

TALC ESP Meeting Minutes  
4/28/03

The TALC ESP committee met on 4/28/03. Members present were: Bob Bidwell, Fred Bayley, Doris Crute, Susan Hendrick, Debbie Hollifield, Steve Hollifield, Noel Isham, Karen Jones, Stephen Matheny, Kelly Metcalf, Debbie Puett, Charles Stutzman, Susan Vaughan, Bruce Waddingham, and Paula Walker.

**The next meeting of the TALC ESP committee will be 2:15pm on June 12 in the blue room.**

Debbie Hollifield introduced David Clay EMS Coordinator, who has expertise in using external defibrillation devices. He recommended that public facilities should have an AED especially when more than 75 people use a facility at any one time during the day, and especially if many are 50 years old or older. Also, facilities should have this type equipment when response time from incident to treatment is greater than 3 minutes. The use of this type equipment greatly increases chance of survival if it is used within 5 minutes after collapse. This equipment should be used only with persons 8 years old or older, or 70 lbs. or heavier and when no pulse has been confirmed.

Four hours of training are necessary for a person to use heart saver AED.

Average price is \$2,000-\$3,500. ICC equipment should be compatible with EMS to ease transition from ICC intervention to EMS treatment. They are now using the Zoll M. Series.

David suggested that the ideal would be for every building to have an AED. In working toward this, areas should be prioritized according to # of occupants and age of occupants. The Foundation should be a high priority. Security may also be considered as a resource for managing the defibrillators. There is a higher risk of liability if we don't do anything than if we try and fail. This equipment also needs to be secure. Questions were raised regarding liability for using, maintaining, etc. the defibrillators. Policies can be established to define availability.

Recommendations:

Ask College Attorney to investigate liability concerns. A protocol needs to be written according to attorney's advice. Protocol should indicate that 9-911 should be called first and then security.

Consider the Department of Security as a responsible agent for maintaining and using an AED when necessary. Stephen Matheny will explore this possibility with that department.

Consider the scenario that the defibrillator could be needed but not available for use by a trained person.

High intensity areas for consideration are:

Priority: 1 mobile unit for security, 1 unit for The Foundation, 1 unit perhaps for physical education due to the intensity of activity and age of occupants. BLET may also be considered. Bob Bidwell will discuss this with Rick Gilbert and report back to ESP.

Purchase equipment that is compatible with EMS-Zoll M. Series.

Consider how many persons are willing to receive training. Security and The Foundation staff would be good candidates for training.

Debbie indicated that training could be offered with the book as the only cost.

Consider methods for “cross-training” and “cross sharing” of equipment, e.g., Building 1 and 18. Also, consideration may be given to a policy that would allow faculty/staff the option of checking out the equipment as appropriate.

In defining protocol regarding potential equipment sharing and check-out, consider that response time of 3 minutes is vital.

Recommendations/suggestions will be presented to Dr. Lewis for review and feedback.