

2017



CAL MARITIME

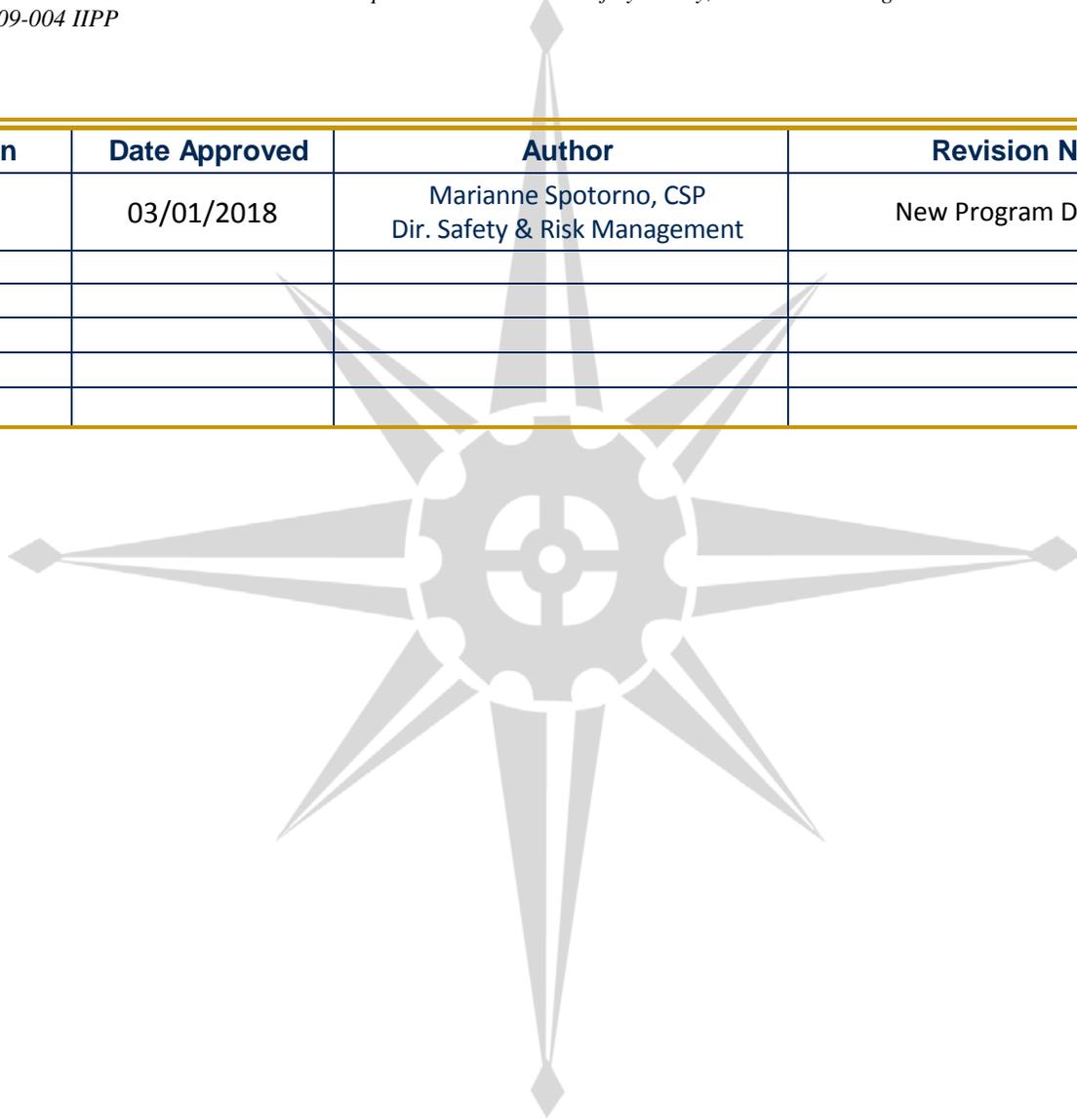


Basic First Aid & AED Use Safety Plan

INJURY ILLNESS PREVENTION PROGRAM

*This sheet should be completed each time the **Basic First Aid & AED Use Safety Plan** is reviewed and/or modified. The Director of Safety and Risk Management is responsible for the review and update this document annually or more frequently as determined or needed per CSU Chancellor's Executive Order 1039 Occupational Health and Safety Policy, 1069 Risk Management as well as Cal Maritime A&F Policy 09-004 IIPP*

| Version | Date Approved | Author | Revision Notes: |
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| 1.0 | 03/01/2018 | Marianne Spotorno, CSP Dir. Safety & Risk Management | New Program Document |
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| Risk Management | Transportation | Personal Protective Equipment | Hazardous Materials Management | Ergonomics | Material Handling | Safe Work Practices/Accident Prevention | Working at Heights/Elevated Work | Emergency Response | Controlling Hazardous Energy | Marine/Water Safety | Continuous Improvement / Change Management |

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1.0 Purpose & Scope

The objective of the **Basic First Aid and AED Safety Plan** is to ensure adequate supplies and properly trained personnel are available for employees and visitors of Cal Maritime should an injury occur.

- Provide total care for those injuries **clearly within responding individual's capability** to handle.
- All questions pertaining to care should be referred to a health care provider, or local emergency care.
- First aid supplies shall be readily available at all buildings and State Vehicles and Vessels.
- Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.
- AED shall be available throughout the Campus and Police vehicles.

1.1 Regulatory Standards Reference

The Occupational Safety and Health Administration's (OSHA's) medical services and first aid regulation (29 Code of Federal Regulations (CFR) 1910.151(b)) states: "Adequate first aid supplies shall be readily available." Performance requirements and contents of first aid kits are given in the American National Standards Institute/International Safety Equipment Association (ANSI/ISEA) Z308.1 American National Standard – Minimum Requirements for Workplace First Aid Kits and Supplies standard

1.2 CSU-System & Cal Maritime Specific Reference

For additional information on Cal Maritime environmental health and safety policies, refer to:

- CSU Executive Order 1039, 1056, 1069
- Cal Maritime Policy AF 09-003, AF 09-004

1.3 Other Resources

- UC Davis

2.0 Administrative Duties & Responsibilities

It is the policy of the Cal Maritime to maintain a safe and healthy work environment for each employee (including student and contract employees), and to comply with all applicable occupational health and safety regulations. This Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the department, while addressing legal requirements for a formal, written IIPP.

To assist Cal Maritime in providing a safe, compliant, environmentally sound, and more sustainable operation, each department or operational unit is expected to review, understand, and follow the guidance provided in the Injury Illness Prevention Program components and the function of the integrated campus safety management system (ICSMS) as related to operations under their control.

In a proactive behavior based environmental health and safety model that entire campus community participation reflects a process that embraces the ability to;

- Eliminate adverse conditions which may result in injury or illness,
- Recommend the establishment of programs to raise safety consciousness in the community, and
- Achieve and maintain a beneficial relationship through continuing communication on issues relating to environmental health and occupational safety.

2.1 Employees (Including Student workers)

It is the responsibility of all faculty and staff to proactively participate and subsequently comply with all applicable health and safety regulations, Cal Maritime policies, and established safe work practices. This includes, but is not limited to:

- Observing health and safety-related signs, posters, warning signals and directions.
- Learning about the potential hazards of assigned tasks and work areas.
- Taking part in appropriate health and safety training.

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- Following all safe operating procedures and precautions.
- Participating in workplace safety inspections
- Using proper personal protective equipment.
- Inform coworkers and supervisors of defective equipment and other workplace hazards without fear of reprisal.
- Reviewing the building emergency plan and assembly area.
- Reporting unsafe conditions immediately to a supervisor, and stopping work if an imminent hazard is presented.

2.2 Department of Safety and Risk Management (SRM)

The Director of Safety and Risk Management (SRM), as delegated by the University President, is responsible for the implementation and administrative management for Cal Maritime's Injury Illness Prevention Program (IIPP) that meets the requirements of California Code of Regulations (CCR), Title 8, section 3203) as well as other applicable California and Federal Occupational Safety and Health (Cal-OSHA) requirements.

Further responsibilities are outlined below:

- Provide advice and guidance to all university personnel concerning IIPP compliance requirements;
- Provide centralized monitoring of campus activities related to implementation of campus IIPP;
- Ensure scheduled periodic safety inspections are performed in compliance with regulatory requirements and assist management staff in identifying unsafe or unhealthful conditions;
- Ensure safety and health training programs comply with regulatory requirements and university policy;
- Oversee the maintenance of safety and health records consistent with the requirements of this document and regulatory mandates;
- Ensure program audits, both scheduled and as required by a process, equipment or personnel change, or by a safety program mandate, are performed;
- Interpret existing or pending safety and health legislation and recommend appropriate compliance strategies to university personnel;
- Maintain centralized environmental and employee monitoring records, allowing employee access as directed by law.
- Conduct at least an annual review of this document and make the current revision available on the SRM web site.

2.3 Deans, Directors, Department or Operating Unit Management

Campus Department or Operating Unit Head leadership have an integral campus role and shall have a thorough understanding of Injury Illness Prevention Program components and the function of the integrated campus safety management system (ICSMS) as related to operations under their control.

- The Department Head has primary authority and responsibility to ensure the health and safety of the department's faculty, staff and students through the implementation of the Injury Illness Prevention Program components. This is accomplished by communicating the Cal Maritime's campus emphasis on health and safety, analyzing work procedures for hazard identification and correction, ensuring regular workplace inspections, providing health and safety training, and encouraging prompt employee reporting of health and safety concerns without fear of reprisal.
- Specific areas include employee and student (both student employees and students in academic programs) education and training, identification and correction of unsafe conditions, and record keeping. It is recognized that a substantial amount of responsibility falls at this level.
- Colleges and Departments are encouraged to designate an individual as the College or department safety coordinator, to assist with specific operational environmental health and safety process management components.

2.4 Supervisors and Principal Investigators

Supervisors play a key role in the implementation of the Cal Maritime's Injury Illness Prevention Program components. Supervisors may be Management, Senior Research Associates, Department Chairs, Principal Investigators, or others who oversee a project and/or staff. They are responsible for but not limited to:

- Communicating to their staff and students about Cal Maritime campus's emphasis on health and safety.
- Ensuring periodic, documented inspection of workspaces under their authority.
- Promptly correcting identified hazards.
- Modeling and enforcing safe and healthful work practices.
- Providing appropriate safety training and personal protective equipment.
- Implementing measures to eliminate or control workplace hazards.
- Stopping any employee's work that poses an imminent hazard to either the employee or any other individual.
- Encouraging employees to report health and safety issues without fear of reprisal.

2.5 Academic Programming Faculty and Advisors

It is the responsibility of Faculty, Academic Programming Advisors other Cal Maritime related activities and student clubs to:

- Develop procedures to ensure effective compliance and support of the Injury and Illness Prevention Program components as it relates to operations under their control. Specific areas of responsibility include student education and training, identification and correction of unsafe conditions, and incident reporting.
- Develop and maintain written classroom, laboratory, and activity procedures which conform to regulatory, campus and departmental guidelines.
- Instruct students in the recognition, avoidance, and response to unsafe conditions, including hazards associated with non-routine tasks and emergency operations
- Permit only those persons qualified by education and training to operate potentially hazardous equipment or use hazardous materials, unless under close supervision.
- Supervise students in the performance of activities.

2.6 Students- Cadets

Students are expected to always adhere to safety practices presented by faculty, technical staff, student assistants, graduate assistants or other authorized individuals. They must also report potentially hazardous conditions that become known to them. These reports should be made to their supervisors, faculty advisers, Department of Safety and Risk Management, or other responsible parties.

3.0 Process Management

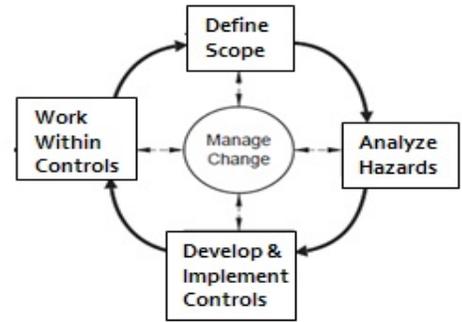
3.1 Hazard Identification, Risk Assessment & Control (HIRAC)

3.1.1 Integrated Safety Management (ISM)

Cal Maritime is committed to having all campus-related work performed safely and in a manner that strives for the highest degree of protection for the Campus Community. To achieve these goals, Cal Maritime implements, the principles of safety through an Integrated Campus Safety Management System (ICSMS).

Simply put, ICSMS applies a plan-do-check-act approach to campus safety management. Five core activities represent the plan-do-check-act approach, and comprise the underlying process for any construction work activity. The five core activities are:

- 1) Define the Scope of Work
- 2) Analyze the Hazards
- 3) Develop and Implement Hazard Controls
- 4) Perform Work Within Controls
- 5) Provide Feedback and Manage Change



The identification and analysis of workplace hazards is part of the pre-work planning process. The goal of this core activity is to ensure that the hazards associated with construction work activities are clearly understood and appropriately managed. All new campus work activities, changes to existing work or introduction of new equipment or processes (which introduce new hazards or increase the hazard level) need to be reviewed to analyze hazards, identify safety standards/requirements, and establish appropriate controls. Safety conditions and requirements need to be formally established and in place before construction work is initiated.

The campus Job Hazards Analysis (JHA) process is the principle method for achieving this.

3.1.2 Hazard Identification, Risk Assessment & Determining Control Table (HIRAC)

The EHS Hazard Identification, Risk Assessment and Determining Control Table (HIRAC) process is used to identify, assess and risk-rank Cal Maritime campus-related activities in order to ensure that Cal Maritime Campus Safety programs, activities and work controls are appropriately addressing construction risks. The initial HIRAC assessment and risk-ranking of campus-related activities was conducted during the third quarter, AY 2016-2017. The HIRAC assessment will be reviewed annually, when new campus-related activities are introduced that create or modify assessed risks, and when worksite observations or accident/incident experience identify previously unrecognized or incorrectly categorized risks.

3.1.3 Application of Hierarchy of Controls

In developing hazard controls and preparing the Job Hazard Analysis submittal, the campus shall select means and methods to mitigate worker exposure to workplace hazards using the Hierarchy of Controls as specified in the American National Standards Institute (ANSI) Z10-2005 Occupational Health and Safety Management Systems.

The campus shall make a good faith effort to analyze each hazard and identify the appropriate control(s) using the following hierarchy:

- Elimination or substitution of the hazards where feasible and appropriate;
- Use of engineering controls where feasible and appropriate;
- Application of work practices and administrative controls that limit worker exposures; and
- Provision and use of personal protective equipment

3.1.4 Job Hazards Analysis (JHA)

For the purposes of this section Job Hazard Analysis (JHA) and Job Safety Analysis (JSA) can be used synonymously. A JHA/JSA can be incorporated into a Pre Task Plan, provided there is a section for employees to review, comment and sign. Core

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components of the scope of work and relative hazards can be electronically completed ahead of time, provided there is room for current site conditions are able to be readily added as applicable. When the scope or conditions change, the change in work plan should be noted in a different colored pen with employee's initials that they have been briefed on the change. The Department of Safety and Risk Management will work with individual Departments to develop a master Campus JHA library.

- Each employee scheduled to work in the activities identified below shall receive safety training in those activities prior to working on them.
- Subcontractors shall submit a Job Hazards Analysis (JHA) for those construction activities meeting the requirements for performing JHA (see below). The JHA shall be reviewed and authorized to proceed by the Cal Maritime Department of Safety and Risk Management before work commences.
- Subcontractor shall be responsible for submitting a JHA and work procedures to Cal Maritime Department of Safety and Risk Management for review a minimum of seven days prior to the start of work for most work activities.

3.1.4.1 JHA Requirements

A JHA shall be written based on the following conditions:

- Jobs with the highest injury or illness rates
- Jobs with the potential to cause severe or disabling injuries or illness, even if there is no history of previous accidents
- Jobs in which one simple human error could lead to a severe accident or injury
- Jobs that are new to your operation or have undergone changes in processes and procedures
- Jobs complex enough to require written instructions.

If not otherwise specified in a particular project specification, the JHA shall be performed in accordance with the OSHA 3071.

JHA processes. In general the JHA will include:

- Description of work phase or activity
- Identification of potential hazards associated with the activity
- Address further hazards revealed by supplemental site information (e.g., site characterization data, as-built drawings) provided by the subcontractors construction manager.
- A list of the Subcontractor's planned controls to mitigate the identified hazards
- Identification of specialized training required
- Identification of special permits required
- Name of the Subcontractor's Competent Person(s) responsible for inspecting the activity and ensuring that all proposed safety measures are followed.

3.2 Hazard Assessment

Employee Job Classification List for Exposure Determination – shall be based upon an employee's reasonable potential for exposure to blood or any other infectious materials that they may contact during their job duties. Cal/OSHA requires exposure evaluations based on the potential for job-related tasks leading to exposure. The Program at Cal Maritime is designed to cover those who are at a higher risk of exposure and establishes high, moderate, or low risk categories. All other employees will be evaluated and determined on an individual basis by the Chief Staff Physician of the Student Health and Counseling Center and SRM.

The categories and job classifications are:

Category 1, High Risk involves procedures or jobs with inherent potential for contact with blood, body fluids, tissues, mucous membranes, or skin contact that could possibly transmit the HBV, HIV or other bloodborne pathogens and includes these Job Classifications:

- Physician
- Radiological Technologist

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- Registered Nurse
- Nurse Practitioner
- Clinical Laboratory Tech
- Clinical Aids

Category 2, Moderate Risk - This category has been established for employees who do not work in situations that routinely (day to day) involve contact with infectious materials.

However, a potential for exposure exists. It includes these Job Classifications:

- Custodians (assigned to Health Center)
- Police Officers and Investigators
- SRM Personnel
- Physical Therapist
- Athletic Trainers (Students and Coaches)
- Lifeguards¹

Category 3, Minimal Risk - This category involves no exposure to blood, body fluids or tissues such as are described in category 1. However, exposure is possible and it includes these Job Classifications:

- First Aid and CPR Responders
- Housing Personnel
- All Other Custodians

3.3 General Requirements

The following levels of first aid response will be used by Cal Maritime:

- **Basic First Aid Responders.** Volunteers will be trained to respond and assist with providing treatment when consent from victim is provided, to minor emergencies such as small cuts, abrasions, sprains, strains and non-life-threatening emergencies.
- **Advanced First Aid Non EMS Responders.** Volunteers will be trained respond and assist with providing treatment when consent from victim is provided, for more in-depth support to emergencies where there is life-threatening event or emergency services is needed

3.3.1 Incident Responding

Inside Emergency Services - Within Basic First Aid Capabilities.

- Minor injuries, such as cuts, scratches, bruises, and burns that do not require a doctor’s treatment, may be handled by one of the designated facility/department basic first aid responders.
- If Responders are not sure of the severity, seek outside assistance and refer victim to a health care provider or local emergency care.

Emergency Reporting (Outside Emergency Services - Beyond Basic First Capabilities)

Anytime outside emergency services are summoned or medical treatment is provided,

- Immediately Dial Campus Police 707-654-1111 or directly dial 911 for emergency services.
- **Note: Dialing 911 directly will not immediately dispatch Cal Maritime Police Department. Dialing 707-654-1111 will simultaneously dispatch Cal Maritime Police Department as well as other Local Agency Emergency Responders**
- Notify the supervisor or manager of the department
- Notify the Department of Safety & Risk Management
- Manager will notify the VP of the division
- VP will notify the University President.

3.3.2 Directing Ambulance Services.

- Post an employee(s) at key points to direct ambulance services to the injured employee's location.
- Responder's should obtain the facility the victim is being taken
- Responder's should report back to the department head and or Campus Police, concerning the status of the employee being transported as governed under HIPAA.
 - The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the Secretary of the U.S. Department of Health and Human Services (HHS) to develop regulations protecting the privacy and security of certain health information.

3.3.3 Incident Reporting

All injuries, regardless of severity, treated by first aid responders will be entered into the incident management system database.

- As a minimum, the following information will be entered.
- Date and time of injury
- Date and time of treatment
- Name of injured person and clock number
- Name of person rendering first aid
- Nature of injury
- Type of treatment given
- Work or non-work related

Incident reports are located on the SRM webpage.

3.4 First Aid Kits.

First aid kits will be primarily maintained by the Department of Safety and Risk Management with the following exceptions; Student Health Center, Food and Beverage operations and Athletics. The type of first aid kit to be maintained will be for minor emergencies such as cuts and skin abrasions. There are fixed mounted 3 shelf stations and mobile pull away kits.

First Aid Kits will be maintained per ANSI 308.1 2015 Compliance Standard. First aid kit containers are classified by portability, the ability to be mounted, resistance to water, and corrosion and impact resistance.

- Class A kits are designed to deal with the most common types of workplace injuries.
- Class B kits are designed to deal with a broader range and quantity of supplies to deal with injuries in more complex or high-risk environments.

The purpose of adding these two classes is to expand the basic items included so employees will have greater access to items needed to treat common workplace injuries.

The Campus will primarily utilize #10, #25, #50 bulk kits, Class A or B.

First Aid Kits will be inspected monthly to ensure core inventory

3.5 Bloodborne Pathogen Exposure Control Plan

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (PPE). NOTE: Employees are considered to be exposed even if they wear personal protective equipment. This exposure determination requires the listing of all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. These employees will receive the HBV vaccine.

In addition, OSHA requires a listing of job classifications in which some employees may incur occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious material, tasks or procedures that would cause these employees to have occupational exposure are also listed to clearly identify which employees in these categories are considered to have the potential to be occupationally exposed. These employees will receive the HBV vaccine post-exposure.

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Only employees who have been designated (employees who have job descriptions that require they be trained/certified in CPR/AED/First Aid) may administer first aid or CPR. Anyone providing first aid where blood or bodily fluids are present must wear ASTM – approved medical gloves and a mask/eye shield. Anyone cleaning up blood or bodily fluids must wear gloves. Any mop heads, towels, gloves, etc. used while cleaning up bodily fluids must be properly decontaminated or disposed of according to Company policy.

Refer to Bloodborne Pathogen Exposure Control Plan (BBP) 09-04004 for the complete details.

Bloodborne pathogen-related personal protective equipment is not required in a first aid kit, but is recommended. 29 CFR 1910.151 Non-Mandatory Appendix A states: “If it is reasonably anticipated that employees will be exposed to blood or other potentially infectious materials while using first aid supplies, employers are required to provide appropriate personal protective equipment (PPE) in compliance with the provisions of the occupational exposure to bloodborne pathogens standard, 1910.1030(d)(3). This standard lists the appropriate PPE for the type of exposure, such as gloves, gowns, face shields, mask or eye protection.

3.6 Eyewashes and Deluge Showers

Where the eyes or body of any employee may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use. This will include but is not limited to, portable and fixed emergency eyewash stations and deluge showers. Where installed, these facilities will be installed in locations within the work area having ready access and periodically inspected in accordance with local requirements.

Considerations for installation. The following criteria will be considered when making a determination for installation of eyewashes and deluge showers.

- Employee use of personal protective equipment.
- Type and chemical concentration of concern.
- Special guards and/or precautions intended to provide for employee protection from exposure.
- Based upon employee job functions, determine the extent and type of probable employee exposure.

⚠ Note: In areas where the extent of possible exposure is small, a specially designated pressure controlled and identified water hose equipped with a proper face and body wash nozzle which will provide copious amounts of low velocity potable water, or an appropriate portable eye wash device containing not less than one gallon of potable water which is readily available and mounted for use, is considered to provide minimum employee protection when proper personal protective equipment is used.

Personal Protective Equipment. Personal protective equipment for eyes, face, head, and extremities, protective clothing and protective shields and barriers, shall be provided, used and maintained in a sanitary and reliable condition wherever it is necessary by reason of chemical hazards encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.

Facility layout. The facility layout will be one of the key consideration when installing eyewashes or deluge showers. Ease of access, line-of-sight, single level access, lighting, proximal electrical hazards and other considerations will be addressed when installing such equipment. Eye wash equipment should provide copious low velocity flow of potable water at a suitable temperature, generally between 60 degrees F and 105 degrees F.

3.7 AED

3.7.1 Introduction

An Automated External Defibrillator (AED) is a device capable of cardiac rhythm analysis, which will charge and deliver a shock after electronically detecting and assessing ventricular or rapid ventricular tachycardia when applied to an unconscious victim who has experienced sudden cardiac arrest. The AED must only be applied to victims who are unconscious, without a pulse, and not breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level, advise bystanders of the impending shock, and deliver the shock.

3.7.2 Scope

An AED can be used in conjunction with Cardiopulmonary Resuscitation (CPR) in cases of sudden cardiac arrest on campus, in accordance with accepted protocols, including those developed by the American Red Cross and the American Heart Association. Use of the AED and CPR will continue as appropriate during the course of emergency care, until the patient resumes pulse and respiration, and/or local Emergency Medical Services (EMS) arrive at the scene, and assume responsibility for emergency care of the patient

3.7.3 General Procedures

Public AED devices on University properties shall be recorded on a list maintained by the Department of Safety and Risk Management (SRM). Any new device installations are required to include a notification to SRM of the building, floor, nearest room number, and department responsible for installation, testing, and maintenance of the device. You will also be required to provide the manufacturers name, model and serial number to SRM.

AED devices shall have signage at the building exterior, at the main entry door, indicating the location in the building. If multiple devices are located in the building, only the device nearest to the building entrance should be listed. The AED sign shall be affixed to the glass on the active leaf of double doors or of the central door set in buildings with a series of entry doors. This signage shall be affixed to the interior of the door, on the glass, at approximately handle height.

The sign shall include the international symbol for the AED and the text, "AED, Automatic External Defibrillator INSIDE" - this part of the sign shall be 5 inches wide by

3 inches tall. Below this will include a brief, one or two-line description of the location for the device (see examples on the attached sheet). Orders for new signage shall be placed with the University sign shop; they will be responsible for fabrication & mounting of the signs on the designated entry doors. If a variation from the standard text or mounting is required, the sign shop shall contact Campus Planning for approval to proceed.

3.7.3 Location

All other building managers or departments on campus have the option to install a public access AEDs and once an AED is installed, the building occupants/department shall be responsible for the unit and shall follow this public access AED policy.

AEDs should be located in public spaces, near a campus phone in a wall-mounted secured cabinet to prevent tampering. AEDs should be easily accessible and allow for facilitation of periodic inspections. It is suggested AED cabinets should be equipped with support equipment including: two pairs of disposable gloves, two disposable facemasks, extra electrode pads, safety razor, absorbent towels or trauma pads, a pair of scissors, a biohazard bag for infectious waste disposal, an AED incident report form and pen. In locations where children are likely to be present, there shall also be pediatric-sized electrode pads available.

The public access defibrillation provider (the department or area that purchased the AED) shall post a sign or notice at the main entrance to the facility or building in which the AED is stored, indicating the location where any such AED is stored or maintained in such building or facility on a regular basis. (See Attachment B for sample signs.)

3.7.4 AED Coordinator Procedures

- The AED performs a self-test daily.
- The AED's extensive automatic self-test feature eliminates the need for any manual calibration.
- Maintenance and testing of all AED units shall be conducted in accordance with the manufacturer's guidelines. At a minimum AEDs will be visually inspected monthly. Inspection will be documented.
- A green indicator means the AED is ready for service.
- If the indicator is red with a black X, the AED requires maintenance and is not ready for use. Contact Strong Clinical Engineering for servicing.
- If the AED is located in a secured cabinet, verify the cabinet alarm battery (9v Alkaline) is installed and replace it annually.
- Open the soft-case by un-snapping the two closures on each side of the unit.
- Examine AED case and cover for foreign substances, damages or cracks.
- Inspect the status indicator. If a red X is visible contact Clinical Engineering.
- Pads are located inside the cover of the unit.
- Make sure pads are pre-connected to the AED.
- Check the expiration dates. Verify the pads have not passed the expiration date (expiration date noted on foil pouch).
- Inspect package and make sure it is unopened.
- If package is opened or past its expiration date, replace the pads (contact the vendor where you purchased the AED) or pull the unit out of service. Place a sign on the AED cabinet or location where the AED was located stating it's out of service.
- Spare pads are not pre-connected (found in the case's back pouch)
- Verify presence of one set of spare adult pads and one set of pediatric pads (if applicable) are available.
- 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.
- **Do not** immerse any part of the unit in water.
- **Do not** use ketones (MEK, acetone, etc.) to clean the unit
- Avoid using abrasives (i.e. paper towels) to clean the display window.
- After using an AED, follow the manufacturer's instructions prior to placing the AED back into service.

4.0 Training Requirements

Effective dissemination of safety information lies at the very heart of a successful Injury and Illness Prevention Program. It is essential to provide training for employees concerning general safe work practices as well as specific instruction with respect to hazards unique to each employee's job assignment.

The Department or operating unit has the option of providing **Basic First Aid and AED Use** from:

- Providing training from within the department by the designated competent person/trainer, or
- Training provided by University SRM, or
- A training provider outside the University.

⚠ Note: All outside trainer vendors are to be reviewed and content approved by SRM.

Training content is determined by the Department of Safety and Risk Management, as well as Department Management which is based upon observed hazards, type of equipment, Department need, and work requirements.

Training shall be provided to each affected employee:

- Before the employee is first assigned duties that require him or her to serve as a first aid responder.

Before there is a change in assigned duties.

- Whenever there is a change first aid procedures or operations.
- Whenever the company has reason to believe that there are deviations from the first aid response procedures required by this instruction or inadequacies in the employee's knowledge or use of these procedures.

The training shall establish employee proficiency in the duties required by this instruction and shall introduce new or revised procedures, as necessary, for compliance with this instruction or when future revisions occur.

Department management shall verify that the training required by this section has been accomplished. The certification shall contain each employee's name, the signatures or initials of the trainers, and the dates of training. The certification shall be available for inspection by employees and their authorized representatives.

Levels of first aid training.

- **Basic First Aid.** This basic course is available to all employees. It covers treatment of minor injuries and basic emergency procedures for more serious injuries or health problems.
- **Advanced First Aid.** The advanced course equips participants to handle first aid for many types of injuries and is under the direction of our local health care provider.
- **CPR.** The company encourages at least one employee from every department to take the Cardiopulmonary Resuscitation (CPR) Course.
- **EMT.** Training for Emergency Medical Technicians involves extensive course work off site.

Training is to be documented and kept in a readily accessible location by the Department designee for access reference as needed by Department Management, Department of Safety & Risk Management, or regulatory agency (e.g. Cal/OSHA). Submit the completed training roster of attendees to the Department of Safety & Risk Management.

Refer to Cal/OSHA Safety & Health Training and Instruction Requirements as outlined in Appendix C of the Injury Illness Prevention Program.

5.0 Document Control & Recordkeeping

Essential records, including those legally required for Workers’ Compensation, insurance audits and government inspections will be maintained for as long as required. Individual Departments and/or Colleges will also keep records of steps taken to establish and maintain the Injury and Illness Prevention Program.

They must include:

- Records of scheduled and periodic inspections to identify unsafe conditions and work practices. The documentation includes the name of the person(s) conducting the inspection, the unsafe conditions and work practices identified, and the corrective action(s) taken. These records will be maintained for at least three years.
- Documentation of health and safety training for each employee. Specifically, employee name or other identifier, training dates, type(s) of training and the name of the training provider will be included. Records will be retained for at least three years. Standard forms for maintaining this information can be obtained from the Department of Safety and Risk Management.

Training records will be kept in each department and copies will be forwarded to the Department of Safety and Risk Management.

Departments must maintain the following records as part of the hand and portable power tool safety program.

- Employee training records
- Specialized SOPs
- Manufacturer specifications/manuals
- Maintenance/service records

| Record | Timeframe/Frequency | Location of Record | Retention Period* |
|--------------------------------------|---|--|-------------------|
| Basic First Aid/AED Training-General | Initial, Annual Refresher for affected employees. | Document on Employee’s Safety Training Checklist | 3-Years |
| Basic First Aid/AED Training-General | Valid/Renew Certification every 2-years | Document on Employee’s Safety Training Checklist | 3-Years |

*Refer to the Injury Illness Prevention Program Document Retention Table and/or California State University Systemwide for more information.

Appendix A: Definitions

| | |
|-------------------------------------|---|
| AED | <p>An Automated External Defibrillator means a medical device, approved by the United States Food and Drug Administration, that:</p> <ul style="list-style-type: none"> • Is capable of recognizing the presence or absence in a patient of ventricular fibrillation and rapid ventricular tachycardia; • Is capable of determining, without intervention by an operator, whether defibrillation should be performed on the patient; upon determining that defibrillation should be performed, • Automatically charges and requests delivery of an electrical impulse to the patient's heart; and then, upon action by an operator, delivers an appropriate electrical impulse to the patient's heart to perform defibrillation. |
| ANSI: | American National Standards Institute |
| Authorized person: | Means a person approved or assigned by the employer to perform a specific type of duty or duties or to be at a specific location or locations at the jobsite. |
| Competent person: | <p>A competent person is a person who is capable of identifying existing and predictable hazards in the surroundings or working conditions that are unsanitary, hazardous, or dangerous to employees.</p> <p>The competent person has the authority to impose prompt corrective measures to eliminate these hazards.</p> <p><i>Examples:</i> Excavation - Inspectors 1541 Fall Protection Plan implementers & supervisors 1671.1 Lift Slab Construction 1522.1</p> |
| Confined Space: | Is a space that (1) is large enough and so configured that an employee can enter bodily, (2) has limited or restricted means for entry or exit (e.g., tanks, vessels, vaults, shafts, pits), and (3) is not designed for continuous occupancy. |
| Controlled Access Zone (CAZ) | Means an area in which certain work (e.g., overhand bricklaying) may take place without the use of guardrail systems, personal fall arrest systems, or safety net systems and access to the zone is controlled |
| Imminent Danger: | Is any condition or practice that could reasonably be expected to cause death or serious physical harm (permanent or prolonged impairment of the body or temporary disablement requiring hospitalization) to employees or the public unless immediate actions are taken. |
| Shall: | Means mandatory |
| Should: | Means recommended |
| Subcontractor: | Is a firm that has sole contractual responsibility for execution of the construction work related to a project, and for compliance with all safety, health, and environmental codes, standards, and regulations. |
| Qualified Person: | <p>A qualified person is a person designated by the employer; and by reason of training, experience, or instruction has demonstrated the ability to perform safely all assigned duties; & when required is properly licensed in accordance with federal, state, or local laws and regulations.</p> <p><i>Examples:</i> Mobile Crane & Tower Crane Operators 5006.1(a) Scaffold Erection & Dismantling Supervisors 1637(k)(1) Demolition 1736 Personal Fall Arrest System supervisors 1670(b)</p> |

Appendix B: CALIFORNIA STATE AED LAWS

| Summary of Requirements | | |
|-------------------------|---------------------|--|
| ✓ | Physician | The involvement of a CA licensed physician as Medical Director in developing an AED program to ensure compliance with regulations and requirements for training, notification, and maintenance is required. |
| ✓ | CPR/AED Training | For every AED unit acquired up to five units, no less than one employee per AED unit shall complete a training course in cardiopulmonary resuscitation and AED use that complies with the regulations adopted by the Emergency Medical Service Authority and the standards of the American Heart Association or the American Red Cross. After the first five AED units are acquired, for each additional five AED units acquired, one employee shall be trained beginning with the first AED unit acquired. Acquirers of AED units shall have trained employees who should be available to respond to an emergency that may involve the use of an AED unit during normal operating hours. |
| ✓ | EMS Notification | Any person or entity that supplies an AED shall notify an agent of the local EMS agency of the existence, location, and type of AED acquired. |
| ✓ | Maintenance Program | <p>The AED must be maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, and the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority. The AED must be checked for readiness after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Records of these checks shall be maintained.</p> <p>There must be a written plan that describes the procedures to be followed in the event of an emergency that may involve the use of an AED. The written plan shall include, but not be limited to, immediate notification of 911 and trained office personnel at the start of AED procedures.</p> <p>Building owners must ensure that tenants annually receive a brochure, approved as to content and style by the American Heart Association or American Red Cross, which describes the proper use of an AED, and also ensure that similar information is posted next to any installed AED.</p> <p>No less than once a year, building owners will notify their tenants as to the location of AED units in the building.</p> |
| ✓ | Notification of Use | Any person who renders emergency care or treatment on a person in sudden cardiac arrest by using an AED must activate the emergency medical services system as soon as possible, and report any use of the AED to the licensed physician and to the local EMS agency. |

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Appendix C: Good Samaritan Protection

Good Samaritan Protection

| Rescuer | Purchaser | Property Owner | Physician | Trainer |
|---------|-----------|----------------|-----------|---------|
| ✓ | ✓ | ✓ | ✓ | ✓ |

(b) In order to ensure public safety, any person or entity that acquires an AED is not be liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care under subdivision (b) of Section 1714.21 of the Civil Code, if that person or entity does all of the following:

- (1) Complies with all regulations governing the placement of an AED.
- (2) Ensures all of the following:
 - (A) That the AED is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, and the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.
 - (B) That the AED is checked for readiness after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Records of these checks shall be maintained.
 - (C) That any person who renders emergency care or treatment on a person in cardiac arrest by using an AED activates the emergency medical services system as soon as possible, and reports any use of the AED to the licensed physician and to the local EMS agency.
 - (D) For every AED unit acquired up to five units, no less than one employee per AED unit shall complete a training course in cardiopulmonary resuscitation and AED use that complies with the regulations adopted by the Emergency Medical Service Authority and the standards of the American Heart Association or the American Red Cross. After the first five AED units are acquired, for each additional five AED units acquired, one employee shall be trained beginning with the first AED unit acquired. Acquirers of AED units shall have trained employees who should be available to respond to an emergency that may involve the use of an AED unit during normal operating hours.
 - (E) That there is a written plan that describes the procedures to be followed in the event of an emergency that may involve the use of an AED, to ensure compliance with the requirements of this section. The written plan shall include, but not be limited to, immediate notification of 911 and trained office personnel at the start of AED procedures.
- (3) Building owners ensure that tenants annually receive a brochure, approved as to content and style by the American Heart Association or American Red Cross, which describes the proper use of an AED, and also ensure that similar information is posted next to any installed AED.
- (4) No less than once a year, building owners will notify their tenants as to the location of AED units in the building.
- (c) Any person or entity that supplies an AED shall do all of the following:
 - (1) Notify an agent of the local EMS agency of the existence, location, and type of AED acquired.
 - (2) Provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.
- (d) A violation of this provision is not subject to penalties pursuant to Section 1798.206.
- (e) The protections specified in this section do not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.
- (f) Nothing in this section or Section 1714.21 shall be construed to require a building owner or a building manager to acquire and have installed an AED in any building.
- (g) This section shall remain in effect only until January 1, 2008, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2008, deletes or extends that date.

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Appendix D: ANSI Z308.1-2015 Standard Reference

| ANSI Z308.1-2015, TABLE 1: CLASSES OF FIRST AID KITS & REQUIRED SUPPLIES | | | | |
|--|------------------|-----------------|------------------------|-------------------|
| First Aid Supply | Minimum Quantity | | Minimum Size or Volume | |
| | Class A Kits | Class B Kits | (U.S.) | (Metric) |
| Adhesive Bandage | 16 | 50 | 1 x 3 in. | 2.5 x 7.5cm |
| Adhesive Tape | 1 | 2 | 2.5 yd. (total) | 2.3m |
| Antibiotic Application | 10 | 25 | 1/57 oz. | 0.5g |
| Antiseptic | 10 | 50 | 1/57 oz | 0.5g |
| Breathing Barrier | 1 | 1 | | |
| Burn Dressing (Gel Soaked) | 1 | 2 | 4 x 4 in. | 10 x 10cm |
| Burn Treatment | 10 | 25 | 1/32 oz. | 0.9g |
| Cold Pack | 1 | 2 | 4 x 5 in. | 10 x 12.5cm |
| Eye Covering (with Means of Attachment) | 2 | 2 | 2.9 sq. in. | 19 sq. cm |
| Eye/Skin Wash | 1 fl. oz. total | | | 29.6mL |
| | | 4 fl. oz. total | | 118.3mL |
| First Aid Guide | 1 | 1 | N/A | N/A |
| Hand Sanitizer | 6 | 10 | 1/32 oz. | 0.9g |
| Medical Exam Gloves | 2 pair | 4 pair | N/A | N/A |
| Roller Bandage (2 inch) | 1 | 2 | 2 in. x 4 yd. | 5cm x 3.66m |
| Roller Bandage (4 inch) | 0 | 1 | 4 in. x 4 yd. | 10cm x 3.66m |
| Scissors | 1 | 1 | N/A | N/A |
| Splint | 0 | 1 | 4.0 x 24 in. | 10.2 x 61cm |
| Sterile Pad | 2 | 4 | 3 x 3 in. | 7.5 x 7.5cm |
| Tourniquet | 0 | 1 | 1 in. (width) | 2.5cm (width) |
| Trauma Pad | 2 | 4 | 5 x 9 in. | 12.7 x 22.9cm |
| Triangular Bandage | 1 | 2 | 40 x 40 x 56 in. | 101 x 101 x 142cm |

| ANSI/ISEA Z308.1-2015, CLASS B, TYPE I, II, III OR IV FIRST AID KIT | | | |
|---|--|--------|--------------------------------------|
| This kit meets the ANSI/ISEA Z308.1-2015 standard as sold. It contains first aid products which meet performance specifications detailed in the standard at the below required minimum fill. It will continue to be compliant only when maintained with products that meet the standard at specified quantities. | | | |
| Required Minimum Fill | | | |
| 50 | Adhesive Bandage, 1 x 3 in. | 10 | Hand Sanitizer, 1/32 oz. |
| 2 | Adhesive Tape, 2.5 yd. (total) | 4 pair | Medical Exam Gloves |
| 25 | Antibiotic Application, 1/57 oz. | 2 | Roller Bandage, 2 in. x 4 yd. |
| 50 | Antiseptic, 1/57 oz. | 1 | Roller Bandage, 4 in. x 4 yd. |
| 1 | Breathing Barrier | 1 | Scissors |
| 2 | Burn Dressing (Gel Soaked), 4 x 4 in. | 1 | Splint |
| 25 | Burn Treatment, 1/32 oz. | 4 | Sterile Pad, 3 x 3 in. |
| 2 | Cold Pack, 4 x 5 in. | 1 | Tourniquet |
| 2 | Eye Covering with Means of Attachment, 2.9 sq. in. | 4 | Trauma Pad, 5 x 9 in. |
| 1 | Eye/Skin Wash, 4 fl. oz. total | 2 | Triangular Bandage, 40 x 40 x 56 in. |
| 1 | First Aid Guide | | |
| The described kit may be suitable for some businesses. However, the adequacy of the contents for hazards of each work environment should always be evaluated by competent personnel. Kits should be inspected frequently to ensure the completeness and usability of all first aid supplies. Any supply beyond its marked expiration date should be discarded and replaced. For a variety of operations, employers may find that additional first aid supplies and kits are needed. | | | |

Type I: Intended for use in stationary, indoor applications where kit contents have minimal potential for damage. These kits are not intended to be portable and should have a means for mounting in a fixed position. Some applications for Type I first aid kits are general indoor use, office use or use in a light manufacturing facility. First aid cabinets would fall in this classification.

Type II: Intended for portable use in indoor applications where the potential for damage to kit supplies due to environmental factors and rough handling is minimal. Some applications for Type II first aid kits are general indoor use, or use in office or manufacturing environments.

Type III: Intended for portable use in mobile indoor and/or outdoor settings where the potential for damage of kit supplies due to environment is not probable. These kits should have the means to be mounted in a fixed position and have a water-resistant seal. Typical applications are general indoor use and sheltered outdoor use.

Type IV: Intended for portable use in mobile industries and/or outdoor settings where the potential for damage to kit supplies due to environmental factors and rough handling is significant. These kits must have a means to be mounted in a fixed position and must be corrosion, moisture and impact resistant (meet the performance requirements of ANSI/ISA Z308.1-2015 Section 5.2.5). Typical applications for Type IV first aid kits include the transportation, utility and construction industries, and the armed forces

Appendix E: ANSI Z308.1-2015 Standard Reference

Laws / Legislation

| Reference | Date | Summary |
|-----------|------|--|
| AB 2217 | 2014 | Authorize a public school to solicit and receive non-state funds to acquire and maintain an automated external defibrillator (AED). The bill would provide that the employees of the school district are not liable for civil damages resulting from certain uses, attempted uses, or non uses of an AED, except as provided |
| SB 1436 | 2012 | Extends indefinitely provisions and requirements of Section 1797.196 of the Health and Safety Code, relating to automated external defibrillators. |
| SB 1297 | 2010 | An act to amend Section 104113 of the Health and Safety Code, relating to automatic external defibrillators in health studios. This bill would make technical, non-substantive changes to these provisions. |
| SB 1281 | 2010 | An act to amend Section 104113 of the Health and Safety Code, relating to automatic external defibrillators in health studios. This bill would make technical, non-substantive changes to these provisions. |
| AB 1312 | 2009 | Extends the requirements to acquire an automatic external defibrillator to July 1, 2014 for every health studio as defined. The bill also, beginning July 1, 2010, applies these requirements and this immunity to golf courses and amusement parks, as defined. |
| AB 156 | 2009 | Authorizes the governing board of a school district to offer one credit towards the required number of credits required for graduation from high school for training and certification in cardiopulmonary resuscitation or use of an automatic external defibrillator, or both. |
| SB 127 | 2009 | Amends Section 104113 of the Health and Safety Code, relating to automatic external defibrillators in health spas. |
| AB 2637 | 2008 | Requires a dental sedation assistant permit course to have at minimum one automated external defibrillator (AED) or AED trainer. |
| AB 2083 | 2006 | Emergency medical services: automatic external defibrillators. Extends termination date of provisions to January 1, 2013. |
| AB 1507 | 2006 | Requires AEDs in fitness centers and that staff be trained on their proper use. This bill is effective until July 12, 2012. The bill also provides immunity protection from any injuries or damages resulting from the use of the AED during emergency care or treatment. |
| AB 254 | 2005 | Amends Section 1797.196 of the Health and Safety Code, relating to emergency medical services. |
| SB 962 | 2005 | Requires the licensee of an Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN) to report to the department's Community Care Licensing Division, within the department's next working day and to the regional center with whom the ARFPSHN contracts, and the State Department of Developmental Services, within 24 hours upon the occurrence of the use of an automated external defibrillator. |
| ACR 57 | 2005 | A resolution urging all public schools with students enrolled in grades K - 12 to implement an automated external defibrillator program. |
| AB 2041 | 2003 | Revises Good Samaritan protection for the use of an AED by removing the requirement that all persons using an AED to administer emergency care be certified in its use and having had completed a basic CPR or AED course. This act also provides immunity from civil liability if injuries occur during the emergency medical treatment by a person who renders the care in good faith and not for compensation. |
| AB 1145 | 2003 | This bill calls for the Department of General Services to apply for federal funds in order to purchase AEDs and place them in all state-owned and leased buildings, and to ensure that specific training requirements on their use be implemented. |
| SB 911 | 1999 | This act provides Good Samaritan protection and requirements for AED placement within state-owned and leased buildings. |

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Appendix F: Maintenance Check Log

Monthly Maintenance Check Log

(For the Defibtech DDU-100 Semi-Automatic External Defibrillator)

Inspector's Name: _____

AED Location: _____ AED Director: _____

AED Model#: _____ AED Serial #: _____

Date of Inspection: _____ Time: _____ AM PM

1. Check the condition of the unit and accessories.
2. Is the unit dirty or contaminated?

Dirty or Contaminated? Yes No

If "Yes," clean the defibrillator thoroughly, and notify AED Coordinator of possible contamination.

Date Cleaned: _____ Date AED Coordinator notified: _____

3. Check the expiration date on the pads and the battery pack.

Pads: Has the expiration date passed? Yes No

Battery: Has the expiration date passed? Yes No

If "Yes" for either, replace the expired equipment immediately, and notify the AED Coordinator.

Pads Expiration Date: _____ Battery Expiration Date: _____

Date AED Coordinator notified: _____

AED Accessory Kit attached to AED and supplied properly? Yes No N/A

Check the expiration date of extra pads: Current Expiration Date? Yes No N/A

Extra Pads Expiration Date: _____

Remarks, Problems, Corrective Actions: _____

Daily MAINTENANCE Check Log

(for the Defibtech DDU-100 Semi Automatic External Defibrillator)

AED Location: _____ AED Director: _____
 AED Serial No.: _____

| Month: | | Is the Active Status Indicator flashing green ? | | |
|--------|---------|--|-----------------------|--|
| Day | Initial | Yes | No | If No, see manual for repair options and enter the date (if any) the AED is returned for service |
| 1 | | <input type="radio"/> | <input type="radio"/> | |
| 2 | | <input type="radio"/> | <input type="radio"/> | |
| 3 | | <input type="radio"/> | <input type="radio"/> | |
| 4 | | <input type="radio"/> | <input type="radio"/> | |
| 5 | | <input type="radio"/> | <input type="radio"/> | |
| 6 | | <input type="radio"/> | <input type="radio"/> | |
| 7 | | <input type="radio"/> | <input type="radio"/> | |
| 8 | | <input type="radio"/> | <input type="radio"/> | |
| 9 | | <input type="radio"/> | <input type="radio"/> | |
| 10 | | <input type="radio"/> | <input type="radio"/> | |
| 11 | | <input type="radio"/> | <input type="radio"/> | |
| 12 | | <input type="radio"/> | <input type="radio"/> | |
| 13 | | <input type="radio"/> | <input type="radio"/> | |
| 14 | | <input type="radio"/> | <input type="radio"/> | |
| 15 | | <input type="radio"/> | <input type="radio"/> | |
| 16 | | <input type="radio"/> | <input type="radio"/> | |
| 17 | | <input type="radio"/> | <input type="radio"/> | |
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| 19 | | <input type="radio"/> | <input type="radio"/> | |
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| 25 | | <input type="radio"/> | <input type="radio"/> | |
| 26 | | <input type="radio"/> | <input type="radio"/> | |
| 27 | | <input type="radio"/> | <input type="radio"/> | |
| 28 | | <input type="radio"/> | <input type="radio"/> | |
| 29 | | <input type="radio"/> | <input type="radio"/> | |
| 30 | | <input type="radio"/> | <input type="radio"/> | |
| 31 | | <input type="radio"/> | <input type="radio"/> | |

SAMPLE

Check the Status Indicator to ensure that it is flashing **GREEN**. When the indicator is **GREEN**, the AED is ready for a

RESCUE

After-Use Maintenance Check Log

(For the Defibtech DDU-100 Semi-Automatic External Defibrillator)

Inspector's Name: _____

AED Location: _____ AED Director: _____

AED Model#: _____ AED Serial #: _____

Date of Use: _____ Time: _____ AM PM

Date of Inspection: _____ Time: _____ AM PM

1. Run manually initiated self-test.
 - a. Press and hold the ON/OFF button until the unit announces that it is performing a self-test (approximately 5 second). Release button upon announcement.
 - b. When prompted by the unit, press and hold the flashing shock button until the unit announces status and shuts off.

Did the unit deliver any additional voice prompts? Yes No

If "Yes," list the prompt, and notify the AED Coordinator of the prompt and any related code.

Prompt: _____

Service code (if applicable): _____ Date AED Coordinator notified: _____

2. Replace pads and record the expiration date of the new pads.

New Expiration Date: _____

3. Check the DDC (memory card), if one is installed*.

NOTE: If the unit was used to treat a patient and a DDC is installed, the DDC should be removed and provided to the patient's care provider. A new DDC should be installed before the next use.

Is the DDC flush with the surface of the slot? Yes No

If "No," the card may have been inserted upside down. Remove the card, flip, and try inserting again. If the card is still not flush with the surface of the DDC slot, notify the AED coordinator immediately.

Date AED Coordinator notified: _____

Remarks, Problems, Corrective Actions: _____

Appendix G: Emergency Response

To download and/or print this poster refer to SRM website: [Campus Emergency Poster](#) , [Campus Emergency Response Guide](#)

|  CAL MARITIME | | <h1 style="color: red;">EMERGENCY PROCEDURES</h1> | |
|--|---|--|---|
|  | 911 | <h2 style="color: white;">Campus Police: 707-654-1111</h2> | |
| Note: Dialing 911 directly will not immediately dispatch Cal Maritime Police Department. Dialing 707-654-1111 will simultaneously dispatch Cal Maritime Police Department as well as other Local Agency Emergency Responders. | | | |
| Evacuation |  <ul style="list-style-type: none"> Do not use elevators, use nearest stairs and exit. Follow directions given by the building monitors or Campus Officials Go to designated evacuation point and do not return to building until instructed to do so. Assist persons with mobility needs. | Fire |  <ul style="list-style-type: none"> Evacuate the building and notify occupants as you leave. Do not return until authorized by emergency personnel Do not use elevators Fire Extinguisher Instructions if trained: <ul style="list-style-type: none"> P- Pull pin A- Aim at the base of fire S- Squeeze handle S- Sweep from side to side |
| Earthquake |  <ul style="list-style-type: none"> Drop, Cover, Hold under a table or desk or against an interior wall until the shaking has stopped. After shaking has stopped check yourself and others for injuries. Evacuate the building. Move towards the safest location away from building, tree's, power lines. Follow the instruction of the building monitors or Campus officials and be prepared for aftershocks | Hazardous Spill |  <ul style="list-style-type: none"> For spills not involving immediate danger, that are confined; contain and notify the Department of Safety & Risk Management (SRM) at 707-654-1076. For uncontained spill, contact Cal Maritime Police Department & SRM If immediate hazard or emergency exists, dial 707-654-1111. Move away or evacuate the area. |
| Bomb Threat |  <ul style="list-style-type: none"> Report all threatening calls to Cal Maritime Police Department Ask Caller: When the bomb is going to explode. Where the bomb is located? What does the bomb look like? Why did you place the bomb? If suspicious object is found: Do not handle and dial 707-654-1111 immediately | Shelter in Place |  <ul style="list-style-type: none"> Stay in building; close and lock doors and windows. Move away from windows Do not use elevators Remain in shelter area until emergency personnel announce that it is safe |
| Active Shooter |  <ul style="list-style-type: none"> RUN: leave your belongings behind. If there is an escape path attempt to evacuate. Help others if possible HIDE: If you cannot get out safely. Hide. Lock or barricade doors. Silence your cell phone and stay quiet. FIGHT: as a last resort, and if you life is in danger, you may attempt to incapacitate the shooter. Work in unison with others. | Medical |  <ul style="list-style-type: none"> For all medical emergencies dial 707-654-1111 Be ready to describe nature and severity of the medical emergency. Provide the Campus location. Keep the victim calm and comfortable. Provide basic first aid/CPR/AED if trained. Report all work related injuries immediately to: Department of Safety & Risk Management and to Human Resources |

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Appendix H: Accident Incident Management

To download and/or print this poster refer to SRM website: [Accident Incident Management Poster](#)

CAL MARITIME

ACCIDENT INCIDENT MANAGEMENT

IN CASE OF INJURY OR ILLNESS AT WORK

If Serious*

1

IMMEDIATELY

Call



911

From a Campus Phone

707-654-1111

PROMPTLY NOTIFY

Your Supervisor & Complete an Incident Report

TREAT

Injury or Illness Promptly & Appropriately



First Aid

RETURN TO WORK

Supervisor promptly notifies Safety & Risk Management

Supervisor promptly notifies VP of all Serious Injuries

Contact Human Resources to coordinate care at designated treating facility

Complete an Incident Report Online

<https://www.csum.edu/web/safety/home>

*Note: Dialing 911 directly will not immediately dispatch Cal Maritime Police Department. Dialing 707-654-1111 will simultaneously dispatch Cal Maritime Police Department as well as other Local Agency Emergency Responders.

Prompt reporting and treatment provides the initial attention to the person suffering the injury or illness as well as address the work condition that contributed to the incident. Its not about blame, its about finding a gap in the system and improving it.

| | | | |
|-------------------------------------|--|--|--|
| Non-Emergency M-F Business Hours | Campus Police Department 707-654-1176 | Safety & Risk Management 707-654-1076 | Human Resources-Workers Comp 707-654-1021 |
|-------------------------------------|--|--|--|

For more information and training, contact the Department of Safety & Risk Management Rev.1.2017

Appendix I: Training Log


TRAINING SIGN IN SHEET

| | | | | | |
|------------------------|------------------------------------|---|---|--|--|
| Subject | | | | Date | |
| Instructor Name | | | | | |
| Department | | | | | |
| Course Level | <input type="checkbox"/> Awareness | <input type="checkbox"/> Competent Person | <input type="checkbox"/> Certified Person | <input type="checkbox"/> Other | |
| Frequency | <input type="checkbox"/> Initial | <input type="checkbox"/> Annual-Refresher | <input type="checkbox"/> Process Change | <input type="checkbox"/> Post Incident | |

The attendees listed have satisfactorily participated and been tested per Regulation/University training requirements.

| | PRINT NAME | STATUS (Staff, Faculty, Student) | SIGNATURE |
|----|-------------------|--|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
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| 14 | | | |
| 15 | | | |

Retain Original at Department Level & Submit Copy to Risk Management

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