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Headquarters, U.S. Army
Training and Doctrine Command
Fort Eustis, Virginia 23604-5700

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Administration-General

Automatic External Defibrillator Program

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History. This publication is an expedited revision to U.S. Army Training and Doctrine Command memorandum.

Summary. This memorandum establishes policies and procedures for the use of automatic external defibrillators for Headquarters, U.S. Army Training and Doctrine Command organizations located at Fort Eustis, Virginia. The use of names or makes of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the U.S. Army Training and Doctrine Command or the U.S. Army.

Applicability. This memorandum applies to all Headquarters, U.S. Army Training and Doctrine Command personnel assigned to Fort Eustis working in buildings 210, 213, 233, 601, 661, 700, 705, 860, 899, 950, 1501, 2732, 2733 and 2783. This publication contains copyrighted material which may not be reproduced without permission.

Proponent and exception authority. The proponent of this memorandum is the U.S. Army Training and Doctrine Command, Deputy Chief of Staff, G-1/4, Command Surgeon. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling laws and regulations. The proponent may delegate this authority in writing, to a division chief within the proponent agency or its direct reporting unit or field operating activity, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected

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benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent.

Army management control process. This memorandum does not contain management control provisions.

Supplementation. Supplementation of this memorandum and establishment of command and local forms is prohibited without prior approval from Deputy Chief of Staff, G-1/4, Command Surgeon, 950 Jefferson Ave (ATBO-M), Fort Eustis, VA 23604-5750.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Deputy Chief of Staff, G-1/4, Command Surgeon, 950 Jefferson Ave (ATBO-M), Fort Eustis, VA 23604-5750 or email usarmy.jble.tradoc.mbx.hq-tradoc-g-1-4-surgeons@army.mil.

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Summary of Change

TRADOC Memorandum 1-18
Automatic External Defibrillator Program

Updated publication dated 25 February 2022-

- o Updates Headquarters, U.S. Army Training and Doctrine Command building/facilities and agencies with automatic external defibrillator locations (Table 2-1).
- o Updates Training video websites on Facilities Management Office website link (para 3-2).
- o Updates Special Troops Battalion and Command Surgeon responsibilities.
- o Establishes responsibility for U.S. Army Training and Doctrine Command Facilities Management Office representative to inspect the automatic external defibrillators program as part of annual safety inspections of U.S. Army Training and Doctrine Command buildings (para 2-3).
- o Ensures the document conforms to copyright requirements.
- o Establishes internal controls, in accordance with Army Regulation 11-2 (Appendix B).
- o References updated (throughout).

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Chapter 1 Introduction

1-1. Purpose

This memorandum establishes and standardizes policies and procedures for the use of automatic external defibrillators (AEDs) for the United States Army Training and Doctrine Command (TRADOC) Headquarters (HQ)-occupied facilities and provides an accessible reference for use in emergency situations. It provides a uniform policy consistent with applicable occupational safety and health programs in order to protect the lives of HQ TRADOC employees and visitors to HQ TRADOC-occupied facilities and activities.

1-2. References

See appendix A.

1-3. Explanation of abbreviations and terms

See glossary.

1-4. Responsibilities

a. Commanders, deputy chiefs of staff (DCS), directors, and division chiefs will–

(1) Designate an AED program overseer the responsibility for AEDs within their respective office areas.

(2) Ensure all personnel complete required AED training; determine need for optional training.

b. Senior Army Element Commander, the Commanding General, U.S. Army Center for Initial Military Training will oversee designated subject matter experts as detailed in appropriate Air Force Instruction 44-177 and Army Regulation (AR) 40-3.

c. Commander, Special Troops Battalion will–

(1) Inspect the AED program as part of annual building safety inspections, using the Facilities Management Office, which will report program deficiencies to the responsible director.

(2) Resolve any building access issues with the emergency services.

(3) Ensure funds are allocated for replacement of batteries and defibrillation pads.

(4) Coordinate purchases of replacement batteries and defibrillation pads, as needed.

(5) Maintain record of compliance with annual training requirement.

d. Command Surgeon will–

- (1) Prepare tasking order annually that reinforces requirement for familiarization training.
- (2) Coordinate and provide hands-on familiarization training to small groups on request.

e. Automatic external defibrillators program overseers will–

- (1) Identify all AEDs within their respective staff office areas (see table 2-1).
- (2) Complete training as required under para 3-3.
- (3) Designate responsibility for each AED within their staff office areas to individual persons (primary and alternate).
- (4) Monitor completion of AED training by individuals within their assigned AED area; coordinate optional training as directed.
- (5) Verify the operational status of the AEDs within their purview on a monthly basis and following any power outages, using the Monthly Maintenance Checklist (Appendix B.)
- (6) Coordinate and ensure the purchase of replacement batteries and defibrillation pads for AEDs as needed.
- (7) Accompany TRADOC Facilities Management Office personnel to inspect AEDs.

f. TRADOC Headquarters personnel will–

- (1) Complete a minimum of AED Tier I Training as an annual training requirement
- (2) Report all AED-related use to HQ TRADOC Safety Office immediately in accordance with TRADOC Regulation 385-2.

1-5. Records management requirements

Records management (recordkeeping) requirements for all record numbers, forms, and reports required by this regulation are addressed in Records Retention Schedule-Army. Detailed information for all related record numbers, forms, and reports are located in Records Retention Schedule-Army.

Chapter 2

Automatic External Defibrillators Placement, Maintenance, and Operating Procedures

2-1. Automatic external defibrillators placement

AEDs are placed in strategic locations throughout HQ TRADOC facilities on Fort Eustis. See table 2-1 for AEDs locations.

**Table 2-1
Automatic external defibrillator locations**

Responsible agent	Building	Location	Site
Director, Army Futures and Concepts Center	950 (DePuy Hall)	1st floor, A wing	Room 1076 (print/copy)
		2nd floor, A wing	Room 2083 (print/copy)
		3rd floor, A wing	Room 3101 (print/copy)
		4th floor, A and B wings	Room 4112 (print/copy)
			Room 4008 (break room)
Deputy Commanding General for Initial Military Training	210 (Heileman Hall)	1st floor	Entrance to southwest stairwell
			Northeast end of main hallway
		2nd floor	Entrance to southwest stairwell
			Northeast end of main hallway
Deputy Chief of Staff, G-1/4	661 (Starry Hall)	3rd floor	Room 315 (print/copy)
			Elevator lobby
			Room 342 (break room)
Deputy Chief of Staff, G-2	950 (DePuy Hall)	4th floor, C wing	Room 4018 (print/copy)
Deputy Chief of Staff, G-3/5/7	950 (DePuy Hall)	1st floor, C wing	Room 1020 (print/copy)
		2nd floor, B and C wings	Room 2042 (print/copy)
			Room 2032 (print/copy)
		3rd floor, B and C wings	Room 3022 (print/copy)
Room 3040 (print/copy)			
Deputy Chief of Staff, G-6	661 (Starry Hall)	1st floor	Room 112 (break room)
Deputy Chief of Staff, G-8	661 (Starry Hall)	1st floor	Room 150 (print/copy)
		2nd floor	Room 213 (print/copy)
			Elevator lobby
			Room 250 (print/copy)

Table 2-1, continued
Automatic external defibrillator locations

Responsible agent	Building	Location	Site
Executive Services Office	950 (DePuy Hall)	1st floor, B wing	Morelli Auditorium
		5th floor	Room 5003 (kitchen)
			Room 5005 (print/copy)
			Room 5013 (print/copy)
TRADOC Special Troops Battalion	213 (Calhoun Street)	1st floor	Kitchenette
Facilities Management Office	950 (DePuy Hall)	1st floor, B wing	Main lobby area
			Snack bar area
Inspector General	661 (Starry Hall)	1st floor	Elevator lobby
Internal Review & Audit Compliance	705 (Wylie Hall)	1st floor	
Commander, TRADOC Band	700 (Quinto Hall)		Front desk area
			Break room area
HQ TRADOC Fitness Facility	1501 (Ardon B. Cooper Hall)		Back Desk

2-2. Automatic external defibrillators maintenance

AED program overseers will verify the operational status of the AEDs within their purview monthly and following any power outages, using the Monthly Maintenance Checklist (see appendix B).

2-3. Operating procedures

See appendix C for procedures on use of the AED.

Chapter 3

Automatic External Defibrillators Training

3-1. Automatic external defibrillators training objectives

The objectives of AED training are –

- a. Understand and know procedures for medical emergencies.
- b. Be familiar with AED components and operation.
- c. Know the location(s) of the closest AED(s).
- d. Become confident in the potential application of an AED.

3-2. Automatic external defibrillators training types

a. Tier I Training: AED familiarization. All personnel must be familiarized and re-familiarized annually with AED operation using the manufacturer's training digital video located in the Facilities Management Office Security Portal; under "Important URLs" List, Adult AED (Tier I) at <https://intranet.tradoc.army.mil/sites/hq/fmo/SP/Pages/Home.aspx>.

b. Tier II Training: AED hands-on familiarization for small groups (not exceeding 12 persons) is optional to practice with an AED training aid in a scripted scenario. Personnel do not receive certification. Contact the Command Surgeon's Office at usarmy.jble.tradoc.mbx.hq-tradoc-g-1-4-surgeons to schedule hands-on training.

c. Tier III Training: Further AED training for cardiopulmonary resuscitation (CPR)/AED responders is optional. To obtain Tier III training, coordinate with the Fort Eustis Fire and Emergency Services at (757) 878-4281, extension 345. The Command Surgeon's Office may also assist with coordinating and scheduling the course for HQ TRADOC personnel.

3-3. AED program overseers

Training requirements for AED program overseers includes:

a. Tier I training as noted above (para 3-2a).

b. For further familiarization with AED, Manufacturer's Administrator's Guide can be found at <https://www.zoll.com> under "Education & Resources" then "Product Manual", then select product pulldown and chose AED Plus, select Rev YD AED Plus Admin Guide to retrieve the document.

Appendix A References

Section I Required Publications

AED Manufacturer Training Video
<https://intranet.tradoc.army.mil/sites/hq/fmo/SP/Pages/Home.aspx>

Air Force Instruction 44-177
Public Access Defibrillator Program

AR 40-3
Medical, Dental, and Veterinary Care

Volume 74, Federal Register, No. 156 (Guidelines for Public Access Defibrillation Programs in Federal Facilities, Department of Health and Human Services and the General Services

Administration), <https://www.federalregister.gov/documents/2009/08/14/E9-19555/guidelines-for-public-access-defibrillation-programs-in-federal-facilities>.

Section II

Related Publications

AR 11-2
Manager's Internal Control Program

AR 525-27
Army Emergency Management Program

TRADOC Regulation 385-2
U.S. Army Training and Doctrine Command Safety and Occupational Health Program

Section III

Referenced Forms

This section contains no entries.

Section IV

Prescribed Forms

This section contains no entries.

Appendix B

Internal Control Evaluation

B-1. Function

The function covered by this memorandum is the management of the TRADOC AED program.

B-2. Purpose

The purpose of this appendix is to assist the AED overseers to verify the operational status of the AEDs within their purview monthly and following any power outages, using the Monthly Maintenance Checklist (see table B-1).

B-3. Instructions

Utilize the maintenance checklist in table B-1 to verify the operational status of the AEDs. If a discrepancy occurs contact TRADOC Facility Management Office to coordinate corrective actions such as the purchase of replacement batteries and defibrillation pads for AEDs, as needed.

Table B-1
Automatic external defibrillator monthly maintenance checklist

MONTH:	Check during review
The wall signage is clearly visible and intact.	
Is the unit clean, undamaged, and free of excessive wear?	
Are there any cracks or loose parts in the housing?	
Verify electrodes are connected to the Fully Automatic AED Plus and sealed in their package. Replace if expired.	
Are all cables free of cracks, cuts and exposed or broken wires?	
Turn the Fully Automatic AED Plus on and off and verify the green check indicates ready for use.	
Batteries within expiration date. Replace if expired.*	
Check for adequate supplies.*	
*Use only the AED manufacturer's recommended batteries and pads.	

Appendix C
Procedures for use of the automatic external defibrillator

C-1. Procedures for use of the AED

The procedures shown below are for familiarization with the use of AEDs in general. The outline below corresponds with the manufacturer's digital video (see section 3-2 for link).

C-2. Indications for use

An AED should only be used on a victim eight (8) years of age or older who exhibits the following signs:

- a. Unresponsive (for example, no movement or response to tapping victim on the shoulder and shouting "Are you okay?" or witnessed suddenly collapse).
- b. Not breathing, or not breathing normally (for example, only gasping).

C-3. If individual meets the indications for use of AED

- a. One individual/staff member will call 911 using the closest available landline, inform access control personnel and supervisor of situation and location of incident, and meet

emergency responders at the building entrance and escort them to the location of the incident, while another individual/staff member applies the AED.

b. Before beginning AED application, check the scene for hazards such as:

- (1) Electrical dangers (downed power lines, electrical cords, etc.).
- (2) Chemical (hazardous gases, liquids or solids, smoke, etc.).
- (3) Harmful people (anyone who could potentially harm you).
- (4) Traffic (make sure you are not in the path of traffic).
- (5) Fire or flammable gases such medical oxygen, cooking gas, etc.

C-4. AED application

a. Position the victim away from contact with water and metal.

b. Remove the cover. When the cover is removed, a graphical user interface on the top of the unit illustrates the steps to follow, and the unit provides voice prompts and optional display messages. Each pictogram on the device is associated with an indicator light and voice prompts.

c. If the victim's upper body is not injured, use the lid as a support to help keep the airway open. Position it between the shoulder blades.

d. Place the AED by the victim's shoulder. Turn it on and follow the prompts. ("Unit OK." "Adult pads." "Stay calm." "Check responsiveness." "Call for help.")

e. Call 911 to report emergency, if not already done.

f. To prepare the victim:

(1) Remove all clothing covering the victim's chest.

(2) Ensure the victim's chest is dry.

(3) If the victim has excessive chest hair, clip or shave the hair to help ensure proper adhesion of the electrodes.

Note. If the victim is wearing a medication patch on his/her chest, avoid placing the AED electrode pads directly on top of the patch. If shock delivery will not be delayed, remove medication patches and wipe the area before attaching the electrode pad.

Note. If the victim is wearing an implantable pacemaker, avoid placing electrodes directly over pacemaker if possible.

g. To apply the electrodes:

(1) Tear open the electrode package and unfold the electrodes. Place the electrodes on the victim according to the graphics on the package.

(2) Hold the CPR sensor and place the sensor between the nipples and on the middle of the victim's breastbone, using the sensor's cross hairs to guide you.

(3) Press the CPR sensor with your right hand and pull the number 2 tab to peel the protective backing from the electrode. Press the electrode from the center out to make sure it adheres properly to the victim's skin.

(4) Press the CPR sensor with your left hand and pull the number 3 tab to peel the protective backing from the electrode. Press the electrode from the center out to make sure it adheres properly to the victim's skin.

h. Don't touch the victim while the AED is analyzing the heart ("Don't touch patient." "Analyzing.").

i. If a shock is needed, be sure that no one is touching the victim ("Shock advised." "Don't touch patient." "Press flashing shock button.") and press the shock button ("Shock delivered." "Start CPR.")

j. After the shock, immediately start CPR. Do your compressions by pushing down on the CPR landmark.

Note. If your compressions aren't at least 2 inches deep the AED will let you know. ("Push harder.") The AED will let you know every 15 seconds if you don't reach the target CPR depth. ("Push harder.") After being told to push harder, if your compressions reach at least 2 inches, again, the AED will let you know. ("Good compressions.") The AED will also give you a real time display of each chest compression on the bar gauge. The upper line represents 2 inches, while the lower line represents 2-1/2 inches ("Push harder"). Each compression should be deep enough to at least touch the upper line ("Good compressions.").

k. After giving 30 compressions, you should give 2 rescue breaths.

l. Repeat this cycle of 30 compressions followed by 2 rescue breaths until the AED tells you to stop CPR. Rescuers who lack the training or confidence to perform rescue breathing should perform continuous compressions without stopping. Compress the chest hard and fast 30 times and give 2 breaths. After 2 minutes you will have completed about 5 full cycles of 30 compressions and 2 breaths.

m. Continue to follow the AED prompts. If you don't start CPR right after being told to do so, you will be prompted every 10 seconds until you start, and if you stop for longer than 10 seconds the AED will tell you to continue CPR every 10 seconds until you resume CPR ("Continue CPR").

n. If the victim regains consciousness, make him or her as comfortable as possible until ambulance personnel arrive on scene.

Glossary

Section I Abbreviations

AED	automatic external defibrillator
AR	Army regulation
CPR	cardiopulmonary resuscitation
DCS	deputy chief of staff
HQ	headquarters
TRADOC	U.S. Army Training and Doctrine Command

Section II Terms

This section contains no entries.

Section III Special abbreviations and terms

This section contains no entries.