



**Harris County  
Automated External  
Defibrillator (AED)  
Program**

**Updated 01/2026**

# **HARRIS COUNTY AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM**

## **Purpose**

Sudden Cardiac Arrest is a relatively rare, unpredictable, but potentially fatal event. The purpose of the Harris County Automated External Defibrillator (AED) Program is to enhance the safety of employees and visitors in County-owned properties by providing equipment and training to save the lives of people experiencing a heart attack, cardiac arrest, and stroke. The purpose of this document is to provide an easy-to-follow procedure for the Department's implementation, monitoring, and maintenance of its AED program.

## **Objectives**

- To provide a procedure to select AED installation sites.
- To provide a procedure to facilitate the purchase of AEDs and accessories.
- To provide a procedure to facilitate the installation of AEDs and accessories.
- To provide a directive to acquire appropriate CPR/AED training.
- To provide guidelines on equipment maintenance.

## **Definitions**

**Automated External Defibrillator (AED)** – An automated heart monitor and defibrillator that meets federal and state standards and is approved by Harris County Health Public Health (HCPH).

**AED Program Coordinator-** An individual who is selected by the Office of Management and Budget-Risk Management (OMB-RM) to coordinate the AED Program with County Departments, HCPH, Building Operations Service (BOS), and purchasing.

**Call-to-Shock Response Interval** – The estimated time to initiate and complete a call to 9-1-1 emergency services, plus the time to dispatch a fire engine or ambulance and for it to travel from the nearest fire or EMS station to the building, plus the time for the rescue crew to travel from their vehicle to the patient, plus the time to deliver a shock using fire department or EMS equipment.

**Department AED Coordinator** – Individual(s) selected by the Department Director who will be responsible for coordinating the Department's AED program. When available, Department Directors should use staff who participate with emergency service agencies.

**Medical Director** – A physician appointed by HCPH who is responsible for medically directing the Harris County AED program. The Medical Director or designee is responsible for all clinical matters pertaining to the AED program for the County.

**Emergency Medical Service (EMS)** - A Professional community responder agency that provides medical assistance and/or ambulance transport and responds to emergency events.

**EMS Response Barriers** – Traveling distance from the nearest fire/EMS station greater than 3 minutes, suite numbers, 3<sup>rd</sup> floor or higher locations, response units that are not readily available, and other impediments to quick EMS response.

**High population density location** – Any facility that routinely has occupancy of greater than 250 adults at any given moment during a regular workday.

**Rescue Breathing** - Artificial ventilation of a victim in respiratory and/or sudden cardiac arrest.

**Sudden Cardiac Arrest (SCA)** - A significant life-threatening event when a person’s heart stops or fails to produce a pulse.

**Visual Check of AED** – A visual check feature indicating the results of the AED device’s most recent self-check.

## **Procedure**

### ***A. Selecting potential buildings/sites for AED placement.***

1. Each County Building and Department will be evaluated by OMB-RM and BOS, with the assistance of the Department Director, for potential AED placement.
2. Consider AED placement in buildings and other locations with high population densities, or at any site where the anticipated EMS call-to-shock response interval exceeds 5 minutes. Those guidelines include the following:
  - One AED for approximately 20,000 square feet of floor area.
  - About one AED every two floors of a multi-story building.
  - A high public traffic volume.

3. Depending on the unique characteristics of any site, one or more AEDs should be considered for placement. AEDs should be located so that the walk to retrieve an AED takes no more than 1.5 minutes.
4. AED installations should be highly visible and easily accessible to employees and passers-by alike. AED installations should also be in relatively well-monitored areas to reduce the likelihood of theft.

***B. Purchase of AEDs***

1. AED hardware will be purchased by Harris County through the Purchasing Department for the agreed-upon number of AEDs and accessories.
2. Each AED purchase will include an appropriate wall case and a mouth-to-mouth resuscitation barrier device.
3. Purchasing will notify the AED Program Coordinator prior to placing an AED order for any Department to ensure the AED program is followed.

***C. Installation***

1. Members of Building Operations Service (BOS) will coordinate the installation of AED devices and associated signage. BOS must approve all installations.
2. Each installation will have an accompanying notice in brightly colored letters that contrast with the background, stating:  
"AED" printed on a sign affixed to the wall above the installed cabinet
3. AED devices shall be installed and maintained in accordance with Harris County policies and manufacture's guidelines.
4. Each AED will be equipped with two sets of defibrillator pads. The AED Program Coordinator is responsible for contacting the vendor to restock equipment after any use of an AED.
5. Removal/de-installation of an AED must be justified in writing to the Department Head, OMB-HR and BOS.
6. Installation of an AED must be followed by notification to the local EMS service provider by the AED Program Coordinator.

#### ***D. Training***

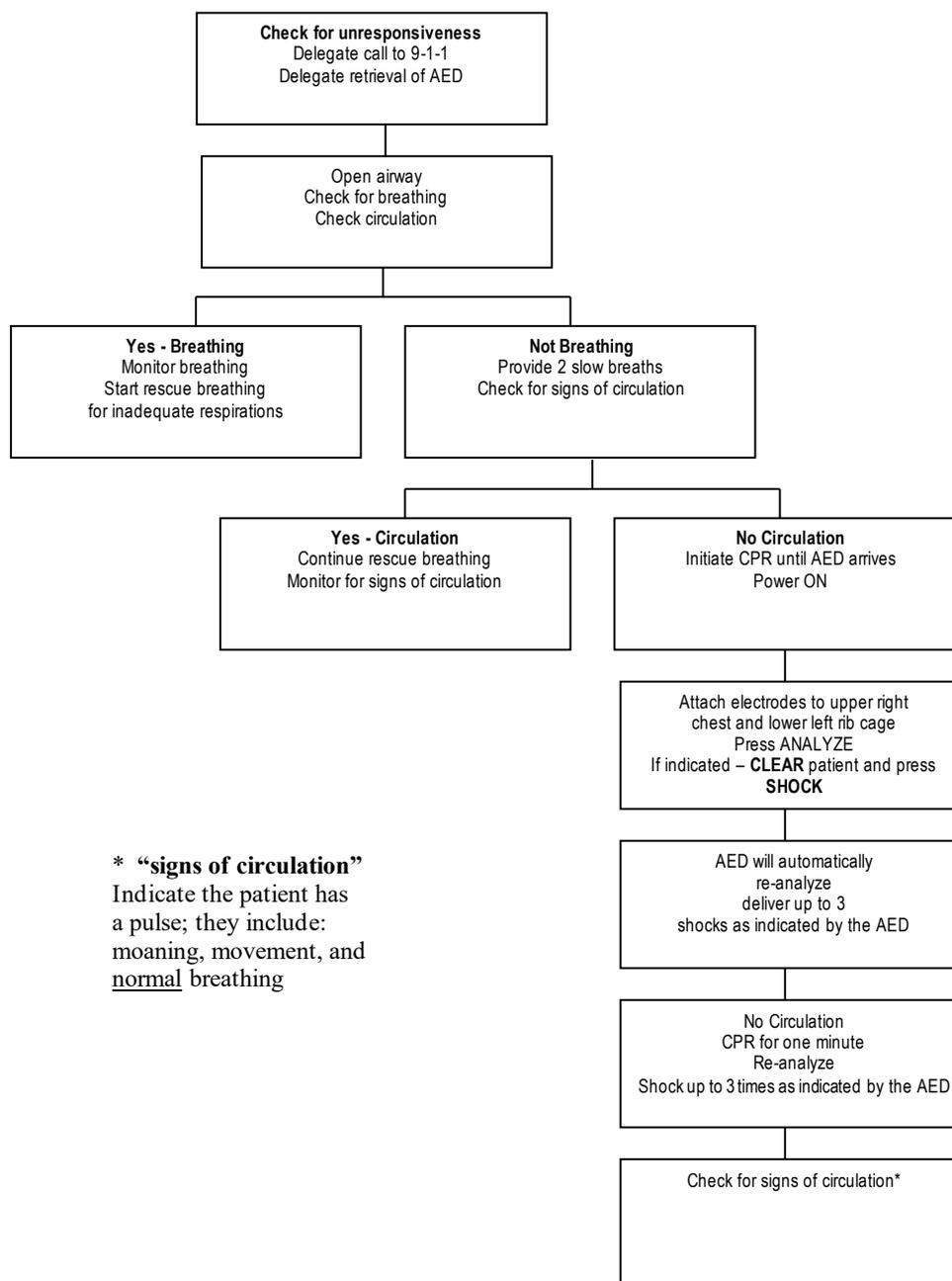
1. Initial AED training will be scheduled by the AED Program Coordinator through OMB-HR with the assistance of the participating County Departments.
2. AED Program Coordinator will coordinate with Department AED Coordinators to ensure that 3-6 people are appropriately trained in CPR and use of an AED that will be assigned to the general work area selected for an AED.
3. Department AED Coordinators are responsible for ensuring refresher training of Department employees on CPR and the use of an AED.
4. Department AED Coordinators will verify that each AED user has been trained in accordance with the American Heart Association (AHA) guidelines.
5. Departments may contract for additional CPR/AED training with a recognized training agency such as the AHA, American Red Cross (ARC), or the National Safety Council (NSC).
6. Department AED Coordinators will keep track of the names, assigned work locations, CPR/AED training dates, the verifying organizations (AHA, ARC, NSC), and the two-year anniversary of the training, and will maintain a photocopy of each employee's training verification card. (See Appendix 1)
7. Each Department AED Coordinator will schedule CPR and AED skills review and recertification for employees at least every two years. Attendance at refresher training will be recorded by the coordinator.
8. Department AED Coordinators will provide an updated list annually to the AED Program Coordinator with the names of people trained in CPR/AED.

#### ***E. Maintenance of AED***

1. AED maintenance and inspection will be performed annually by the manufacturer's trained technician or periodically as determined by Harris County. This annual evolution will be documented and posted on the online record-keeping program. The Department AED Coordinator/representative will provide access for the technician to perform this monthly inspection.

2. The Department AED Coordinator or designee should perform a monthly check of the AED in their area. If it appears that the AED device is not fully operational, the Department AED Coordinator will contact the AED Program Coordinator immediately, but no later than the next business day. The monthly inspection should be documented utilizing the monthly inspection form or a similar form.
3. The AED vendor will be required to maintain records of any repairs and/or parts replacement for the life of the product in accordance with the County's contract.

# AED Treatment Algorithm



\* **“signs of circulation”**  
Indicate the patient has a pulse; they include: moaning, movement, and normal breathing

- Following use of an AED, the user will contact the AED Program Coordinator immediately.
- The AED Program Coordinator will notify the Medical Director, HCPH, and OMB-HR as soon as possible.
- A written copy of the medical course of the patient and the **AED Incident Report (See Attached report)** must be sent to the AED Program Coordinator, who in turn will forward the completed materials to the Medical Director in a timely fashion.

***F. AED Review***

1. Following the use of an AED, the AED Program Coordinator will notify the Medical Director, HCPH, and OMB-RM within 24 hrs. AED data will be downloaded and forwarded to the Medical Director as appropriate.
2. Following the use of an AED a debriefing, headed by the AED Coordinator, is to be conducted with all team members who responded to the event, as well as any bystanders and co-workers who witnessed the event, the Medical Director if necessary and professional counselors if deemed appropriate by the AED Coordinator or the Medical Director.
3. A **Post-Incident Review Form (See Attached form)** shall be completed at the conclusion of each drill and each real SCA event to evaluate the response model and debrief the AED responder(s). The completed form shall be discussed in the debriefing meeting following the drill or event. Further discussion shall be conducted with the Medical Director as necessary. In either event, written copies of the form shall be distributed to all necessary parties within the Harris County AED Program and relevant department for administrative review.

***G. Corrective Action for Deficiencies (equipment problems)***

1. Any program deficiency identified by the AED Program Coordinator will be promptly brought to the attention of the Medical Director.
2. All deficiencies in the performance of the AED machine itself shall be handled on a case-by-case basis by the AED Program Coordinator and the manufacturer's representative. The Medical Director will provide clinical input as needed.

- a) If the AED device is suspected of malfunctioning, the AED Program Coordinator shall be contacted immediately. The device will be taken out of service until it can be inspected and repaired, if needed. -The electrode pads will be kept with the device unless the pads were kept on the patient and transported with the patient via EMS.
- b) -The manufacturer's representative will supply a loaner device until the original AED device is returned or replaced.

#### ***H. Contacts***

**HCPH-** Medical Director- (713) 439-6000

**OMB-RM-** AED Program Coordinator- (713) 274-5532

**BOS-** Safety- (713) 274-3600

#### **ATTACHMENTS**

**Trained personnel roster**  
**AED Post-Incident Review**  
**AED Monthly Inspection forms**



# **AED POST-INCIDENT REVIEW**

## ***INCIDENT DETAILS:***

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Responding HC employees(s): \_\_\_\_\_

AED Operator: \_\_\_\_\_

AED Serial#: \_\_\_\_\_

### ***AED Operation Notes***

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## ***PATIENT DETAILS:***

Name of Patient: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_

Approximate Age: \_\_\_\_\_

*Comments Concerning This Patient (Example- difficulty with clothing/undergarments, placement of electrodes, etc.):*

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## ***MEDICAL RESPONDERS DETAILS;***

EMS Run Report#: \_\_\_\_\_

## ***ADDITIONAL COMMENTS:***

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## ***ATTENDEES:***

AED Operator  
Department AED Coordinator  
Department Director  
HCOMB-RM Rep  
Medical Director

***Name:***

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AED MONTHLY INSPECTION							
UNIT LOCATION:							
TYPE OF AED: CARDIAC SCIENCE / LifePaK							
SERIAL NUMBER:							
MONTH	JAN	FEB	MAR	APR	MAY	JUNE	NOTES
AED							
Check battery condition							
Open door check audio							
Check for pads							
CARRYING CASE							
Good condition							
ADULT PADS & SPARES							
Expiration Dates							
PEDIATRIC PADS							
Expiration Dates							
RESCUE KIT - FIRST AID							
Razor							
Gloves							
Towelett							
Scissors							
Instructions							
WALL CASE							
Check alarm							
Door							
Glass							
Signage							
Inspection Tag							
Key							
Alarm battery							
Wall Mounts							
Inspected By:							
Inspection Date:							

**AED MONTHLY INSPECTION**

UNIT LOCATION:

TYPE OF AED: CARDIAC SCIENCE / Lifepak

SERIAL NUMBER:

MONTH	JULY	AUG	SEPT.	OCT.	NOV.	DEC.	NOTES
<b>AED</b>							
Check battery condition							
Open door check audio							
Check for pads							
<b>CARRYING CASE</b>							
Good condition							
<b>ADULT PADS &amp; SPARES</b>							
Expiration Dates							
<b>PEDIATRIC PADS</b>							
Expiration Dates							
<b>RESCUE KIT - FIRST AID</b>							
Razor							
Gloves							
Towelett							
Scissors							
Instructions							
<b>WALL CASE</b>							
Check alarm							
Door							
Glass							
Signage							
Inspection Tag							
Key							
Alarm battery							
Wall Mounts							
Inspected By:							
Inspection Date:							