
Protocol Statement.....	2
Scope	2
Definitions.....	2
Oklahoma AED Law	2
AED Purchasing Authorization & Protocols.....	3
Responsibilities of the Site/Area Coordinators and Designee.....	4
Reporting	6
Defibrillator Registration Form	7
AED Inspection Form	9
Automated External Defibrillator (AED).....	10
Annual Report.....	10
Defibrillation <i>Utilization</i> Form	12
Contact Information	13

University of Oklahoma

Purpose

Automated External Defibrillators (AEDs) can be life-saving devices for people suffering from Sudden Cardiac Arrest (SCA). The University of Oklahoma recognizes having AEDs on campus, serve to enhance life safety by enabling users to administer defibrillation in an SCA emergency, if possible, prior to the arrival of emergency responders. These protocols establish guidelines for standardizing and maintaining AEDs on each of OU's campuses.

Protocol Statement

University buildings and departments in pursuit or in possession of AEDs shall meet the requirements as set forth in these protocols by the Department of Campus Safety (Norman), and OUHC Enterprise Risk Management Department (OKC and Tulsa) serving as the approving authorities for petitions by departments requesting to purchase AEDs (Norman), reporting of purchased AEDs (OUHC and OU-Tulsa), and facilitating inquiries and rendering decisions in regard to the University's AED protocols.

Scope

These protocols identify the requirements, procedures and responsibilities pertaining to the purchasing, installing, locating, maintaining, inspecting, record keeping, user training, and use of AEDs.

Definitions

AED-Automated External Defibrillator

AHA-American Heart Association

ARC-American Red Cross

CPR-Cardiopulmonary Resuscitation

DCS-Department of Campus Safety (OU Norman)

Designated Employees-Individuals who have been selected or identified by their associated department to operate and maintain AEDs as part of their job responsibilities.

OUHC ERM- University of Oklahoma Health Campus Enterprise Risk Management

SCA-Sudden Cardiac Arrest

OU Tulsa EHSO-Environmental Health and Safety Officer

Oklahoma AED Law

Oklahoma AED Law – 76 O.S. § 5A – Good Samaritan Protection. Emergency Care or Treatment by Use of Automated External Defibrillator. Immunity from Civil Liability.

Campus AED locations within our facilities shall be provided to the proper emergency responders including but not limited to OU Norman, OUHC, OU-Tulsa Police Departments and local emergency responders.

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Page 2

University of Oklahoma

AED Purchasing Authorization & Protocols

The use of the building, building size, the number of occupied levels and general layout of the building should all be used as determining factors for AED spacing and quantity. It is understood that there may not be sufficient funds in the budget to purchase the recommended number of AEDs for a given building. In those instances, it is generally preferred to place AED devices in central locations for timely response and retrieval.

- A. **For OU Norman Campus:** Departments and/or groups desiring to purchase an AED must petition the DCS. Departments shall complete petition Form A and e-mail the completed form to the DCS (CampusSafety@ou.edu) for approval.

For OUHC and OU Tulsa Campuses: Departments and/or groups which purchase (petition not required) -an AED must notify OUHC ERM, complete the Defibrillator Registration Form and e-mail the completed form to the OUHC ERM (risk-management@ouhsc.edu) for the Health Campus or the Environmental Health and Safety Officer/ ERM Risk Support (Tyler-Steele@ou.edu) for OU-Tulsa, for record keeping. The respective campus's Police Department (OUHC or OU Tulsa) must also be emailed a copy for informational purposes and for emergency response, in keeping with the Oklahoma AED Law. ([see the Defibrillator Registration Form, Attachment "A"](#)).

- B. Departments petitioning AEDs (Norman) or having purchased AEDs (OUHC and OU-Tulsa) shall be financially responsible for purchasing and maintaining AEDs and ensuring that any designated staff are properly trained in CPR and the use of AEDs. This includes the purchase cost of the AEDs, the replacement of integral components such as batteries, pads and any other necessary accessory items, and all associated training costs for designated employees. This also applies to the phasing out and replacement of any existing AED Brand.

Exception: Any other approved funding means as determined by University Administration.

- C. **For OU Norman Campus:** As a condition of approval for the Norman Campus, petitioning departments pursuing AEDs shall designate a Site/Area Coordinator in their petitioning report to the DCS (CampusSafety@ou.edu) as well as other designated employees as secondary users in the absence of the site coordinator. Once Approved, the department may proceed to order the AED/s. This also applies to the phasing out and replacement of any existing AED Brand.

For OUHC and OU-Tulsa Campuses: the department(s) purchasing AEDs shall designate a site/area Coordinator as well as other designated employees as secondary users in the absence of the site coordinator, on their registration form submitted to the OUHC ERM (risk-management@ouhsc.edu) for the Health Campus or the EHSO / ERM Risk Support (Tyler-Steele@ou.edu) for OU-Tulsa Campus, and the respective campus police department (OUHC or OU-Tulsa). This also applies to the phasing out and replacement of any existing AED Brand.

- D. It is strongly recommended to purchase AEDs and/or AED accessories that are FDA approved to ensure the safety and reliability of the device. Below is a link which provides a list of FDA approved AEDs and AED accessories.

University of Oklahoma

<https://www.fda.gov/medical-devices/cardiovascular-devices/automated-external-defibrillators-aeds#approved>

- E. Existing AED brands, currently in place, may continue to be used provided that their CPR prompts are in accordance with the current American Heart Association's criteria and if they are maintained in accordance with their manufacturer's recommendations.
- F. Be advised, AED manufacturers may discontinue making certain models and accessories such as pads and batteries. AED manufacturers may also be bought out or merged with other manufacturers and also phase out certain AED makes and models. This can affect parts availability for such items such as pads and batteries difficult to find or obsolete. In those instances, you will need to purchase other AED devices.

Responsibilities of the Site/Area Coordinators and Designee

Each department/college/office/clinic with an AED must designate a site/area coordinator who shall be responsible for compliance with the University of Oklahoma AED Protocols, including but not limited to, record keeping, maintenance and testing of the AED, and completing the regular inspections in accordance with the manufacturer's recommendations and requirements.

- A. The site/area coordinator or designee will have the following areas of responsibility:
 - 1. AED site location
 - a. AEDs are to be placed in an approved location where they are clearly visible and readily accessible to the building's occupants. Common places are near elevators, main reception areas, break rooms, and walls in main corridors. For assistance in determining an appropriate and approved location for the AED please contact DCS (Norman), OUHC ERM (OKC) or the OU Tulsa EHSO / ERM Risk Support (Tulsa).
 - b. AEDs shall be placed in protected cabinets and clearly marked "AED". Exception- Mobile AEDs assigned to people or mobile units for events
 - c. Occupants should be able to access an AED within a three-minute response time anywhere within the building. The three-minute rule is used as a guideline to determine the quantity of AEDs needed for the building.
 - d. AEDs located in clinical areas shall be placed on "crash carts" and/or where clinical staff are aware of their location.
 - e. An inventory of AED locations shall be provided to DCS (Norman), OUHC ERM (OKC) or EHSO / ERM Risk Support (Tulsa). Inventory of AED locations for OUHC or OU Tulsa must be provided as well to the respective campus police department (OUHC or OU-Tulsa).
 - 2. Inspections and maintenance

University of Oklahoma

- a. The site/area coordinator is responsible for inspecting AEDs on a weekly or monthly basis in accordance with the manufacturer's recommendations. This is a critical responsibility that needs to be done consistently.
- b. It is highly recommended that batteries and pads be replaced in accordance with the manufacturer's recommendations, simultaneously and as necessary depending on the circumstances. Pads are to be replaced after each use.
- c. An inspection record and AED maintenance history shall be documented and retained by the department ([*see AED Inspection Form, Attachment "B"*](#)).
- d. If an AED has a dead battery or other impairment and is not completely functional, then it shall be removed and taken out of service until it can be fully operational or replaced. Individual departments or groups may decide to no longer participate in this voluntary program due to costs or other reasons. If an AED is taken out of service, notification is required to the DCS for (Norman), OUHC ERM (OKC) or EHSO/ERM Risk Support (Tulsa). For the OUHC and OU Tulsa Campuses, notification to the respective campus police department (OUHC or OU Tulsa) is also required.

3. Certification and Training.

- a. Recognizing that any person(s) potentially may have the need to use an AED, and since a standard AED prompt command is to continue CPR, it is therefore essential that designated university staff be qualified to administer CPR and in the use of an AED. Certification is not required, but proper training from an AHA or the ARC program is strongly recommended in maintaining proficiency in CPR and AED usage.
- b. For the OU Norman campus, OU Fitness and Recreation has an established CPR, First Aid & AED training program with certified instructors. They are recognized as the University's resource to be utilized for training and certifications. For OUHC/Tulsa Campuses, please contact OUHC ERM (OKC) or OU Tulsa EHSO/Risk Support (Tulsa) for suggestions on AHA or ARC certified trainers.

4. Reporting

- a. OU Norman: Site/Area coordinators shall provide an annual report to DCS. The annual report must include AED makes & models, serial numbers, total count, building location, the AEDs location within the building, maintenance checks, and designated staff training records ([*see Annual Report Form, Attachment "C"*](#)).
OUHC or OU Tulsa: Site/area coordinators shall provide an annual report to OUHC ERM (OKC/Tulsa) and the respective campus police department (OUHC or OU Tulsa). The annual report must include AED makes & models, total count, building location, the AEDs location within the building, maintenance checks, and designated staff training records ([*see Annual Report Form, Attachment "C"*](#)).
- b. Departments which have AEDs installed in affiliated buildings, outside locations, mobile vehicles, and associated events under their purview shall identify and establish a site/area coordinator who will meet the responsibilities of that position.
- c. Any emergency use ([*see Defibrillation Utilization Form, Attachment "D"*](#)), addition, relocation, phasing out and/or replacement of an AED shall be reported to the DCS (Norman), OUHC ERM (OKC) or the OU Tulsa EHSO / ERM Risk Support (Tulsa), with its relevant information such as location, date, make, model, and serial number.

University of Oklahoma

Reporting

OU Norman Campus: The DCS will oversee AED protocols regarding the use of AEDs, review and advise regarding training and proficiency for designated users, and review all situations in which a University AED was used in emergency. Any emergency use of an AED shall be reported to the DCS. If space allows, please always keep a few blank copies of the appropriate form in the AED cabinet. ([see Defibrillation Utilization Form, Attachment "D"](#)).

OUHC or OU Tulsa: Any emergency use of an AED shall be reported to OUHC ERM (OKC) or OU Tulsa EHSO/Risk Support (Tulsa) and the respective campus police department (OUHC or OU-Tulsa) by the site/area coordinator or designated employee. If space allows, please always keep a few blank copies of the appropriate form in the AED cabinet. ([see Defibrillation Utilization Form, Attachment "D"](#)).

University of Oklahoma

Defibrillator Registration Form

Department Name: _____

Department Address:

Street

City

State

Zip

Site/Area Coordinator: _____

Coordinator Phone: _____ Coordinator Email: _____

What is the primary function of the department/facility? _____

In what type of area will the AED(s) be available (i.e., office, clinic, public assembly)? _____

What type(s) of defibrillator(s) will you be using and where?

AED #	Defibrillator Brand/Model	Specific Location	Individual responsible for maintenance and training for this AED.

Was a prescription included with the purchase of this/these AED(s)? ☐ Yes ☐ No

Indicate how you plan to ensure the device is operated by trained AED users and how this training will be obtained.

Are your AED users current in CPR training? ☐ Yes ☐ No

If not, explain: _____

Attachment A

University of Oklahoma

Defibrillator Registration Form – Cont.

Do you have a maintenance service and testing agreement for your AED? ☐ Yes ☐ No

If no, please describe provisions for unit maintenance and testing.

This provider agrees to:

1. Take reasonable measures to ensure the AED is used by trained AED users.
2. Maintain documentation in accordance with the University of Oklahoma Automated External Defibrillator Protocols.
3. Maintain, service, and test the AED according to manufacturer's guidelines.
Submit documentation to the respective campus contact of any event, incident or situation that results in the use or possible use of the AED.

Signature: _____ Date: _____

Title: _____

University of Oklahoma

AED Inspection Form

Inspected by: _____ Date of Inspection: _____
Building: _____ Specific Location: _____
Unit #: _____ Brand/Model: _____ Serial #: _____

Use the following maintenance checklist when you check your unit in accordance with the manufacturer's recommendation and the University of Oklahoma AED Protocols.

Check the Following	Pass	Fail	N/A	Comments
Is the green check showing that the unit is ready to use?	☐	☐	☐	
Is the unit clean, undamaged, and free of excessive wear?	☐	☐	☐	
Are there any cracks or loose parts in the housing?	☐	☐	☐	
Verify that electrodes are within their expiration dates.	☐	☐	☐	
Verify electrodes are connected to the unit and sealed in their package. Replace if expired.	☐	☐	☐	
Are all cables free of cracks, cuts and exposed or broken wires?	☐	☐	☐	
Turn the unit on and off and verify the green check indicates ready for use.	☐	☐	☐	
Verify batteries are within expiration date. Replace if expired.	☐	☐	☐	
Check for adequate supplies (mask, gloves, extra batteries).	☐	☐	☐	
Alarm on AED box operates correctly.	☐	☐	☐	

Cleaning the Unit

- After each use, clean and disinfect the unit with a soft, damp cloth using 90% isopropyl alcohol, or soap and water, or chlorine bleach and water mixture (30ml/liter water).
- Do not immerse any part of the unit in water.
- Do not use ketones (MEK, acetone, etc.) to clean unit.
- Avoid using abrasives (e.g., paper towel) on the display window or IrDa port.
- Do not sterilize the device.

***Utilize this form when filling out AED Annual Report**

Attachment B

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Automated External Defibrillator (AED)

Annual Report

This form is to be completed by the Site/Area Coordinator and submitted in June of each year.

Department Area: _____
Site/Area Coordinator: _____
Office Location: _____
Business Phone: _____ Work Cell Phone: _____
E-Mail Address: _____

AED Inventory

Please list the following information for all AED units under the department/area's supervision.

Total # of Units: Reporting for Year:

AED #	AED Brand/Model	Location of AED	Pad Expiration Date	AED Battery Power & Functions Normal

List any service items to any AEDs that have taken place in the last year. For example, if you replaced the pads or batteries, list as "pad" or "battery" replaced and note the date when they were replaced. Also note whether the unit was replaced or taken out of service.

Attachment C

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AED #	Brand/Model	Location of AED	Description of Service Performed	Date

Have designated employees that are identified to respond to sudden cardiac arrests (SCA's) maintained current CPR/AED certification/training for the current year? ☐ Yes ☐ No

If "no," what is the plan to update designated employee training?

Acknowledgement Signatures

This report reviewed by:

_____ Site Coordinator	_____ Date
_____ Dean/Director or VP	_____ Date

UNIVERSITY OF OKLAHOMA

Defibrillation *Utilization* Form

Department: _____ Date/time
of Incident: _____

Location of Utilization: _____

Name of and contact information for the individual that received AED assistance ("Individual"), if known: _____

Name of and contact information for person(s) who found the Individual: _____

Name of and contact information for person(s) who determined Individual was unresponsive: _____

Name of and contact information for person(s) who operated the AED: _____

Did Individual have a pulse?	☐ Yes	☐ No	How was the pulse checked?	_____
Was the Individual breathing?	☐ Yes	☐ No	How was the breathing checked?	_____
Was EMS (911) called?	☐ Yes	☐ No	If yes, what time did that happen?	_____

Briefly describe the event, incident, or situation that resulted in the AED being brought to this Individual: _____

Was the AED applied to the Individual? ☐ Yes ☐ No

If Yes, describe what actions the AED advised and how many time the Individual was defibrillated: _____

Status of patient at the time EMS arrived:

Did Individual have a pulse?	☐ Yes	☐ No	How was the pulse checked?	_____
Was the Individual breathing?	☐ Yes	☐ No	How was the breathing checked?	_____

Name of person completing this form: _____ Contact Information: _____

Signature: _____ Date: _____

Attachment D

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Contact Information

Norman: Department of Campus Safety
160 "B" Felgar St.
Norman, OK 73019-6041
Office: 405-325-5141
Email: CampusSafety@ou.edu

OUHC (OKC): University of Oklahoma Office of Enterprise Risk Management
1105 N Stonewall Ave., Suite 121
Oklahoma City, OK 73117
Office: 405.271.3287
Email: Risk-Management@ouhsc.edu

OU-Tulsa: Environmental Health and Safety Officer/ ERM Risk Support
Tyler-Steele@ou.edu