



DEPARTMENT OF THE NAVY  
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SECNAVINST 5100.17  
ASN (I&E)  
18 June 2009

SECNAV INSTRUCTION 5100.17

From: Secretary of the Navy

Subj: DEPARTMENT OF THE NAVY INSTALLATION AUTOMATED EXTERNAL  
DEFIBRILLATION (AED) PROGRAM

- Ref:
- (a) American Heart Association Heart Disease and Stroke Statistics-2008 Update, Dallas, Texas: American Heart Association; 2004
  - (b) American Heart Association Science Advisory Circulation 2005; 111;3336-3340 "Lay Rescuer Automated External Defibrillator Programs", 2005
  - (c) Public Law 106-505, Public Health Improvement Act (Cardiac Arrest Survival Act of 2000), 13 November 2000
  - (d) Guidelines for Public Access Defibrillation Programs in Federal Facilities, 66 Federal Register 28495-28511, 23 May 2001
  - (e) SECNAV M-5210.1 of November 2007

1. Purpose. To provide joint policy and guidance in order to develop, implement, and maintain an installation Automated External Defibrillation (AED) program at Department of the Navy (DON) installations in accordance with references (a) through (d). A uniformed approach to the deployment of AEDs is needed to ensure they are placed at strategic locations, staff members are trained in their use, and appropriate inspections and maintenance are performed on the devices. An AED program will provide DON and non-DON personnel on DON installations with rapid access to an AED in the event of a Sudden Cardiac Arrest (SCA).

2. Scope and Applicability

a. Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) shall develop, implement, and maintain a comprehensive, standardized AED program at DON installations

b. This instruction applies to all DON regions and installations worldwide and to installations that will be closed

or realigned to another service until their closure or realignment date as a result of the Base Realignment and Closure Commission recommendations.

c. This instruction does not apply to combat operations or combat support operations (e.g., Naval ships and vessels).

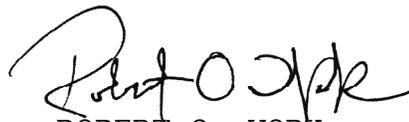
3. Background

a. According to references (a) and (b), AED programs within an organized Emergency Medical Services (EMS) System have been shown to improve survival in certain SCA victims. Additionally, per reference (c), communities that have implemented programs ensuring widespread public access to AEDs, combined with appropriate training, maintenance, and coordination with local EMS systems, have dramatically improved the survival rates from SCA. In accordance with reference (d), cardiopulmonary resuscitation and defibrillation within the first 3 to 5 minutes after collapse, plus early access to EMS, can result in a greater than 50 percent long-term survival rate for patients in witnessed ventricular fibrillation.

b. AEDs enable laypersons to deliver early defibrillation to victims in the first critical moments after an SCA. AEDs also do not replace the care provided by first responders, but are meant to provide a lifesaving bridge until EMS arrives.

4. Action. The CNO and CMC shall develop a joint installation AED program.

5. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (e).



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Under Secretary of the Navy

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