Introduction:
The following are operational guidelines to be used by any facility employing AEDs

Supervision & Co-ordination:
1. Any facility with a CPR+AED program would need to have a Program Co-ordinator. The role of the program co-ordinator would be as follows:
   a. Identify numbers of AEDs required for the facility
   b. Specify the locations for each of the AEDs
   c. Arrange for the purchase of the AEDs, and their covering box and required signages (Annex A)
   d. Nominate a Medical Practitioner, if any, who may provide medical direction for the AED program.
   e. Identify the numbers of ground staff who will need to be trained in the skills of CPR and AED use.
   f. Ensure that all identified staff are currently certified in these skills at training centers accredited by the National Resuscitation Council (NRC)
   g. Institute a system of maintenance for the AEDs
   h. Institute a recognition program for CPR+AED trained staff and for those who utilize their skills to save lives.

2. A Medical Practitioner, if available, may provide medical direction for an AED program. Such a medical practitioner, if available, should also be trained in CPR and use of the AED. In the absence of a medical practitioner, assistance for medical direction and medical protocol development may be requested from either the National Resuscitation Council (NRC) or any NRC-accredited AED or CPR+AED Training centre. The guidelines for provision of medical direction would be as follows:
   a. Recommend the medical protocol concerning use of CPR and AED at the facility.
   b. Review the actions taken at every instance of documented cardiac arrest at the facility, including the use of the AED
   c. Review the CPR+AED program at least once annually and when a change in guidelines is recommended by the NRC.
   d. Inform the Program co-ordinator of the findings and recommendations of the review.

Roles of Trained Emergency Responders
3. These are staff who have been trained in the skills of CPR and AED use.
4. Certification in these skills is currently valid for a two-year period. It is the duty of the responders to go for re-certification at least once every two years.
5. Recertification should also be from NRC-accredited Training Centres.
6. Trained responders should go to the assistance of any person within or in the vicinity of the facility who has sustained cardiac arrest and administer the skills of CPR and the use of the AED, if appropriate.
7. Trained responders should also hand over the casualty to a responsible ambulance team for the casualty to be ferried to a hospital.

Emergency Response Plan Activation
8. Internal Activation:
   a. Persons noticing a medical emergency in the facility are to call: Tel: ............... immediately.
b. Once staff were to notice or be notified of an emergency in their premises they will do the following:
   i. Call for help
   ii. Assess need for CPR
   iii. Start CPR, if needed, and call for AED and Emergency Ambulance (995)
   iv. When calling 995, provide the operator the following information:
      1. Type of emergency
      2. Address of facility
      3. Location of emergency
      4. Phone number calling from
      5. Further information requested from 995 operator
   v. Continue CPR and use of AED with other staff till arrival of emergency ambulance crew

**Location of AEDs in the Facility**
1. The Facility will maintain a number of AEDs that will be determined by the Program Coordinator in consultation with the facility management. The number of AEDs in a facility will depend on its size and layout. As a general guide, a facility should aim to have the AED brought to most locations where staff or customers would be expected to frequent within three minutes of activation.
2. Every Facility having a CPR+ AED program should spell out the locations where the AEDs are sited for other staff and members of the public to know.
3. Each AED in the Facility should be easily accessible to users. It should be housed either on a support structure or in a cover box mounted on a wall or an easily accessible surface. The box should have a siren/ light on its top that will be activated each time the latch of the box is opened to retrieve the AED.
4. The Facility will also mount a designated lighted AED sign above the location of the AED. This is to ensure that the AED is located in an easily visible area and that it is easily accessible. The AED signages recommended for use within Singapore are as given in Annex A.

**Post-incident Procedures**
These steps should be completed as soon after the incident as possible:

1. Replace defibrillation pads with fresh ones
2. Replace other supplies used
3. Check battery life with AED vendor
4. Close lid of AED and ensure that battery power is still adequate
5. Retrieve rescue data from the AED, if possible, and forward to agency providing medical oversight. If not, call AED vendor to print out rescue data from the AED and hand to the medical oversight provider.

**Basic Maintenance**
The Facility operator should list out the procedure for the following regarding the AED:

1. Daily maintenance, if any
2. Monthly maintenance, if any
3. Annual maintenance, if any
The above sign consists of two rectangular faces, each face measuring at least 22cm by 16cm arranged at right angles to each other as shown above. The piece is then mounted on a wooden, or metal or concrete backing. The sign is made of white frosted plastic/glass material with the letters “AED” clearly outlined in black above the defibrillation sign as shown above. A lighted lamp placed on the inside back of the wall unit illuminates the sign clearly during the hours of darkness.

This sign is recommended to indicate location of the AED.

Placement in a box with a light / siren is recommended to indicate that the AED is secured by an alarm system to alert others of the collapse and to minimise misuse / theft of the device.