



UNITED STATES MARINE CORPS  
MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION  
PO BOX 19001  
PARRIS ISLAND, SOUTH CAROLINA 29905-9001

DepO 11320.1A  
G-3

FEB 05 2020

DEPOT ORDER 11320.1A

From: Commanding General  
To: Distribution List

Subj: PUBLIC ACCESS AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM

Ref: (a) SECNAVINST 5100.17A  
(b) MCO 11000.11A  
(c) Public Law 106-505, Public Health Improvement Act (Cardiac Survival Act of 2000), November 13, 2000  
(d) Federal Register, (Volume 66, Number 100) May 23, 2001

Encl: (1) Marine Corps Recruit Depot Parris Island Public Access Automatic Defibrillator Program Manual

1. Situation. Sudden Cardiac Arrest (SCA) is the leading cause of death in the United States. The public in proximity of a SCA victim play a vital role in the victim's chances of survival. To adequately prepare a timely lifesaving response to a SCA on the Depot given the large volume of people that occupy and routinely transit Marine Corps Recruit Depot, Parris Island (MCRD PI), a robust Depot response system is necessary. This response system includes the development of a Public Access Automatic Defibrillator (PAD) program that offers the public immediate access to easily usable Automated External Defibrillators (AED) in the Depot's high risk areas.

2. Cancellation. DepO 11320.1

3. Mission. MCRD PI implements a PAD program in accordance with (IAW) references (a) through (d) in order to ensure immediate public access and easy use of critical lifesaving AEDs in support of (ISO) a SCA event aboard the Depot.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commanders Intent. To establish, maintain, and supervise an effective installation PAD program, ensuring easy public access and usability of AEDs at high risk Depot locations ISO a SCA event.

(a) The Depot assigns a lead Office with Primary Responsibility (OPR) to coordinate all elements of an AED PAD program. Commercial AEDs are procured and placed at high risk population gathering areas and select facilities IAW references (a) through (d). Processes are established to actively maintain the AEDs in conjunction with Depot tenants and in

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compliance with medical requirements, with initial and sustainment training offered to program participants and managers.

(b) Depot tenants and the public have common access to operable and easily usable AEDs in areas perceived to be high risk population centers aboard the Depot, enabling the provision of critical life support to SCA victims.

(2) Concept of Operations. Under the direction of the AC/S G-3, the Fire Department serves as the AED OPR. A Depot risk assessment is conducted that discerns the necessary placement of AEDs across the Depot IAW regulation and/or assessed risk, ensuring easy public access to AEDs ISO an SCA event. An AED Coordinator (AEDC) is appointed by the Fire Department who will serve as the reporting conduit for Major Subordinate Element (MSE) appointed Deputy Fire Wardens (DFW) who monitor and maintain the AEDs in their respective assigned Areas of Responsibility (AOR). A recurring inspection regime is established and published to ensure sustained AED operability, a supporting initial and sustainment training program is established for assigned DFWs, and compliance with medical oversight requirements is ensured.

b. Subordinate Element Missions

(1) Assistant Chief of Staff, Operations and Training (AC/S, G-3)

(a) Supervise, manage, coordinate and inspect the Depot's AED PAD program.

(b) Appoint, in writing, the MCRD PI Fire Chief as the AED OPR.

(2) Fire Chief, Fire and Emergency Services Department (AED OPR)

(a) Appoint, in writing, a Depot AEDC, ideally, but not necessarily, from within the Fire and Emergency Services (F&ES) Department. Notify Marine Corps Installations-East (MCI-East) of the appointment, accordingly.

(b) Conduct a risk-based assessment of MCRD PI prior to establishment of the MCRD PI PAD program IAW enclosure (1).

(c) Ensure the program's compliance with regulatory and medical requirements IAW enclosure (1).

(3) AEDC

(a) Manage the day-to-day PAD program requirements, ensuring compliance with necessary training, registry, accountability, and reporting requirements IAW enclosure (1).

(b) Serve as the liaison for all primary MSE DFWs.

(4) MSE Commanders. Appoint, in writing, a primary and, as necessary, supporting Fire Wardens to assist in managing the MSEs AED allocation, and ensure compliance with necessary operator and training requirements. For each AED assigned, at a minimum, ensure a primary and alternate operator are trained on the proper utilization and disposal of AEDs.

(5) Fire Wardens

(a) Ensure compliance with necessary inspection and post-usage turn-in requirements IAW enclosure (1).

(b) Identify AEDs and supplies that require maintenance or replacement to the OPR via the AEDC, who will then request funding through the G3 for approval.

(6) Director, Depot Safety. Ensure the Enterprise Safety Applications Management System (ESAMS) is maintained to support the PAD's data requirements for program reviews ISO the OPR.

(7) Director, Branch Health Clinic (BHC)

(a) Designate a physician to review and sign AED prescriptions upon request of the MCRD PI PAD Program AED OPR Director (MCRD PI Fire Chief).

(b) Ensure the designated physician meets with the MCRD PI PAD Program AED OPR and/or AEDC at least annually to give advice on the effectiveness of the AED PAD Program and review any SCA events to ensure current standard operating procedures are in-line with sound medical practice.

d. Coordinating Instructions

(1) Use of AEDs should be incorporated into CPR training programs. Commanders are encouraged to leverage assets for training, including but not limited to the American Heart Association, Red Cross, MCRD PI F&ES, and other safety programs.

(2) Use of an AED while helping in a SCA event and within the parameters in enclosure (1) has civil tort protection.

4. Administration and Logistics

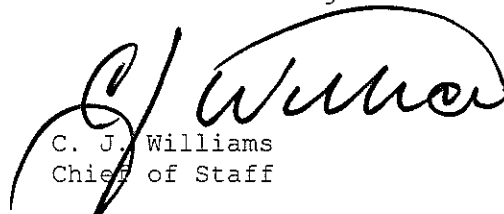
a. Submit recommended changes to this Order to the AC/S, G-3, via the appropriate chain of command.

b. Directives issued by Marine Corps Recruit Depot/Eastern Recruiting Region, Parris Island are published and distributed electronically. Electronic versions can be viewed on the G-1 SharePoint.

4. Command and Signal

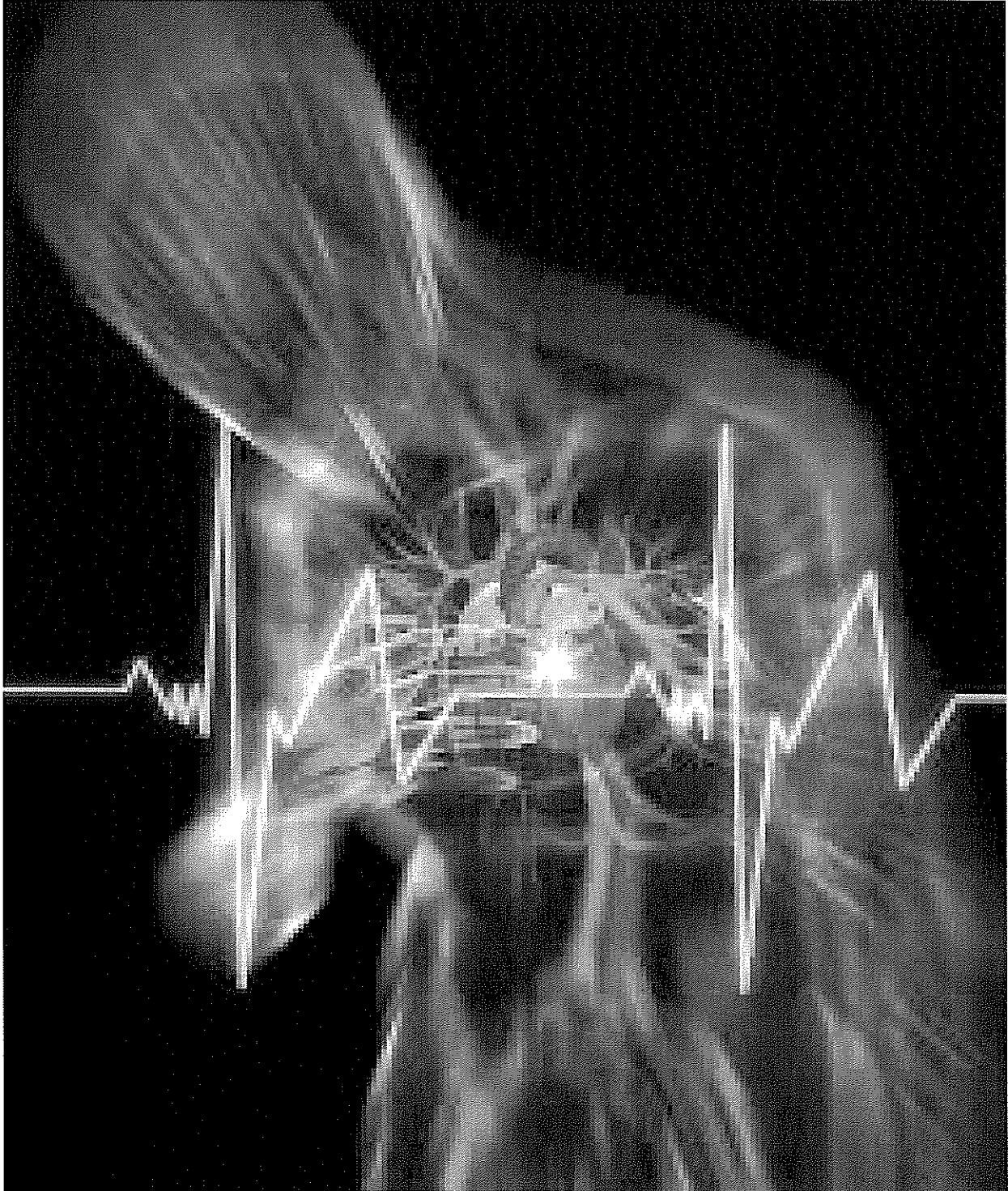
a. Command. This Order is applicable to all MCRD PI.

b. Signal. This Order is effective on the date signed.

  
C. J. Williams  
Chief of Staff

DepO 11320.1A  
FEB 05 2020

Marine Corps Recruit Depot Parris Island  
Public Access Automatic External  
Defibrillator Program



Enclosure (1)

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## 1. INTRODUCTION

a. Sudden Cardiac Arrest (SCA) is one of the leading causes of death in the United States. On average, 400,000 people fall victim to SCA outside of a hospital setting, and only 12% will survive a SCA event. Placing automated external defibrillators (AED) in key locations and training personnel to use the devices properly can mean the difference between life and death. Specifically, data provided by the American Heart Association (AHA) demonstrates a 10% decrease in survivability each minute that passes after SCA.

b. Moreover, brain cells are irreversibly damaged without oxygenated blood flow within four to six minutes. The time from which the heart enters a disorganized electrical rhythm, such as Ventricular Tachycardia or Ventricular Fibrillation, to the return of spontaneous circulation (ROSC) is the single most important factor related to a positive outcome after SCA. The public or personnel in the presence of a SCA victim will play a vital role in a person's chances of not only having a ROSC, but decreasing the negative quality of life outcomes associated with hypoxic brain injury.

c. Personnel must remain engaged in workplace safety and response. The aggregate response time for first responders may be seven to twelve minutes, beginning from the time a 911 phone call is placed. Relying on the Installation's Emergency Medical Services (EMS) alone will prove fatal for SCA victims. Considering the AHA's data, the Installation's EMS will only provide a SCA victim with a 30% chance of survival, if no one intervenes and initiates the very basic lifesaving principles known as the "Chain of Survival."

## 2. THE CHAIN OF SURVIVAL

a. The chain of survival has been adopted by the AHA, and consists of five links:

- (1) Recognition and activation of the emergency response system.
- (2) Immediate high-quality Cardio Pulmonary Resuscitation (CPR).
- (3) Rapid defibrillation.
- (4) Basic and advanced emergency medical services.
- (5) Advanced life support and post-arrest care.

b. The chain of survival illustrated above requires bystanders to recognize and act upon someone going into cardiac arrest quickly. Once recognized and 911 is activated, CPR should begin and emphasis placed on chest compressions. Next, the heart must regain its electrical rhythm or beat to achieve ROSC. By-standers should deploy an AED to deliver a therapeutic dose of electricity, allowing the heart to establish its natural electrical rhythm.

c. Public Access Defibrillation (PAD) programs provide the first three links of the survival chain; these links are provided by bystanders/co-workers, with minimal training, and provides the victim the best chance for survival.

3. LIABILITY PROTECTION. The Cardiac Arrest Survival Act of 2000 encourages the placement of AEDs in federal buildings and ensures federal liability protection for those who acquire or use an AED to help save a

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life. In addition, the act provides limited immunity to persons using the AED and the purchaser of the AED device.

4. MEDICAL PRESCRIPTION REQUIREMENT. An AED is a medical device regulated by the Food and Drug Administration (FDA). A medical prescription must be established for a creditable PAD program. The Branch Health Clinic will provide the regulatory medical oversight required for the Marine Corps Recruit Depot Parris Island (MCRD PI) PAD program and will support the AED Office of Primary Responsibility (AED OPR) and the AED Coordinator (AEDC) with a medical prescription to function the program. AEDs approved for this program will have the following features: battery operated with no charging system, devices shall be able to record data, and data shall be able to be retrieved by the AEDC without the need for the device to be sent to a manufacturer. An AED used in this program will be capable of delivering a biphasic shock of 150 joules minimum, and be labeled by the manufacture as being an approved FDA device. If there is a potential for children to visit a facility containing a MCRD PI - PAD Program AED Device, the AED should be stocked with both Adult and Pediatric AED Electrodes. There is no evidence that any one brand name of AED saves more lives over another brand of AED. The Installation's AED OPR may require a specific brand of AED to support interoperability with the local EMS equipment.

5. MCRD PI PAD PROGRAM STRUCTURE

a. The MCRDPI PAD program will be tied directly to the Installation's Deputy Fire Warden (DFW) Program. The following identifies the MCO 11000.11A requirements as of 16 August 2017:

*"Each installation tenant organization shall designate a Fire Warden to help execute the fire prevention program. All Fire Wardens shall receive fire prevention training from the fire prevention staff. The Fire Warden may appoint additional Fire Wardens for designated buildings and facilities. Fire Wardens are responsible for the day-to-day fire prevention regulations within their designated building and facilities. The Fire Warden shall inform the Fire Chief in writing of all fire warden assignments."*

b. The Installation AED OPR will appoint an AEDC. The AEDC will be responsible for the day-to-day activity of the PAD program using tenant assigned Fire Wardens. The AEDC at each installation will liaison between tenant Fire Wardens and the AED OPR for all program matters. The appointed AEDC will be trained to follow the Health Insurance Portability and Accountability Act (HIPAA), Protected Health Information (PHI), and Personally Identifiable Information (PII) regulations. The Fire Wardens will not access or handle SCA victim information and therefore will not be required to take HIPAA, PHI, PII for their appointments. In addition to fire prevention duties, the Fire Wardens assigned by his/her commander will conduct a monthly visual inspection of each AED within his/her area of responsibility (AOR). The following items should be checked:

(1) Ensuring the device is present and stored within an approved cabinet with signage. Cabinet and signage requirements are outlined in this manual.

(2) The readiness display/status indicator shall be checked, and will indicate the device is ready for use.

(3) In accordance with (IAW) the manufacture's guidance, ensure battery(s) are charged and no trouble signals are present.

(4) If deficiencies are noted, the unit will be taken out of service and a replacement device should be installed if one exists. Consumables, such as AED electrodes, should be stocked and be within the manufacture's expiration date.

(5) Annotate the monthly inspection on the AED Inspection Log located with the AED, and notify the AEDC with any deficiencies and/or seek guidance on correcting the problem.

c. Each January, the Fire Warden will add to his/her inspections an annual review by first contacting the AEDC for any updates related to program testing requirements. If stated in the AED device owner's manual, the tenants should be prepared to remove a device and send it back to the manufacture for testing. In some cases, this may require that the device is powered on and powered off.

d. The MCRDPI Fire Chief will ensure the Fire Warden training curriculum includes a comprehensive review of this program manual.

**6. METHODOLOGY FOR DETERMINING AED LOCATIONS AND CABINET MARKING/  
MOUNTING REQUIREMENTS**

a. MCO 11000.11A requires installations to identify and prioritize the location of an AED following a risk-based assessment that considers the likelihood of cardiac arrest, frequency, installation and facility population, average age of population, security barriers and operational requirements, and historical EMS call volume.

b. The methodology used by the MCRD PI PAD Program will follow the same risk-based assessment strategy used by the National Fire Protection Association's (NFPA) 101 Life Safety Code for determining occupancy classifications. At minimum, the following occupancies will maintain an AED:

(1) Assembly Occupancy - An occupancy used for a gathering of 50 or more persons for deliberation, worship, entertainment, eating, drinking, amusement, awaiting transportation, or similar uses, or used as a special amusement building regardless of the occupant load.

(2) Mercantile Occupancy - An occupancy used for displaying and selling of merchandise.

(3) Educational Occupancy - An occupancy used for educational purposes through the 12th grade, by six or more persons, for four or more hours per day or more than 12 hours per week. A venue used temporarily for an educational occupancy shall not be required to have an AED installed unless the venue is occupied by 300 or more people.

(4) Any gymnasium or indoor athletic facilities, staffed fitness centers, swimming pools, main commissaries, main exchanges not classified by A-C above, high-risk training areas, or where operational risk management review by a tenant has determined the need for an AED.



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c. An AED will be stored in a mounted AED storage cabinet. AEDs should be located in areas of ease of accessibility to a layperson. IAW AHA guidelines, the AED should be able to be accessed and returned to any point of a structure/facility within 3 minutes, assuming a person is walking briskly.

d. AED storage cabinets shall be installed in locations with an unobstructed approach. The maximum forward reach to this equipment shall be no more than 48 inches, and the handle of the AED should not be above this point. An object protruding from walls with leading edges between 27 and 80 inches above the finished floor shall not protrude more than 4 inches into walkways, corridors, passageways, or isles.

e. All cabinets shall be well marked by three-dimensional signs, visible in all possible directions, and produce an audible alarm when opened. Facilities that contain an AED must have an installed marker at the main entrance and above each AED cabinet.

## 7. PAD IMPLEMENTATION

a. A Fire Warden must first determine if any existing AEDs are maintained within their facilities. If existing AEDs are present, an inventory will be conducted, capturing the make, model, date of manufacture, serial number, the equipment's location, and any identification system used by the Fire Warden. For example: *Physio Control AED/Oct 2012/(S/N):1A5678Z90 / Bldg. 455-Front Hallway/Device #10.*

b. A tracking system must be in place to properly document inspections, testing, and maintenance. The AEDC and the MCRD PI AED OPR will ensure all AED devices are recorded into Emergency Reporting (ER) for tracking and accountability. Any device manufactured before January 2010 must be removed from service and replaced. The MCRD PI AED OPR will obtain an ER data report, review it for accuracy, and then approve it. The AEDC will create a master inventory and tracking system for MCRD PI. The MCRD PI PAD Program AED OPR will issue a MCRD PI AED Medical Authorization (Prescription) for all currently installed devices.

c. No later than 60-days after the implementation of the MCRD PI PAD Program, Fire Wardens will determine the need for procuring an AED for their AOR. Fire Wardens will use the requirements listed in "Methodology for Determining AED Locations", and determine if they should seek a MCRD PI AED Medical Authorization (Prescription) to procure an AED device. At any point after the MCRD PI PAD Program implementation it is determined that an AED is needed, then a MCRD PI AED Medical Authorization (Prescription) should be sought from the AEDC. Once an AEDC receives a MCRD PI AED Medical Authorization (Prescription) request, it shall be forwarded to the Assistant Fire Chief of EMS (A/CEMS) via email. The A/CEMS will coordinate the signature of the medical physician and the MCRD PI PAD Program AED OPR Director and will return to the Installation AEDC within five working days after obtaining both signatures. Once a MCRD PI AED Medical Authorization (Prescription) is obtained by a unit's Fire Warden, the procurement process can begin using the unit's supply officer. It should be noted, that no evidence exists to recommend a particular make, model or manufacture's AED over another manufacture's product. There is no proof that one manufacture's

device will save more lives over any other manufacture's device. Fire Wardens should closely review the "Medical Prescription Requirement" section of this program manual to assist with procuring the correct AED for their AOR. There are a variety of Commercial-off-the-Shelf (COTS) devices with inspection, maintenance, and repair and replace plans. Once a medical prescription is issued and the device is placed in-service, the AEDC must update Emergency Reporting by using the "Public Access AED Form."

## 8. TRAINING

Fire Wardens will receive the necessary training to implement the MCRDPI PAD program via the Installation's Fire and Emergency Services (F&ES) Fire Warden training. Fire Wardens should contact their local F&ES agencies for class schedules.

Anyone can operate an AED; however, AED and CPR training should be encouraged for all Department of Defense personnel, and may be required in high risk/population areas (fitness centers, clinics, swimming pools, visitor centers, etc.). CPR and AED training may be available from multiple sources, such as your local F&ES agency or the on-post medical treatment facility's staff education and training centers.

## 9. REQUIREMENTS, QUALITY ASSURANCE, AND PRESCRIPTION REVOCATION FOR AED USE

a. In the event of an AED use, the Fire Warden will turn over the deployed device to the AEDC for data retrieval. The AEDC will provide a written summary, using Form C: MCRD PI Public Access Defibrillator Usage Report (page 1-11 of this enclosure) to document his/her findings to the MCRD PI Assistant Fire Chief of EMS (A/CEMS) within **24 hours**. The written summary should also include the patient care report completed by the first responders. Within 10 days of the event, the MCRD PI A/CEMS will convene a quality assurance/quality improvement (QA/QI) oversight with the Prescribing Medical Physician and the MCRD PI PAD Program AED OPR. Lessons learned, or guidance generated from the QA/QI oversight meeting, will be communicated to the Installation AED OPR and modifications to the PAD program manual will be made as soon as possible.

b. Fire Wardens will conduct a monthly inspection of all Program AEDs, ensuring the device is present, battery indicator is ready for use, and supplies are within their manufacture's expiration date. Fire Wardens will use Form D: MCRD PI PAD AED Program Checklist (page 1-12 and 1-13 of this enclosure), contained within this manual, for accuracy.

c. MCRD PI F&ES will conduct fire & life safety inspections IAW the MCO 11000.11. The fire and life safety inspector will conduct a spot inspection of random AED devices, and may require the Fire Warden to show proof that monthly and annual checks have been completed.

d. Failure to properly adhere to this program manual may subject a Fire Warden to a notice of violation and enforcement taken within the parameters of the MCRD PI F&ES program order.

## FORM (A) : MCRD PI - AED PAD MEDICAL AUTHORIZATION (PRESCRIPTION)

The Food & Drug Administration considers defibrillators to be prescription devices pursuant to 21 CFR 801.109 and medical authorization is required.

This serves as Medical Authorization (prescription) for procurement and use of an Automated External Defibrillator (s) (AEDs) as indicated below:

This Medical Authorization is valid only for AEDs approved by the Installation AED Office of Responsibility and has an assigned Deputy Fire Warden.

AEDs will be utilized, kept, and maintained IAW the manufacture's recommendations and the guidance provided in the MCRD PI PAD Program Manual.

AEDs approved for the program will have the following features: battery operated; no charging system; devices shall be able to record data; data shall be able to be retrieved by the AEDC without sending the device to a manufacturer; and the AED will be capable of delivering a biphasic shock of at minimum 150 joules and be approved by the FDA.

AEDC might have to purchase software for the device.

While anyone can operate an AED, the owner will ensure CPR and AED training is provided to potential operators within the MCRD PI PAD Program Manual.

If the AED device is used, the Deputy Fire Warden shall turn the device over to the Installation AEDC for data tracking.

Requesting Unit Commanding Officer: \_\_\_\_\_

Fire Warden Contact Information: \_\_\_\_\_

**Authorizing Physician:**

Michel Habakuk M.D.  
Naval Hospital Beaufort  
EMS Medical Director

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MCRDPI AED OPR:**

Robert K. Wieder  
Marine Corps Recruit Depot Parris Island  
Fire Chief

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

# FORM (B) : AED Monthly Inspection Log

Building Number:

Tenant:

AED Location:

AED Make/Model:

AED Serial Number:

Defibrillator Pad Expiration Date:

Month	Cabinet Mounted No Damage	Cabinet Alarm in Working Order	AED in Cabinet	AED Indicator Light OK	Defibrillator Pads Present and in Date	Personal Protective Equipment is present **	Printed Name of Person Conducting Inspection
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

\*\*PPE should include: Pocket Mask, Scissors, Gloves, Razor

This is Inspection form should remain in the AED Cabinet with the AED. The AED Coordinator will use this inspection form to complete a data entry inspection into Emergency Reporting.

**FORM (C): MCRD PI Public Access Defibrillator  
Usage Report Form**

This form is to be completed following the deployment of any Public Access Defibrillator that is attached to a patient. This Form should be filled out by the person that utilized the AED. The Installation AED Coordinator will forward the form to Regional AED Coordinator within 24 hours of the event.

Location of event: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Victim's name: \_\_\_\_\_

Was the event witnessed or non-witnessed?                      Witnessed/Non-Witnessed

Name and phone number of trained rescuer(s)/responder(s):  
\_\_\_\_\_  
\_\_\_\_\_

Internal response plan activated?      YES/NO                      Time activated: \_\_\_\_\_

Was 9-1-1 called?      YES/NO                                      Time activated: \_\_\_\_\_

Was pulse taken at initial assessment?      YES/NO

Was CPR given before the AED arrived?      YES/NO

If yes, name(s) and phone numbers of CPR rescuer(s):  
\_\_\_\_\_  
\_\_\_\_\_

Were shocks given?      YES/NO  
Total number of shocks \_\_\_\_\_

Did victim...  
Regain a pulse?                      YES/NO  
Resume breathing?                      YES/NO  
Regain consciousness?                      YES/NO

Was the procedure for transferring patient care to the emergency medical team executed?      YES/NO  
Comments:

\_\_\_\_\_  
\_\_\_\_\_

Any problems encountered?

Printed name of person completing form with daytime and nighttime contact phone numbers

Name: \_\_\_\_\_ Number: (D) \_\_\_\_\_ (N) \_\_\_\_\_

**FORM D: MCRD PI PAD AED PROGRAM CHECKLIST**

This form is not required to be reported, but it may be used as a task checklist for all members of the MCRD PI PAD Program.

PROGRAM IMPLEMENTATION TASK LIST	DATE COMPLETE	COMMENTS
1. AED Office of Primary Responsibility (OPR) established by AED Program Manual.		
2. AED OPR Assigns an AED Coordinator (AEDC) for the Installation. Within 5 days of appointment, written notification has been made to the MCRDPI -PAD Program Director.		
3. AEDC establishes training through Installation Deputy Fire Warden (DFW) Program for AED Program.		
4. Fire Warden (FW) completes initial AED survey of Area of Responsibility (AOR).		
4a. Are all buildings that require an AED identified?		
4b. Are AED cabinets mounted properly and have correct signage?		
4c. Current AEDs inventoried: make, model, serial numbers, expiration dates, and supplies.		
4d. Within 60-days of implementation of the MCRDPI PAD Program, FW will determine the need of additional AED(s).		
5. FW send survey to Installation AEDC.		
6. AEDC compiles all initial AED surveys and sends final report to MCRDPI AEDC.		
7. Prescription for AED Program is obtained through US Naval Hospital (USNH) Beaufort Medical Director.		
8. Fire and Emergency Services (F&ES) fire and life safety inspectors will conduct spot checks of random AED devices and may require the FW to demonstrate the inspections process of an AED. Feedback from this spot checks shall be reported to the AEDC.		

Continuous Improvement	DATE COMPLETE	COMMENTS
1. FW conducts monthly inspection of all Program AEDs, ensuring the device is present, battery indicator is ready for use, and supplies are within their manufacture's expiration date.		
2. FW reports any problems or questions to AEDC.		
3. Each January the FW will contact the AEDC for information on any updates/upgrades to the AED Program.		
4. FW will ensure that all AEDs in their AOR are tested IAW the manufactures recommendations.		
5. Any use of an AED prompts report to AEDC.		
6. FW will turn AED over to AEDC. AEDC will, within 24 hours of the event, collect data off AED and forward to MCRDPI Assistant Chief of EMS.		
7. Within 10-days of receiving the data and report the MCRDPI Assistant Chief of EMS will convene a Quality Assurance/Quality Improvement (QA/QI) oversight with the prescribing medical physician. Feedback is provided by medical oversight to Installation AEDC.		
8. Requests for additional AEDs are forwarded to the AED OPR for final authorization.		
9. AEDC compiles all initial AED surveys and sends final report to MCRDPI AEDC.		
10. Prescription for AED Program is obtained through USNH Beaufort Medical Director.		
11. F&ES fire and life safety inspectors will conduct spot checks of random AED devices and may require the FW to demonstrate the inspections process of an AED. Feedback from this spot checks shall be reported to the AEDC.		

MCRD PI AED Location Map

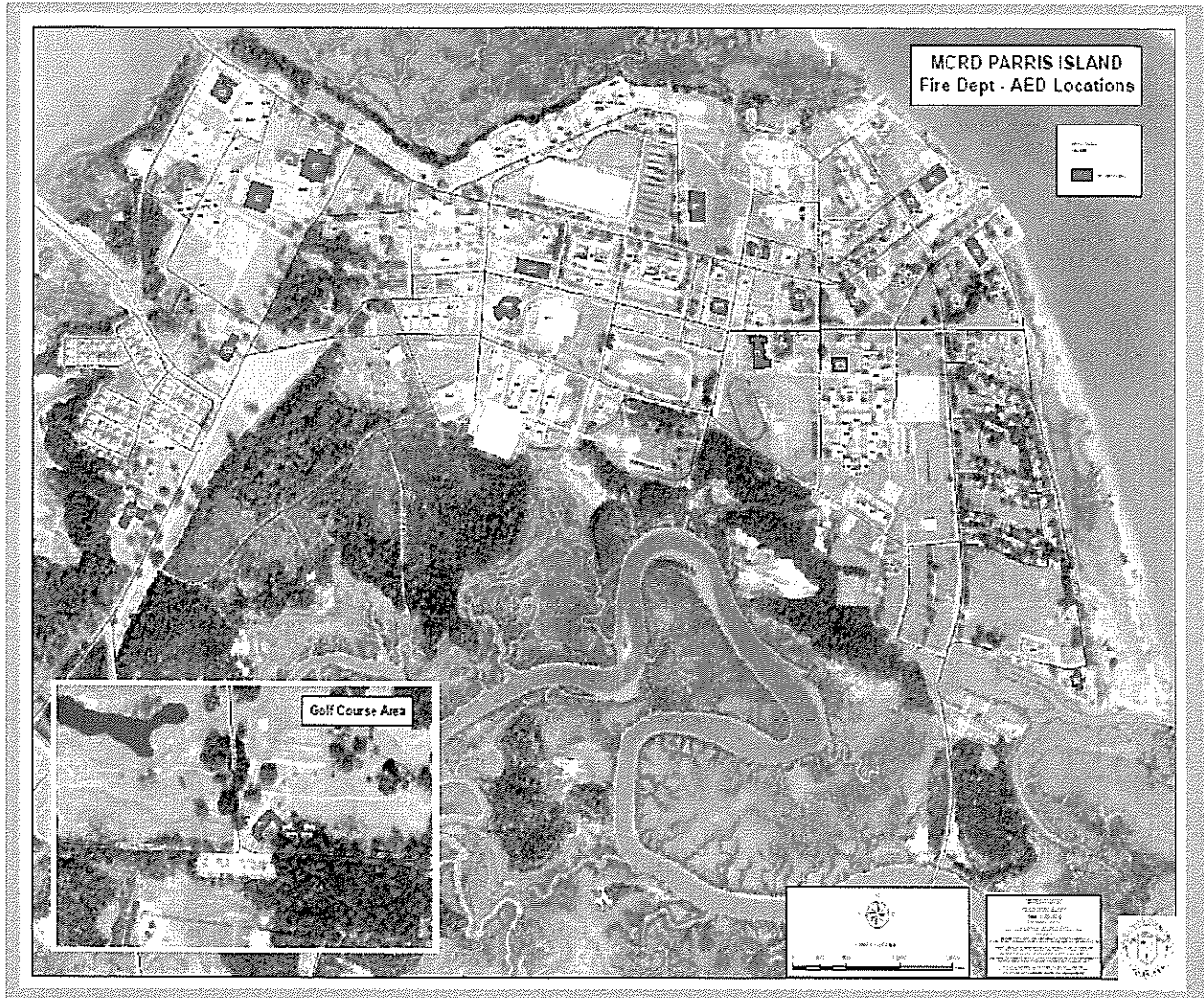


Figure 1-1. MCRD PI AED Location Map



MCRD PI Safety Vehicle AED Marking

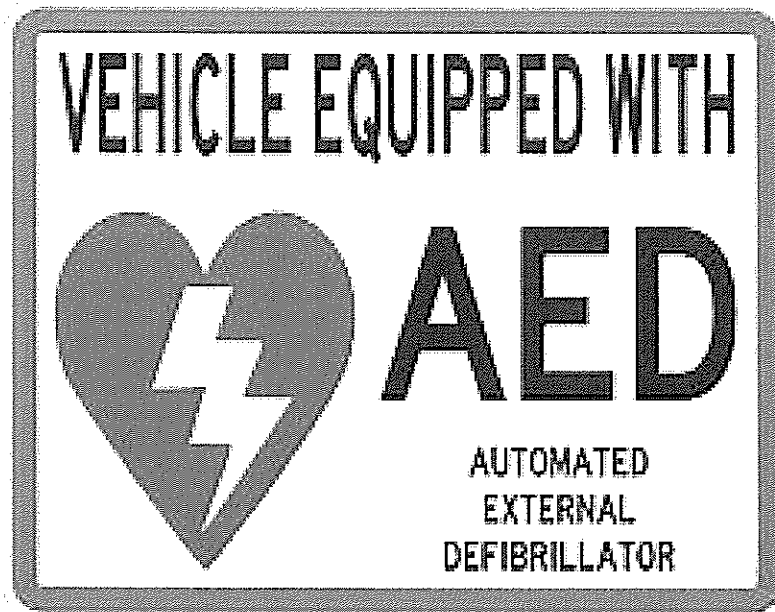
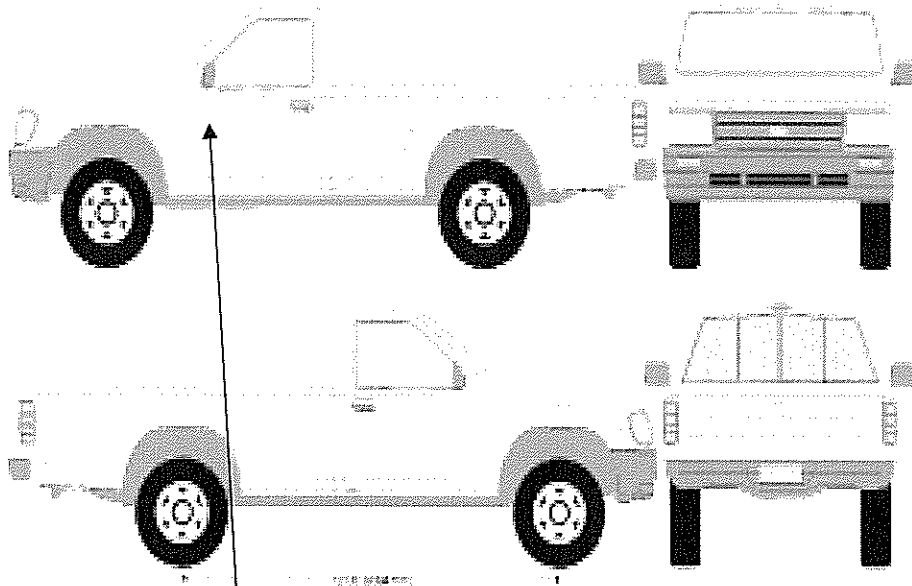


Figure 1-2 MCRD PI Safety Vehicle AED Marking