

**U.S. DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection**

**CBP DIRECTIVE NO: 5290-031**

**EFFECTIVE DATE: November 2024**

**ORIGINATING OFFICE: OS/OCMO**

**SUPERSEDES: N/A**

**REVIEW DATE: November 2027**

**CBP DIRECTIVE ON AUTOMATED EXTERNAL DEFIBRILLATORS  
FOR NON-HEALTHCARE PROVIDERS**

**1. PURPOSE**

This directive establishes policy and guidance on developing, implementing, and maintaining an Automated External Defibrillator (AED) Program for the U.S. Customs and Border Protection (CBP) workforce. Principal field managers should use the guidance outlined in this policy along with guidance provided in DHS Directive 066-07, *DHS Automated External Defibrillator (AED) Program*, to assist in determining requirements for their AED Program.

**2. BACKGROUND**

Each year more than 350,000 out-of-hospital cardiac arrests occur in the United States. According to the U.S. Occupational Safety and Health Administration (OSHA), over 10,000 employees suffer sudden cardiac arrest at work annually. A report from the International Association of Chiefs of Police (IACP) indicated Law Enforcement Officers are 25 times more likely to suffer death and disability from heart disease than from a violent action of a subject. AEDs are devices with easy-to-follow audiovisual instructions or have become automated without requiring user input once the pads are applied. Early CPR and defibrillation are critical links to improve survival in sudden cardiac arrests.

**3. SCOPE**

This policy supersedes any previous CBP directives or policies regarding development and implementation of an AED Public Access Defibrillator (PAD) Program at any CBP location and is directed towards AEDs generally used by non-healthcare provider employees. This policy does not apply to CBP Emergency Medicine Program activities or vehicles which are addressed elsewhere. This policy does not apply to AEDs operated by medical units or contracted medical personnel operating on CBP properties which are addressed elsewhere.

**4. POLICY**

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The CBP AED Program is intended primarily for utilization by and for CBP personnel and is therefore not subject to the specific requirements of a Public Access AED Program. In emergency situations, CBP AEDs may be used on non-CBP personnel as appropriate. This policy removes any requirement for contracted vendor support under a PAD Program. AED Programs established under this policy will fall under the medical direction and oversight of the CBP Chief Medical Officer (CMO).

### 5. AUTHORITIES AND REFERENCES

- 5.1. 42 U.S. Code § 238q – *Liability regarding emergency use of AEDs*
- 5.2. American Heart Association (AHA) CPR/AED guidelines  
<https://cpr.heart.org/en/resources/bystander-cpr>
- 5.3. CBP Directive 2110-040, *Records and Information Management (RIM) Directive*
- 5.4. CBP Directive 3340-025F, *Reporting Significant Incidents to CBP Watch*
- 5.5. CBP Handbook 2100-05B, *Records and Information Management (RIM) Handbook*
- 5.6. CBP Handbook 5200-08B, *Occupational Safety and Health Handbook*
- 5.7. Department of Homeland Security Directive 066-07 *Automated External Defibrillator Program for DHS Employees.*
- 5.8. Department of Homeland Security Directive 066-01, *Safety and Health Programs.*
- 5.9. Department of Homeland Security, Directive Number 248-01, *Medical Quality Management.*
- 5.10. FMR Bulletin 2009-B2, *Guidelines for Public Access Defibrillation Programs in Federal Facilities*
- 5.11. Occupational Safety and Health Administration, Publication Number 3185-09N 2003.
- 5.12. Public Law 106-505, *Public Health Improvement Act.*

### 6. DEFINITIONS

- 6.1. **Automated External Defibrillator (AED)** – A Food and Drug Administration (FDA) approved portable device, which automatically analyzes the heart rhythm and recognizes the presence of ventricular fibrillation and/or tachycardia. If defibrillation is warranted, the AED automatically charges and prompts (visual and/or audio) the operator to deliver an electrical shock.
- 6.2. **Cardiopulmonary Resuscitation (CPR)** – A set of skills that includes noninvasive airway management, chest compressions, and other skills defined by the American Heart Association.

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- 6.3. **CBP AED Program Manager** – The CMO with the AED Medical Director shall designate the CBP AED Program Manager from within the Office of the Chief Medical Officer (OCMO), who will serve as the overall AED Program Manager and the primary point of contact (POC) for the CBP AED Program.
- 6.4. **CBP AED Program Medical Director** – Designated by the CBP CMO and will provide medical direction and oversight to the AED Program for CBP personnel. Additionally, the CBP AED Program Medical Director shall designate the CBP AED Program Manager.
- 6.5. **CBP Component AED Program Coordinator** – Provides oversight of the AED Programs within their component (OFO, AMO, USBP, etc.) and shall be designated by the appropriate component executive level management official.
- 6.6. **CBP Local AED Coordinator** - Facilitate communication between Component AED Coordinator and appropriate Ports of Entry, Stations, Air and Marine Branches, or other facilities within their area of responsibility (AOR).
- 6.7. **Chief Quality Officer (CQO)** – Provides quality management review of medical incidents, including AED usage in all environments within CBP, and provides administrative feedback to the field to improve the quality of care provided by CBP personnel.
- 6.8. **Chief Medical Officer (CMO)** – The CMO serves as the overall medical prescription and purchase authority for all AEDs within CBP. Additionally, the CMO shall designate the CBP AED Medical Director.
- 6.9. **Defibrillation** – A process in which an electronic device delivers an electric shock to the heart in response to a subset of potentially lethal arrhythmias (an abnormal heartbeat).
- 6.10. **Medical Direction** – Medical guidance and oversight conducted by a licensed physician, to include AED Program assessments and provisions of prescriptions to purchase and utilize AEDs and related supplies.
- 6.11. **Office of the Chief Medical Officer (OCMO)** – OCMO shall provide guidance and direction to all CBP organizations, in coordination with the CMO, for the purpose of AED deployment, storage, inventory, and ordering.
- 6.12. **Sudden Cardiac Arrest** – A condition in which the heart suddenly and unexpectedly stops beating.

**7. RESPONSIBILITIES**

**7.1. CBP COMMISSIONER OR DESIGNEE**

- 7.1.1. Direct implementation of the DHS Directive (066-07) within CBP.

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- 7.1.2. Direct the CBP CMO to designate a CBP AED Program Manager to serve as the primary POC at the component who will provide and exercise technical oversight of the DHS and CBP AED Program Directive implementation.
- 7.1.3. Direct the CBP CMO to designate a CBP AED Program Medical Director who will provide medical direction regarding CBP's use of AEDs and post incident review coordination.
- 7.1.4. Ensure establishment and maintenance of policy and procedures for CBP's AED Program, to include:
  - 7.1.4.1. Develop AED Program doctrine consistent with industry standards, guidelines, and best practices.
  - 7.1.4.2. Review and update AED Program doctrine every three years, at a minimum.
  - 7.1.4.3. Budget for continued multi-year AED and CPR training (initial and refresher), AED maintenance, ongoing replacement of parts and required supplies.
    - 7.1.4.3.1. Designate funding for each component office to support supply (including the purchase of new AEDs as needed), maintenance and training efforts related to AED and CPR.
  - 7.1.4.4. Ensure quality assurance and compliance with protocols.
  - 7.1.4.5. Highly encourage CPR, AED and first aid training of CBP personnel.

**7.2. CBP CHIEF MEDICAL OFFICER**

- 7.2.1. Designate a **CBP AED Program Medical Director** to provide medical direction, guidance, and oversight of the AED Program. This position will report to the CBP CMO.
- 7.2.2. Designate a **CBP AED Program Manager** to serve as the primary POC for component personnel and exercise technical oversight and implementation of the AED Program.
- 7.2.3. Ensure establishment, maintenance, and execution of policy and procedures for the CBP AED Program.

**7.3. CBP AED PROGRAM MEDICAL DIRECTOR**

- 7.3.1. Provide medical direction, guidance, and oversight of CBP AED Programs.

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- 7.3.2. Review and approve internal CBP written AED Programs and Standard Operating Procedures (SOPs) submitted by Field Offices, Sectors, Air and Marine Branches, other Field Locations, and HQ Entities.
- 7.3.3. Develop AED Program doctrine (i.e., instructions, policies, procedures, protocols, and guidelines) consistent with industry standards, guidelines, and best practices.
- 7.3.4. Review and update of AED Program doctrine every three years, at a minimum, to remain current with the DHS Directive (066-07) on AED Policy, industry standards, guidelines, and best practices.
- 7.3.5. Lead quality improvement reviews of the AED Program and conduct post-incident follow up. Use post incident follow up and quality improvement to conduct reviews of the AED Program.
- 7.3.6. Ensure quality improvement review, feedback, and compliance with protocols.
- 7.3.7. Ensure training in CPR, AED is made available to CBP personnel, in coordination with other OCMO sections.

**7.4. CBP AED PROGRAM MANAGER**

- 7.4.1. Serve as the primary POC for the CBP AED Program.
- 7.4.2. Provide consistent application and technical oversight of the AED Program, which includes a triennial (and as needed) review of the AED Program status, guidance, updates, and compliance evaluation.
- 7.4.3. Implement, in conjunction with the CMO and the CBP AED Program Medical Director, an AED Program policy consistent with industry standards, guidelines, and best practices.
- 7.4.4. Assist local sites with Program development to ensure compliance with the established guidelines.
- 7.4.5. Review and approve field written AED Programs and SOPs in coordination with the CBP AED Medical Director.
- 7.4.6. Ensure compliance with protocols and participate in post-incident debriefing sessions and reviews.
- 7.4.7. Work with Component AED Coordinators to conduct annual AED needs assessment – identifying AED requirements across CBP
- 7.4.8. Coordinate with Office of Facilities and Assets Management (OFAM) as appropriate to coordinate maintenance, purchases, and recurring supplies.
  - 7.4.8.1. Assist components in establishing a supply and maintenance

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schedule to ensure all field locations are appropriately stocked with serviceable AED pads and batteries, utilizing designated funding.

**7.4.8.2.** AED purchases, including recurring supplies, for use as non-EMS AEDs, shall be purchased and maintained at a component level.

**7.4.9.** Coordinate with Human Resources Management/Occupational Safety and Health (HRM/OSH) as appropriate to coordinate maintenance, purchases, and recurring supplies.

**7.4.9.1.** Assist components in establishing a supply and maintenance schedule to ensure all field locations are appropriately stocked with serviceable AED pads and batteries, utilizing designated funding.

**7.4.9.2.** AED purchases, including recurring supplies, for use as All Access AEDs, shall be purchased and maintained funding at a component level.

**7.4.10.** Standardize the Food and Drug Administration (FDA) approved AED device (make and model) throughout CBP, to the extent possible.

**7.4.10.1.** Newly purchased AEDs should be compatible, to the extent possible, with currently deployed and/or future purchases of heart monitors utilized by CBP paramedics.

**7.4.10.1.1.** This is primarily related to AED pads being able to transition from the AED to a heart monitor upon arrival of a paramedic (CBP or Civilian).

**7.4.10.2.** Establish download capabilities, through coordination and approval of Office of Information Technology (OIT), for locations that require government computers to gather data from the AED after each use.

**7.4.11.** Ensure AEDs purchased by the CBP components are in compliance with this policy.

**7.4.12.** Participates in coordination of AED, First Aid, and CPR training within CBP.

**7.4.13.** Review inventory reports of AED equipment through established office level tracking periodically to verify accountability.

## **7.5. CHIEF QUALITY OFFICER (CQO)**

**7.5.1.** Coordinate with the CBP AED Program Manager to conduct medical quality management reviews of AED usage, as appropriate. Consult with and submit their reviews to the AED Medical Director.

**7.5.2.** Coordinate with the CBP AED Program Manager and the AED Medical

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Director to ensure compliance with protocols, policies, and directives.

- 7.5.3. Participate in post-incident debriefing sessions and reviews with the AED Medical Director and other designated personnel (e.g., Component Medical Officers) as appropriate.

### **7.6. CBP COMPONENT AED COORDINATORS**

- 7.6.1. Facilitate coordination and communication between the CBP AED Program Manager, CBP AED Program Medical Director, and the CBP CMO and their respective Field Offices, Sectors, Air and Marine Branches, and other facilities where AED Programs have been established.
- 7.6.2. Provide AED Program information (e.g., local written policies, inventory, or inspection records, and other related AED Program information) when requested by the CBP CMO, CBP AED Program Medical Director, CBP AED Program Manager, or the CQO.

### **7.7. CBP LOCAL AED COORDINATORS**

- 7.7.1. Facilitate communication between Component AED Coordinator and appropriate Ports of Entry, Stations, Air and Marine Branches, or other facilities within their AOR.
- 7.7.2. Maintain accountability of all CBP owned AEDs in assigned AOR through appropriate office level inventory and tracking process and ensure all AEDs are properly listed.
- 7.7.3. Track AEDs that are replaced or sent out for repair.
- 7.7.4. Ensure all policies, procedures, and protocols are followed in any AED deployment within their AOR.
- 7.7.5. Coordinate the collection of data and reports from the AED, responders, and other personnel involved to ensure appropriate reporting is completed in a thorough and timely manner.
- 7.7.6. Advise Component AED Coordinator of any issues with AED equipment, including consumable supplies (e.g., batteries, AED Pads).

### **7.8. CBP EMPLOYEES**

- 7.8.1. CBP employees are highly encouraged to receive CBP sponsored CPR/AED training and refresher training in accordance with applicable CBP Policies, Directives, and Handbooks. Furthermore, untrained rescuers may provide assistance, including application of the AED device by following the voice prompts on the AED in accordance with American Heart Association (AHA) guidelines for bystander CPR/AED interventions.

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- 7.8.2. In accordance with the CBP AED Program directive and local SOP, as circumstances warrant, employees can voluntarily respond to and identify possible sudden cardiac arrest victim(s); activate the local EMS system (i.e., call 911); and provide care for the victim(s) by using the AED and performing CPR until local (or CBP) EMS professionals arrive and assume care of the victim(s).
- 7.8.3. Report use of an AED device to the Local AED Coordinator through established local procedures for dissemination up the chain of command.

### 8. PROCEDURES

- 8.1. **Medical Oversight** – A physician must have oversight in all phases of the Program. The CMO shall designate the AED Medical Director for this Program and all CBP AED Programs will operate under this oversight.
- 8.2. **Written Policy** – Local and Component Level SOPs may be developed to provide specific guidance and direction to personnel on the operation, inventory, and maintenance of AEDs within the AOR.
- 8.3. **Inspection, Maintenance, and Inventory** – Each AED and associated equipment (e.g., pads and batteries) must be properly inspected and maintained in accordance with manufacturer’s recommendations. A quarterly inspection and inventory shall be conducted for all AEDs in their AOR (See Attachment B “CBP AED Inventory and Safety Check Worksheet” for an example).
- 8.4. **Training** – AED training is included in multiple training evolutions surrounding medical care (e.g. CPR a training). This policy does not confer a requirement for additional or separate training.
- 8.5. **Post Incident Procedures** – Following a medical event that required the use of an AED, a Use of AED Report must be completed.
  - 8.5.1. Use of an AED is defined as attaching the AED pads to the patient’s chest and turning the device on.
  - 8.5.2. Whether or not a shock was delivered is not a criterion for requiring a post event evaluation.
  - 8.5.3. The Component AED Coordinator will be notified of the event and the AED use, with a copy to the CBP AED Program Manager.
  - 8.5.4. The Local AED Coordinator will facilitate the download of data and attach it to the Use of AED Report.
  - 8.5.5. The Local AED Coordinator will ensure appropriate resupply is completed for the used AED.

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- 8.6. Follow Up Care** – Local procedures must address the follow up care/transport decisions for persons in custody and for person not in custody.
- 8.6.1.** Transport to a local medical facility shall be facilitated by calling 911 for anyone not in CBP custody after AED deployment. The patient must always be advised of the consequences of refusal of transport following AED deployment.
- 8.6.2.** Transport to a local medical facility is required for anyone in CBP custody.
- 8.7. Recordkeeping** – Records that shall be maintained electronically and in accordance with CBP Records Management Policy are as follows: AED device maintenance records, Post Incident Review documentation along with the associated CBP Patient Care Report (PCR), if applicable, and the CBP Use of AED Report (see Attachment A).
- 8.7.1.** Records must be maintained in accordance with CBP Directive 2110-040 and CBP Handbook HB2100-05B (use most current versions).
- 8.8. Reporting Requirements** – All local SOPs must contain guidance on reporting requirements for the AOR covered by the SOP and must meet the minimum guidelines set forth in this policy.
- 8.8.1.** An SIR, in accordance with CBP Directive 3340-025F (Section 7.28.2), must be completed for all AED deployments at any CBP location or by any CBP employee, excluding AED deployments initiated by local EMS responders or non-CBP personnel. This will include off-duty deployment of CBP owned or controlled AEDs that may be carried by EMS trained personnel.
- 8.8.2.** A CBP Use of AED Report (Attachment A) must be completed for all AED deployments at any CBP location or by any CBP employee, excluding AED deployments initiated by local EMS responders. This will include off-duty deployment of CBP owned or controlled AEDs that may be carried by EMS trained personnel.
- 8.8.3.** Notification to the CBP AED Program Manager must be made within 48 hours of the deployment, or sooner when practical, through the Local and Component AED Coordinators.
- 8.8.4.** Additional reporting may be included in local SOPs for tracking purposes (e.g., written report of event(s), electronic incident log (IOIL), etc....).
- 8.8.5.** Local reporting guidance should also include local chain of command reporting as needed for the location.
- 8.9. Post Incident Review** – A post incident review will be conducted by OCMO.
- 8.10. Purchasing AED Equipment** – AED equipment within CBP should be standardized, to the extent possible, to decrease the cost of maintenance (e.g., replacement of pads

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and batteries) and to standardize training needs. Existing DHS, CBP or GSA purchasing schedules should be used to the greatest extent possible. Funding will be supported as indicated in 6.1.4.3.1. The CBP AED Program Manager will aid Local AED Coordinators seeking information on purchasing AEDs and associated equipment (e.g., pads and batteries). Inventories should include brand and type to facilitate standardization.

### **8.11. Placement of AED at CBP Facilities**

**8.11.1.** AEDs covered under this policy (purchased and/or maintained by CBP) shall be placed in areas that are readily accessible to all personnel working in that area.

**8.11.2.** All other AEDs (e.g., those that are purchased and maintained by the Government Services Administration (GSA) or private/public facility owners) shall be properly placed and mounted in the facility where they can be easily identified and to allow for quick access in an emergency.

**8.11.2.1.** Reference Attachment C, "Considerations for Placement of AEDs within CBP Facilities"

**8.11.2.2.** Store or mount AEDs in a manner that protects them from extreme temperatures, moisture, dust, and direct sunlight.

**8.11.3.** AEDs shall be easily identifiable, and their locations made known to all personnel through signage and communicated to employees through standard means of communication (e.g., email, briefings, musters).

**8.11.4.** CBP local leadership shall work with their Occupational Safety and Health (OSH) representatives (e.g., Collateral Duty Safety Officer (CDSO), or other safety personnel) to determine the need, location, and placement of AEDs within their facility.

## **9. RECORDS MANAGEMENT**

This policy creates records that require(s) a new file plan or potentially impact(s) an existing one. For records management purposes, electronic records will be completed in the appropriate CBP system of record, as outlined in the Office of the Chief Medical Officer File Plan.

## **10. NO PRIVATE RIGHT CREATED**

This directive is an internal policy statement of CBP and does not create or confer any rights, privileges, or benefits upon any person, party, or entity.

## **11. POINT OF CONTACT**

Direct all questions regarding this directive and the requirements it establishes to [cbpmedical@cbp.dhs.gov](mailto:cbpmedical@cbp.dhs.gov).

**12. APPROVAL AUTHORITY**



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Troy A. Miller  
Senior Official Performing the Duties of the Commissioner  
U.S. Customs and Border Protection

Attachments: Attachment A: CBP Use of AED Report  
Attachment B: CBP AED Inventory and Safety Check Worksheet  
Attachment C: Considerations for Placement of AEDs within CBP Facilities

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ATTACHMENT A  
CBP USE OF AED REPORT

Date of Event: Click or tap to enter a date. IOIL # \_\_\_\_\_

Report completed by: \_\_\_\_\_

PATIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

DOB: Click or tap to enter a date. Age: Gender:

EVENT INFORMATION

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

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

Was the cardiac arrest witnessed by other travelers?  Yes  No

Was the cardiac arrest witnessed by CBP personnel?  Yes  No

Was patient breathing at time of arrival of responding personnel?  Yes  No

Did patient have a pulse at time of arrival of responding personnel?  Yes  No

Did cardiac arrest occur after arrival of responding personnel?  Yes  No

Was bystander CPR performed?  Yes  No

By travelers?  Yes  No

By CBP (non-EMS) personnel?  Yes  No

Number of defibrillations administered by AED: \_\_\_\_\_

Were efforts terminated in the field (no transport by EMS)?  Yes  No

Were there any complications with the AED?  Yes (please explain below)  No

Additional Comments (include all responders involved): \_\_\_\_\_

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

**ATTACHMENT B**

**CBP AED INVENTORY AND SAFETY CHECK WORKSHEET**

**Field Office/Sector/Region:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Port/Station/Branch:** \_\_\_\_\_

**AED INFORMATION**

<b>Location</b>		<b>Location</b>	
<b>Make</b>		<b>Make</b>	
<b>Model</b>		<b>Model</b>	
<b>Serial #</b>		<b>Serial #</b>	
<b>Pad Expiration Date</b>		<b>Pad Expiration Date</b>	
<b>Battery Expiration Date</b>		<b>Battery Expiration Date</b>	
<b>Safety Check Completed</b>		<b>Safety Check Completed</b>	
<b>Location</b>		<b>Location</b>	
<b>Make</b>		<b>Make</b>	
<b>Model</b>		<b>Model</b>	
<b>Serial #</b>		<b>Serial #</b>	
<b>Pad Expiration Date</b>		<b>Pad Expiration Date</b>	
<b>Battery Expiration Date</b>		<b>Battery Expiration Date</b>	
<b>Safety Check Completed</b>		<b>Safety Check Completed</b>	
<b>Location</b>		<b>Location</b>	
<b>Make</b>		<b>Make</b>	
<b>Model</b>		<b>Model</b>	
<b>Serial #</b>		<b>Serial #</b>	
<b>Pad Expiration Date</b>		<b>Pad Expiration Date</b>	
<b>Battery Expiration Date</b>		<b>Battery Expiration Date</b>	
<b>Safety Check Completed</b>		<b>Safety Check Completed</b>	

**SAFETY CHECK COMPLETION INFORMATION**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Form Completed**

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### CONSIDERATIONS FOR PLACEMENT OF AEDS WITHIN CBP FACILITIES

Several criteria should be considered when determining the placement of AEDs within a CBP facility. The primary considerations are accessibility and response time to a cardiac arrest victim. The guidance provided below is meant to assist personnel in determining the best location(s) for their AEDs but ultimately is dependent upon the needs of the individual location. Some locations may only require one or two AEDs for their entire area while others may require one AED for each floor/section/wing of their location.

#### 1) Accessibility

- The AED should be accessible by any person retrieving the AED for use.
  - Considerations should be made regarding disabilities and height
- The AED should be easily removed from its holder/case/mount to be transported to the victim location
- The AED should be secure from unauthorized access but remain readily accessible to authorized personnel
  - Locked in an office or supply room would not be considered readily accessible
  - Placed in a cabinet, in a public space, with appropriate markings on the cabinet would be an acceptable location
  - Special cabinets are available for purchase through multiple vendors and can be used but is not a requirement
- The AED location must be clearly marked and easily identifiable for the average person

#### 2) Telephone Accessibility

- A landline telephone should be readily available for use (either near the AED storage or near the common locations where victims will receive care)
  - Cell phones are not 100% reliable for contacting 9-1-1
  - Landline phones should be used whenever possible to assist responding EMS personnel in getting to the correct location quickly
  - Posting the location description, including address, next to the AED can be useful but is not required

#### 3) Response Time

- Per American Heart Association (AHA) guidance, it is recommended that an AED be located within 3 minutes of a possible victim location
  - Example 1: Vehicle secondary inspection area should have an AED centrally located so that it can be retrieved and at the victim within 3 minutes.
  - Example 2: An office building with multiple offices on the same floor

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could have one AED at each end of the hallway and the offices could share access to these AEDs to meet response times and other requirements, **but** one office must be designated as the responsible office for maintenance checks and resupply efforts.

- Example 3: A smaller Border Patrol Station or AMO hanger could have one or two centrally located AEDs to cover the entire building.
- Response times can be directly affected by ease of accessibility. Refer to above accessibility recommendations to ensure rapid response and deployment of an AED.
- If a building has multiple floors, it is recommended that each floor has at least one AED that is accessible to all personnel on that floor.

#### 4) Site Surveys

- A site survey may be conducted to determine if a location has sufficient AEDs and if those AEDs are properly located and accessible.
- Site surveys should be conducted with designated safety personnel, appropriate leadership representatives, and a personnel representative that works in that area.
  - If CBP EMS personnel are assigned to that facility, they could also be included in the site survey team.
- The CBP AED Program Manager can assist in providing input on a completed site survey.