

Administrative Council**March 25, 2019****Meeting No. 19-03**

The Administrative Council met Monday, March 25, 2019, at 3:00 pm, in the J. S. Bridwell Board Room in the Hardin Administration Building. Present were Dr. Suzanne Shipley, Dr. Keith Lamb, Mr. Fred Dietz, Mr. Barry Macha, Dr. Kristen Garrison, Dr. David Carlston, Mr. Matthew Park, Ms. Debbie Barrow, Ms. Dottie Westbrook, Ms. Ellie Gunderson, Ms. Jennifer Smith

- I. Proposed Changes to Summer Camp Rates (Housing) – Attachment A
Vice President Lamb presented information regarding an update to the proposed housing/group rates for consideration. Council members approved the proposal. It was determined that Board approval was not required.

- II. Proposed Changes to Policy 4.194 – Attachment B
Vice President Lamb presented information regarding the proposed changes to Policy 4.194 regarding the automated external defibrillation program. The Council questioned some of the policy wording and it was agreed that Vice President Lamb and Mr. Macha would work on updating the policy prior to resubmitting to the council.

There being no further business, the meeting was adjourned at 3:14 p.m.


Suzanne Shipley, Chair
Jennifer Smith, Secretary

Attachment A

Proposed Changes to Summer Camp Rates (Housing)

October 16, 2018

Current Rates

	Residence Halls	Suites/Apartments
1-50 guests	\$20.00 per night	\$20.00 per night
51+ guests	\$15.00 per night	\$15.00 per night

Proposed Rates

	Residence Halls	Suites/Apartments
1-50 guests	\$20.00 per night	\$25.00 per night
51-100 guests	\$17.00 per night	\$22.00 per night
101+ guests	\$15.00 per night	\$20.00 per night

Rationale

- Additional custodial support is required for groups larger than 50; often requires additional temporary or student labor to avoid falling behind with the summer cleaning schedule
- Cleaning and turnover is more labor intensive in suite- and apartment-style housing than in a traditional residence hall



Midwestern State University

Policies and Procedures Manual

Policy #4.194: Public Access Defibrillation Program

Approval Authority: Board of Regents

Policy Type: General University Policies

Policy Owner(s): Division of Student Affairs

Responsible Office(s): Recreational Sports and Wellness Center / Vinson Health Center

Next Scheduled Review: (xx/xx/xxxx)

I. Policy Statement

This policy provides guidance in the management or administration of a public access defibrillation program at Midwestern State University.

II. Reason for Policy

Sudden Cardiac Arrest is a malfunction of the heartbeat called ventricular fibrillation. Ventricular fibrillation causes ineffective blood circulation, and without prompt correction, death ensues. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillation, delivered promptly after the onset of ventricular fibrillation.

III. Application of Policy

An Automated External Defibrillator (AED) is used to treat ventricular fibrillation. It should only be applied to victims who:

1. are unconscious,
2. have no detectable pulse,
3. show no sign of circulation, or
4. are not breathing normally.

Once activated with the electrical pads applied, an 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 and advise the operator to deliver a shock.

IV. Definitions

Automated External Defibrillator (AED): A device that automatically analyzes the heart rhythm and that if it detects a problem may respond using an electrical shock to restore a normal heart rhythm.

V. Procedures and Responsibilities

A. Program Coordinator

1. The Program Coordinator of the Public Access Defibrillation program is the Director of Recreational Sports and Wellness Center. The AED Program Coordinator (or designee) has ongoing responsibility for:
 - a. Coordination of CPR/AED training opportunities for University employees.
 - b. Distribution of a CPR/AED trained employees list annually to Human Resources and campus first responders.
 - c. Notifying campus emergency services units of the existence, locations, and type of AEDs available.
 - d. Maintaining on file a specification/technical information sheet for each approved public access AED model on campus.
 - e. Communication with the medical advisor on issues related to the Public Access Defibrillation Program, including any post-event reviews.
 - f. Informing the campus community of any changes in the availability of public access AEDs.
 - g. Having regular equipment maintenance performed on public access AEDs.

B. Medical Advisor

1. The Medical Advisor of the AED program is the Medical Director of the Vinson Health Center. The Medical Advisor has ongoing responsibility for:
 - a. Providing medical direction for the use of AEDs
 - b. Reviewing and approving guidelines for emergency procedures related to the use of AEDs and CPR.
 - c. Evaluation of post-event review forms and any digital files downloaded from an AED after use.

C. Authorized AED users

1. Each building housing a public access AED will have university personnel trained in CPR/AED, and who understand they are to respond if called to the scene of a medical emergency necessitating the use of an AED. In emergency situations, such personnel may not always be available; Texas law provides protection to any person who in good faith administers emergency care, including use of an automated external defibrillator.

D. Location of Public Access AEDs

1. Public access AEDs should be in a clearly marked cabinet in the following buildings, or in possession of the University Police. The location inside each building should be accessible and prominent.
 - a. Bolin Hall
 - b. Bridwell Hall
 - c. Bruce and Graciela Redwine Student Wellness Center
 - d. Clark Student Center
 - e. Daniel Building
 - f. Dillard College of Business Administration

- g. D.L. Ligon Coliseum
- h. Fain Fine Arts Center – B Wing
- i. Hardin Administration Building
- j. Killingsworth Hall
- k. Legacy Hall
- l. McCullough-Trigg Hall
- m. Moffett Library
- n. Pierce Hall
- o. Prothro-Yeager College of Humanities and Social Sciences
- p. Sundance Court

E. Readiness and Maintenance

1. All public access AEDs will be maintained in a state of readiness.
 - a. The AED Program Coordinator (or designee) will conduct maintenance in accordance with the manufacturer's recommendations via monthly and/or yearly inspections.
 - b. When consumable items reach their expiration date, the AED Program Coordinator (or designee) will be responsible for the replacement of expired items.
 - c. Following use of public access AED, the equipment shall be cleaned and/or decontaminated, as required. If contamination includes body fluids, the equipment shall be disinfected.

F. Training

1. The AED Program Coordinator (or designee) shall coordinate CPR/AED training opportunities for University employees to voluntarily participate in. Training shall consist of a recognized CPR/AED course, such as that offered by the American Heart Association.
2. Individuals who complete CPR/AED training should be familiar with universal precautions, and be advised with regard to Hepatitis B immunizations.
3. Employees trained in CPR/AED will renew their training every two years in order to retain their certification status.

G. Medical Response Documentation

1. An AED usage report will be completed by an employee who activates a public access AED during a medical emergency and submitted to the AED Program Coordinator by the end of the next work day following the use of a public access AED.
2. AED use information and any data recorded by the public access AED shall be submitted to the AED Medical Advisor within three working days following use of a public access AED.

H. Post-Event Review

1. Following each emergency use of a public access AED, there shall be post-event review to learn from the experience.
 - a. The AED Program Coordinator (or designee) shall document and conduct the post-event review.
 - b. All of the key participants in the emergency use event shall be invited to participate.

- c. Actions shall be reviewed with identification of areas that went well and any areas for improvement.
- d. A summary of the post-event review shall be maintained by the AED Program Coordinator (or designee).

I. Annual Review

1. Once each calendar year, the AED Program Coordinator (or designee) shall conduct and document a review of the Public Access Defibrillation program. This review shall address:
 - a. State of readiness
 - b. Location suitability
 - c. Training records
 - d. Equipment operation records
 - e. Maintenance records

VI. Related Statutes, Rules/Regulations, Policies, Forms, and Websites

Texas Good Samaritan Act
Civil Practice and Remedies Code; Title 4 – Liability in Tort; Chapter 74 – Medical Liability; Subchapter D – Emergency Care

VII. Responsible Office(s)

Contact: Angie Reay, Director Recreational Sports and Wellness Center
Redwine Student Wellness Center, Rm 155
3410 Taft Boulevard
Wichita Falls, TX 76308
Phone: (940) 397-4206
Email: angie.reay@msutexas.edu

Contact: Dr. Keith Williamson, MD
Vinson Health Center
3410 Taft Boulevard
Wichita Falls, TX 76308
Phone: (940) 397-4231
Email: keith.williamson@msutexas.edu

VIII. History

11/04/2005: Policy approved by the Board of Regents
2/14/2014: Revised locations of public access AEDs
2/18/2019: Converted to model policy format, updated responsibilities of program coordinator and medical advisor, revised locations of public access AEDs

4.194 Student Affairs & Enrollment Management

PUBLIC ACCESS DEFIBRILLATION PROGRAM

Date Adopted/Most Recent Revision: 2/14/14

A. Purpose

This policy provides guidance in the management or administration of a public access defibrillation program at ~~Midwestern State University.~~

~~Sudden Cardiac Arrest is a malfunction of the heartbeat called ventricular fibrillation. Ventricular fibrillation causes ineffective blood circulation, and without prompt correction, death ensues. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator, delivered promptly after the onset of ventricular fibrillation.~~

~~An Automated External Defibrillator (AED) is used to treat ventricular fibrillation. It should only be applied to victims who:~~

- ~~1. are unconscious,~~
- ~~2. have no detectable pulse,~~
- ~~3. show no sign of circulation, or~~
- ~~4. are not breathing normally.~~

~~Once activated with the electrical pads applied, 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 and advise the operator to deliver a shock.~~

B. Program Coordinator

~~The program coordinator of the AED program is the Director of Recreational Sports and Wellness Center. The program coordinator has ongoing responsibility for:~~

- ~~1. Selection of campus community members for CPR/AED training~~
- ~~2. Coordination of CPR/AED training~~
- ~~3. Distribution of CPR/AED trained employees list annually~~
- ~~4. Notifying local emergency medical services of the existence, locations, and type of AEDs acquired~~
- ~~5. Maintaining on file a specifications/technical information sheet for each approved public access AED model on campus~~
- ~~6. Communication with the medical advisor (see below) on issues related to Public Access Defibrillation/AED, including post-event reviews~~

C. Medical Control

~~Medical oversight of the AED program is provided by the Medical Director of the Vinson Health Center. Medical oversight of the AED program consists of ongoing responsibility for:~~

- ~~1. Providing medical direction for the use of AEDs~~
- ~~2. Writing a prescription for AEDs~~
- ~~3. Reviewing and approving guidelines for emergency procedures related to the use of AEDs and CPR~~
- ~~4. Evaluation of post-event review forms and digital files downloaded from the AED~~

D. Authorized AED users:

~~Each building housing an AED will have individuals trained in CPR/AED, and who understand they are to respond if called to the scene of a medical problem. In emergency situations, such an individual may not always be available; Texas law provides protection to any person who in good faith administers emergency care, including using an automated external defibrillator.~~

E. Location of Public Access AEDs:

~~The AED will be in the buildings specified, or in possession of the University Police in the instance of AEDs designated for their use. The location inside each building is left to the discretion of the occupants of that building; however, the location should be accessible and prominent. The AED should be in a clearly marked cabinet and will be located in the following buildings:~~

- ~~1. Bruce and Graciela Redwine Student Wellness Center~~
- ~~2. D. L. Ligon Coliseum~~
- ~~3. Fain Fine Arts Center~~
- ~~4. Clark Student Center~~
- ~~5. Hardin Administration Building~~
- ~~6. University Police Vehicles (2)~~
- ~~7. Moffett Library~~
- ~~8. Daniel Building~~

~~Contracted and other community activities are not guaranteed access to the AEDs as part of standard rental contracts.~~

F. Maintenance

All AEDs will be maintained in a state of readiness.

1. The AED Program Coordinator will inform the campus community of any changes in the availability of AEDs.
2. The AED Program Coordinator will inform the building response teams of any changes in the availability of AEDs.
3. The AED Program Coordinator or designee shall be responsible for having regular equipment maintenance performed.
4. Following use of an AED, the equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected.

G. Routine maintenance

Maintenance shall be done in accordance with the manufacturer's recommendations for daily, weekly, monthly and/or yearly inspections. When consumable items are near their expiration date, the AED program coordinator or designee shall be notified immediately.

H. Training

Employee response teams shall be volunteers trained in a recognized CPR/AED course, such as that offered by the American Heart Association. These teams should also be familiar with universal precautions, and be advised with regard to Hepatitis B immunization.

Trained volunteers will renew their training every two years.

I. Medical Response Documentation

An AED usage report will be filled out by a member of the volunteer CPR/AED response team, and submitted to the AED Program Coordinator by the end of the next working day following use of an AED. AED use information and any data recorded by the AED shall be submitted to the medical director within two working days following use of an AED.

J. Post-event review

Following each use of an AED, or following any event in which a CPR/AED volunteer response team member is summoned, there shall be a post event review to learn from the experience.

1. The AED Program Coordinator or designee shall conduct and document the post-event review.
2. All of the key participants in the event shall participate.
3. Actions shall be reviewed with identification of areas that went well and areas for improvement.
4. A summary of the review shall be maintained by the AED Program Coordinator.

K. Annual review

Once each calendar year, the AED Program Coordinator or designee shall conduct and document a review of the Public Access Defibrillation plan. This review shall address:

1. State of readiness
2. Location suitability
3. Training records
4. Equipment operation and maintenance records