



UNITED STATES MARINE CORPS
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
BOX 788100
TWENTYNINE PALMS, CALIFORNIA 92278-8100

CCO 6700.1E
MA-B
NOV 14 2024

COMBAT CENTER ORDER 6700.1E

From: Commanding General
To: Distribution List

Subj: PUBLIC ACCESS DEFIBRILLATION PROGRAM

Ref: (a) SECNAVINST 5100.17A
(b) OPNAVINST 5100.29A
(c) California Health and Safety Code 1797.196
(d) American Heart Association (AHA) - Automated External Defibrillator (AED) Implementation Guidelines
(e) Inland County Emergency Medical Agency (ICEMA) Public Safety First Aid Policy 16000
(f) SECNAV M-5210.1

Encl: (1) AHA AED Maintenance Checklist
(2) Lay Rescuer Implementation Guidelines - Attachment B, Notification of Defibrillator Site

1. Situation. Sudden cardiac arrest is a common cause of death in the United States. Calling "911" for advanced life support services and bystander (i.e., layperson) cardiopulmonary resuscitation without rescue breathing is currently the most effective method of saving lives. Adding the use of an AED can be beneficial for people who are suffering sudden cardiac arrest until they begin receiving advanced life support interventions. All Department of the Navy organizations and activities are required to develop and implement an AED program in accordance with references (a) and (b).

2. Cancellation. CCO 6700.1D.

3. Mission. The purpose of this Order is to establish policy and implement a Public Access Defibrillation (PAD) program aboard Marine Air Ground Task Force Training Command, Marine Corps Air Ground Combat Center.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To allow the placement and installation of AED cabinets and the use of AEDs by lay persons aboard the Combat Center.

(2) Concept of Operations. To provide standardized equipment, program oversight and training to organizations aboard the Combat Center who desire to purchase and install public access AEDs within their facilities.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

b. Subordinate Element Missions

(1) Director, Mission Assurance, Combat Center Fire Department

(a) Is responsible for the PAD program aboard the Combat Center.

(b) Assign a PAD Coordinator to perform the following:

1. Develop the PAD program.

2. Serve as the installation's point of contact for all matters involving the PAD program.

3. Serve as the installation's point of coordination in planning, scheduling, and administration of AED training.

4. Provide the AED Medical Director with all pertinent information and data that is retrieved when an AED is utilized within the PAD program, regardless of whether or not shocks were delivered.

5. Establish and maintain a Continuous Quality Improvement Program In Accordance With (IAW) references (c) and (e).

6. Implement changes to reflect current standards and to correct problematic issues within the PAD program.

7. Maintain an inventory listing and location of all AEDs that are aboard the Combat Center.

8. Provide the Public Safety Answering Point, "E911 Center," with a list of current AED sites and their specific locations.

9. Enclosures (1) and (2), when applicable, are to be retained for a minimum of two years IAW reference (f).

10. Work with tenant units considering purchase and placement of AED to ensure compatibility with fire and emergency services equipment.

(2) Commanding Officer, Naval Hospital Twentynine Palms. Request the Emergency Response Head Representative to provide review and report findings of lessons learned when an AED is utilized within the PAD program.

(3) Authorized PAD Providers (Tenant Units and Directorates). Those participating in the PAD program shall be responsible for the initial purchase and annual maintenance costs of their respective AEDs.

(a) It is requested that Tenant units designate an AED Coordinator and work with the Combat Center Fire Department PAD Program Coordinator with implementation, training, inspection, and any other concerns with their PAD program.

(b) Prior to purchase, ensure that the AEDs are approved for use in the PAD program by the PAD Coordinator. The following information must be provided as a minimum requirement: Manufacturer, model number, and type of AED desired.

(c) Maintain and provide required ancillary support equipment and consumable items for their AEDs. Examples of such equipment are: AED defibrillator pads, towels, 4x4 dressings, razors, and replacement batteries.

(d) AEDs should be placed in appropriate AED cabinets that will produce an audible alarm when opened. The AED cabinets will be marked by three-dimensional signs visible in all possible directions.

(e) Be responsible for replacement costs of a new AED if it is determined that the existing on-site AED requires replacement.

(f) Provide the PAD Coordinator with a list of intended locations with a site map showing the physical location of each AED under their cognizance.

(g) Provide the PAD Coordinator with a list of Tenant PAD Coordinators.

(h) Assign an AED Person in Charge (PIC) to perform the following:

1. Ensure AEDs are maintained and in good working order.
2. Ensure daily and monthly AED inspections occur.
3. Ensure proper documentation for AED inspections occur.
4. Maintain a file system to store AED Checklist for up to four years.
5. Report any deficiency to the PAD Coordinator.
6. Notify PAD Coordinator of any incident where AEDs were utilized.
7. Maintain communications with Tenant PAD Coordinator and PAD Coordinator regarding their site program.
8. Ensure AED is centrally located and easily accessible.
9. Ensure all personnel are aware of the AED location.
10. Coordinate and implement mock drills to evaluate personnel preparedness for cardiac arrest within their facility.
11. Ensure enclosure (2) is completed by the AED operator when an AED is utilized.

(i) Assign an alternate PIC to fulfill the responsibilities of the primary PIC when required.

c. Coordinating Instructions

(1) Current Marine Corps Community Services locations designated to be PAD facilities on program start up:

- (a) Camp Wilson Gym

- (b) Community Center
- (c) East Gym
- (d) Family Pool
- (e) Outdoor Adventure
- (f) Single Marine Program
- (g) Sports Department
- (h) Training Tank
- (i) West Gym
- (j) Wilburn Gym
- (k) Marine Corps Exchange

(2) Additional locations will be determined by the Medical Director and PAD Coordinator based on a number of requirements, including but not limited to:

- (a) Need at the location.
- (b) Number of available trained personnel.
- (c) Location in relation to other AEDs.

(3) When a failure or malfunction of an AED occurs, contact the Installation PAD Coordinator at (760) 830-5659.

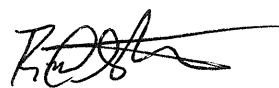
(4) Enclosures (1) and (2) can be found at <https://www.29palms.marines.mil/Staff-Offices/Special-Staff/Mission-Assurance/Fire-Dept/>.

5. Administration and Logistics. Directives issued by this Headquarters are published and distributed electronically. Electronic versions of Combat Center orders can be found at <https://www.29palms.marines.mil/Staff-Offices/G-1-Manpower-Directorate/Adjutant/#combat-center-orders>.

6. Command and Signal

a. Command. This Order is applicable to all active duty, reserve, and civilian personnel aboard the Combat Center.

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


R. D. STORER
Chief of Staff

DISTRIBUTION: A

AHA AED Maintenance Checklist

Automated External Defibrillator Maintenance Checklist



Date _____ Location _____

Inspection Performed by _____

Criteria	Status	Corrective Action / Comments
AED		
Placement visible, unobstructed and near phone		
Verify battery installation		
Check the status/ service indicator light		
Note absence of visual/ audible service alarm		
Inspect exterior components and sockets for cracks		
Supplies		
Two sets of AED pads in sealed package		
Check expiration date on pad packages		
Pocket mask with one-way valve		
Examination gloves		
Razors		
Absorbent gauze or hand towels		

Please refer to manufacturer's User's Manual for more information and proper annual maintenance procedures.

ATTACHMENT B**Notification of Defibrillator Site**

Name Of AED Service Provider:	
Date of Occurrence:	
Time of Occurrence:	
Place of Occurrence: (Address & specific location)	
Patient's Name:	
Patient's Age:	
Patient's Sex:	
Approximate down time prior to your arrival:	
Did anyone witness the collapse/arrest?	
Alert Time (time you were notified):	
Was CPR used prior to AED at victim?	
Time of first shock (if given):	
Total number of shocks:	
Did victim regain a pulse at scene?	
Responder Name(s):	
Responder Name(s):	
Responder Name(s):	
Responder Name(s):	
Name and phone number of person completing form:	

Additional Comments Information:

FAX this completed report to ICEMA within twenty-four (24) hours of use of an AED.

FAX to: (909) 388-5825