AED Program

2019
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The University of Alabama at Birmingham
Automated External Defibrillator (AED) Program

Purpose
The University of Alabama at Birmingham is working with all Schools, Departments and other entities to place Automated External Defibrillators (AEDs) in all buildings across campus as a means of delivering potentially lifesaving defibrillation to victims of Sudden Cardiac Arrest (SCA). These devices are intended to reduce the time of initial treatment from onset of Sudden Cardiac Arrest (SCA) and the arrival of Emergency Medical Services (EMS) personnel.

This Program has been established to serve as a model or template for the implementation of an AED program for those entities who may not already have a program in place. This program is to assist in the process for acquiring, placing, using and testing of AEDs and for training personnel. It is also designed to assist in compliance with applicable laws and regulations. It is not, however, intended to address every circumstance or situation that could arise during a SCA event.

Definitions

An Automated External Defibrillator (AED) is an FDA approved medical device that is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia and is capable of determining, without intervention by an operator, whether defibrillation should be performed; and upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.

Cardiopulmonary Resuscitation (CPR) is a procedure to support and maintain breathing and circulation for a person who has stopped breathing (respiratory arrest) and/or whose heart has stopped (cardiac arrest). Emergency Medical Services (EMS) is typically an ambulance service that provides acute medical care and transports patients to a medical facility for more advanced treatment.

Sudden Cardiac Arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating, stopping blood flowing to the brain and other vital organs. SCA usually causes death if not treated within minutes.
This program shall apply to all University of Alabama at Birmingham Schools or Departments that are acquiring or currently using Automated External Defibrillator’s (AED).

**Duties and Responsibilities**

**AED Coordinator** EH&S Campus Safety shall serve as the University AED Coordinator. The AED Coordinator shall be responsible for all the following tasks:

- Provide guidance, monitoring, and periodic re-evaluation for this Program.
- Assist AED Owners with program management and provide oversight for the UAB Department/School possessing AED(s).
- Ensure the appointment of an Alternate AED Coordinator.
- Maintain an inventory of University-owned AEDs and their locations.
- Coordinate AED equipment locations with AED Owner to promote easy access by responders.
- Conduct and document annual inspections to verify that AED Owners are in compliance with this Program.
- Monitor updates to legislation and regulations.
- Act as a liaison between AED Owners, manufacturers, and health agencies to assist with AED maintenance and compliance issues.
- Conduct post-incident debriefings and complete follow-up reports.
- Periodically, and upon notice of the need for changes, review and recommend revisions to this document.
- Notify department heads of any programmatic and legal changes related to AEDs.
- Maintain records as required and as necessary.
- Provide copies of AED Post-Incident Report to Medical Advisor designated to provide medical oversight of the AED Program.
- Disseminate information about the AED Program and the locations of AEDs.
• Meet at least once per year with the Medical Advisor, and AED Director.

• Notify local EMS agencies of the existence, location, and type of University-owned AEDs.

• Encourage all appropriate responders to undergo initial and annual refresher training on bloodborne pathogens.

Alternate AED Coordinator
The Alternate AED Coordinator shall be responsible for the duties assigned to the AED Coordinator if the AED Coordinator is unavailable.

AED Owner
Any University School or Department acquiring or possessing an AED is the AED Owner. The chair or director of the department is responsible for all the following functions:

• Appoint an AED Director and Alternate AED Director.

• Ensure preparation and maintenance of an up-to-date Department AED Program and encourage participation in Bloodborne pathogens Exposure Control Plan.

• Ensure operation and maintenance of each possessed AED in accordance with regulatory requirements, manufacturers’ recommendations, Department AED Program, and this Program.

• Encourage faculty and staff to get trained in CPR/AED and bloodborne pathogens in accordance with Alabama laws regulations and UAB policies or procedures.

• Ensure payment of all costs for purchase, installation, maintenance, and personnel training/retraining associated with the AED.

AED Director
• Duties of the AED Director shall include the following:

• Place the AED in a conspicuous and unobstructed location that is conducive to rapid access by responders.

• Develop and periodically update the Department AED Program, including the AED Response Procedure, with a copy to EH&S.

• Notify employees in their departments of AED locations.
• Ensure that inspections and maintenance on AEDs is conducted in a timely manner and in accordance with manufacturer recommendations, Alabama laws/regulations, and this Program.

• Maintain monthly, and annual status logs for each AED, indicating date and time each AED is checked, and the initials of the person who performs the status check.

• Maintain the following records on-site:
  1. Procedures and guidelines for AED use.
  2. AED manufacturer’s “Instructions for Use.”
  3. Periodic maintenance, repair, and self-inspection records of AED(s).
  4. Employee CPR/AED and bloodborne pathogens training and exposure control records, including a description of the training program.
  5. Other records as defined by AED manufacturer.
  6. AED Post-Incident Report(s).
  7. Copy of this Program.

• Maintain a roster of individuals currently trained and authorized to use the AED.

• Ensure that sufficient numbers of staff have been trained to have at least one trained Responder on site during normal business hours.

• Purchase and replace batteries, pads, and other supplies as needed

• Tag each AED as University property and clearly mark to identify it as belonging to the specific department.

• Notify the AED Coordinator of an incident where an AED was used.

• Ensure completion of post incident reports by all department AED Responders and submit to the AED Coordinator within 48 hours.

• Register the existence and location of any new AED with the AED Coordinator.

Alternate AED Director
The Alternate AED Director will be responsible for the duties assigned to the AED Director if the AED Director is unavailable.

Medical Advisor
The physician providing clinical supervision for the AED Program shall execute functions of the Medical Advisor for this program. The physician shall supervise and endorse placement of AEDs.
Medical Advisor
The physician providing clinical supervision for the AED Program shall execute functions of the Medical Advisor for this program. The physician shall supervise and endorse placement of AEDs on campus and shall write prescriptions for AEDs. The physician or designee shall perform the following functions:

- Provide medical direction and expertise on proper AED use.
- Review, approve, and update guidelines for emergency procedures related to AED use.
- Assess, along with the AED Coordinator, AED Post-Incident Reports and make recommendations for improving future responses to incidents.
- Download data from an AED after each use.
- Specify all AED products that are acceptable for purchase and use.

Distribution and Location
EH&S will approve the location of AEDs in buildings on campus in coordination with the medical director. In addition, consideration should be given to the potential for a cardiac arrest based on several factors such as occupant age, health and the type of activity being performed. Total occupant load of the building may also be considered when purchasing an AED.

The AED should be located in a central place, near a phone if possible in order to call 911 and that is accessible during times when the building is occupied. Consideration should be given to placing the AED where it:

- Won’t be subject to physical damage, theft, temperature or humidity extremes
- Is readily visible and available for use. Note that signs may be used to identify the device’s location where necessary.

University Police have purchased AEDs, which are kept in their squad cars. A list of AEDs on campus and their location is maintained by the AED program coordinator. Locations can be viewed within the EH&S website map.

Training Requirements
Any employee who is expected to provide emergency care to another person shall be trained in CPR and AED use. Some schools or departments may also “Highly Recommend” that certain individuals receive training due to the area that they are responsible for, such as anywhere considered “High Hazard”. This training will conform to the American Heart Association (AHA) Heart Saver AED standards, or other equivalent training authorized in the Code of Alabama.
section 6-5-332.3. This requirement shall include both initial certification training and refresher recertification training every two years thereafter. Responders shall also be encouraged to participate in the bloodborne pathogens training and annual refresher training.

**Use of AED**

When an unconscious victim is discovered, the following protocol will be followed:

**Responder Actions**

- Check the scene to make sure it is safe (e.g. no electrical hazards or chemical hazards) 
  Shake and shout at victim. If no response;

- Have someone call 911 or 4-3535 from UAB phone. If no one is available, call 911 or 934-3535 and return immediately to the victim.

- Have someone retrieve the AED. Begin hands only CPR or mouth to mouth CPR if barrier device is available.

- Utilize AED if necessary and follow the instructions/prompts provided by the AED device and utilize your training.

**Notification**

- Following any event involving the use of an AED, the responder must complete the AED Use Report (See Appendix C) and send to the, if possible AED Coordinator by Email.

**Post-Incident AED Use Reporting**

Each time an AED is used, the AED Post-Incident Report shall be completed and submitted to the AED Coordinator within 48 hours of use. The AED Coordinator and the Medical Advisor will review the report. Additionally, the AED data will be retrieved and reviewed for appropriate treatment. Also the correct procedures for reporting Accidents/Incidents must also be followed and all appropriate paper work must be submitted to UAB Department of Risk Management. The link for Risk Management is [https://riskmgt.hs.uab.edu/incident.html](https://riskmgt.hs.uab.edu/incident.html)

**Returning AED to Service**

After Use it is critical to get the AED back into service as soon as possible. A written procedure for maintaining the AED should contain a section on this process. The following activities should be included in the written procedure:

- Check and replenish supplies as appropriate. (One set of spare electrode pads are required in case they are needed quickly.)
- Clean and disinfect the device.
- Check the battery, and replace if needed.
• Return the AED to its designated location with appropriate supplies

**Maintenance, Repair, and Removal from Service**

Departments that have purchased an AED shall maintain the device in accordance with the manufacturer’s specification. AEDs should be checked at least monthly to ensure it is available for use. All repairs shall be made by a factory authorized representative.

Spent batteries should be managed in accordance with the manufacturer’s guidance and UAB policies.

The manufacturer’s standards must be followed after use of an AED. A record shall be kept of all repair and maintenance of the device.

Departments shall schedule AED maintenance to the extent feasible so as to minimize down time. EHS shall be notified immediately when an AED is removed from service, found to be missing, or inoperative. Efforts shall be made to provide a replacement unit as soon as possible. A sign shall be placed on the AED’s case or cabinet when it is removed from service. The sign shall indicate that the AED is out of service and the location of the nearest unit.

**Coordination with Emergency Responders**

A copy of this written document will be given to Birmingham Fire and Rescue Service and UAB Emergency Dispatch for their review and coordination.
UAB AED Program
Information Template
AED Program

Program
It is the purpose of The University of Alabama at Birmingham School/Department of ____________________ to comply with all provisions of the UAB AED Program in reference to the Code of Alabama section 6-5-332.3 and other related regulations.

AED Owner
The School/Department of ____________________ is the Owner of devices listed herein.

Chair/Director Name: ____________________ Title: ____________________

Phone Number: ____________________ Email: ____________________

Department Address: _______________________________________________

AED Director/Alternate AED Director

Director: ____________________

Phone Number: ____________________ Email: ____________________

Alternate Director: ____________________

Phone Number: ____________________ Email: ____________________

AED Information

Attachment 1 contains AED location(s), manufacturer(s), model number(s), signage type(s) and signage location(s).

Training
Faculty and staff should be encouraged to participate in CPR/AED training per AHA guidelines and bloodborne pathogens safety per United States Department of Labor, Occupational Safety and Health Administration (OSHA) Part 1910.1030, Title 29 of the Code of Federal Regulations, "Occupational Exposure to Bloodborne Pathogens. Training and recertification of faculty and staff will be completed initially, then every two (2) years for CPR/AED and annually for bloodborne pathogens.

Attachment 2 contains a list of individuals currently trained and authorized to access and use the AED(s) as part of this Program. It is the goal of this department to have at least one (1) trained responder available during business/school hours.

Communication Plan

Communication Plan for advising building occupants of the presence and location(s) of AEDs:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Communication Plan for internal notification of an emergency:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Communication Plan for notifying UAB Dispatch of an emergency:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Program Updates
Review and update of this Plan shall be performed annually by the AED Director.

Records
The following seven (7) records will be kept on-site at _________________________________.

1. Procedures and guidelines for AED use.
2. AED manufacturer’s “Instructions for Use” booklet(s).
3. Periodic maintenance, repair, and self-inspection records of AED(s)
4. Employee CPR/AED and bloodborne pathogens training and exposure control records, including a description of the training program.
5. Other records as defined by equipment manufacturer.
6. AED Post-Incident Report(s)
7. Copy of this program.

Operational Checks and Maintenance
AED(s) will be maintained, inspected, and tested by the AED Director, or an individual appointed by the AED Director, in conformance with the manufacturer’s instructions and best practices. AED instruction manual(s) and additional information are available at _________________________________.

Operational checks will be performed monthly by _________________________________.

in accordance with Attachment 3 (Daily Check Log) and manufacturer’s instructions.

Medical Oversight
Medical Oversight will be provided by a Licensed Physician approved by the University or His designee.
AED Response
When an AED is removed for emergency use, UAB Dispatch will be notified immediately by dialing 911 or 4-3535 from a UAB campus phone or 911 or 934-3535 (UAB Emergency Dispatch) from a cell phone. Understand that by calling 911 from a personal cell phone there may be a delay in getting help due to going through city of Birmingham Public Safety Dispatch. Someone should be appointed to direct EMS personal to location of incident if possible.

AED Responders will render assistance in accordance with accepted standards of care as disseminated during their training. Patient care will be relinquished to EMS personnel when directed to do so.

Post-Incident Reporting and Return to Service
Within 48 hours post-incident, a Post-Incident Report will be submitted to the AED Coordinator, and possession of the AED will be relinquished to the AED Coordinator and Medical Director for data retrieval and review.

Returning an AED to service post-incident requires the AED Director or designee to perform the following tasks:
1. Check and replenish supplies as appropriate, including purchase of spare pads.
2. Clean and disinfect the device.
3. Check batteries and replace as needed.
4. Check device and housing for cracks or other damage.
5. Return the device to its designated location.

The person responsible for inventory/restocking supplies is ________________________________.

By signing below, the AED Owner and AED Director agree to the above responsibilities and duties:

Department Chair/Director: ___________________________ Date: ________________
(Signature)

Department/Unit AED Director: ___________________________ Date: ________________
(Signature)

AED Coordinator Approval: ___________________________ Date: ________________
(Signature)

Medical Director Approval: ___________________________ Date: ________________
(Signature)
**AED INFORMATION**

<table>
<thead>
<tr>
<th>AED Manufacturer</th>
<th>AED Model Number</th>
<th>AED Signage Type</th>
<th>AED/Signage Location</th>
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Signature_____________________________________________

Date_________________________________________________________
Any employee who is expected to provide emergency care to a patient will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heartsaver AED standards or equivalent training as listed in Code of Alabama section 6-5-332.
UAB AED Program
Monthly Maintenance Report
Form
Automated External Defibrillator (AED) Monthly Inspection Form  Year __________

AED Building/Location: ______________________________________________________

Make/Model/Serial Number: ________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Inspector Initials</th>
<th>Unit Intact? (Y/N)</th>
<th>Battery Charged (Y/N)</th>
<th>Expiration Date for Pads</th>
<th>Rapid Response Kit Intact? (Y/N)</th>
<th>Cabinet Alarm Functioning? (Y/N/NA)</th>
<th>Comments</th>
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Notes:
______________________________________________________________________________
______________________________________________________________________________
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ENVIRONMENTAL HEALTH & SAFETY
The University of Alabama at Birmingham
UAB AED Program
Incident Report Forms
Automated External Defibrillator (AED)

Post-Incident Report Form

The responder at the scene and the AED Coordinator shall assure its completion and forwarding within 48 hours of the event to the Office Campus Safety with a copy retained by the AED Coordinator.

Facility or Building Name: ________________________________
Location of Event: ________________________________
Date of Event: _______________  Time of Event: _______________
Name and Contact Information for victim, if known: ________________________________

Did the victim collapse (become unresponsive)?  Yes ☐  No ☐
Was someone present to see the person collapse?  Yes ☐  No ☐
    If yes, was the person a trained AED employee?  Yes ☐  No ☐

Did the victim have a pulse?  Yes ☐  No ☐  How was the pulse checked? _______________
Was the victim breathing?  Yes ☐  No ☐  How was the breathing check? _______________
Was EMS (911) called?  Yes ☐  No ☐  If yes, what time did that happen? _______________
Was CPR started?  Yes ☐  No ☐
Who started CPR?  Bystander ☐  Trained AED employee? ☐

Briefly describe the event, incident, or situation that resulted in the AED being brought to this victim:

Was the AED applied to the victim?  Yes ☐  No ☐
If yes, describe what actions the AED advised and how many times the patient was defibrillated:

Was UAB police notified?  Yes ☐  No ☐
Were the police at the scene?  Yes ☐  No ☐

Status of patient at the time EMS personnel arrived:
Did the victim have a pulse? Yes ☐  No ☐  How was the pulse checked? _______________
Was the victim breathing? Yes ☐  No ☐  How was the breathing checked? _______________

Name of person operating AED: ________________________________
Contact Information: ________________________________

Has the AED unit been cleaned and put back to a state of readiness per American Heart Association guidelines and Manufacturer’s recommendations?  Yes ☐  No ☐

If the caregiver was a UAB employee and was exposed to blood or other infectious materials was employee health notified?  Yes ☐  No ☐

Review:

AED Coordinator: ________________________________
Medical Advisor: ________________________________
**INCIDENT REPORT FORM**

(Incidents involving employees, students, visitors)

This is a confidential report and should not be made a part of an employee's personnel or a medical record. It is completed to allow us to obtain advice from legal counsel and for the protection of the university and it's employees from potential liability.

****** PLEASE PRINT LEGIBLY ******

**FOR USE ONLY IF ELECTRONIC REPORTING SYSTEM IS NOT AVAILABLE**

<table>
<thead>
<tr>
<th>INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:</td>
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<tr>
<td>Social Sec.#:</td>
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<tr>
<td>Home Address:</td>
</tr>
<tr>
<td>Gender: M F</td>
</tr>
<tr>
<td>Circle: Employee (Full-time, part-time, perm., temp.)</td>
</tr>
<tr>
<td>Student (SOM, SON, SOD, Other)</td>
</tr>
<tr>
<td>Visitor</td>
</tr>
<tr>
<td>Date of Birth:</td>
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<tr>
<td>Home phone:</td>
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<tr>
<td>Campus Phone:</td>
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<tr>
<td>Department &amp; Campus/home address:</td>
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<tr>
<td>Job Title:</td>
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<tr>
<td>Supervisor:</td>
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<table>
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<tr>
<th>INFORMATION ABOUT THE INCIDENT:</th>
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</thead>
<tbody>
<tr>
<td>Date of Incident:</td>
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<tr>
<td>Time:</td>
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<tr>
<td>Police notified:</td>
</tr>
<tr>
<td>Yes No Case #:</td>
</tr>
<tr>
<td>Location of Incident: (UAB Hosp., TKC, CEFH, other; and specific loc.):</td>
</tr>
<tr>
<td>Describe what happened, how it happened, factors leading to the event, substances or objects involved. <strong>Be as specific as possible</strong> (attach separate sheet if necessary):</td>
</tr>
</tbody>
</table>

| Were there any witnesses to the incident? Yes No |
| If yes, attach separate sheet with names, addresses and phone numbers, or campus depts and phone. |
| Was the individual injured? Yes No |
| If so, describe the injury (laceration, sprain, etc.), the part of body injured and any other information known about the resulting injury(s): |

| Was medical treatment provided? Yes No Refused |
| If so, where (circle) Emerg. Rm. The Workplace Walk In Clinic Other: |
| Will the employee miss time from work as a result of this incident? Yes No Unknown Not applicable |

<table>
<thead>
<tr>
<th>REPORTER INFORMATION</th>
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<tbody>
<tr>
<td>Print Name of Reporter:</td>
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<tr>
<td>Reporter Signature Title:</td>
</tr>
<tr>
<td>Date Report Completed:</td>
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</tbody>
</table>

UAB Employee Reports - Send to HRM in AB 360G, or fax: 4-7666
_employee Reports - Send to Human Resources, 100 JNWB, or fax: 1-9654
CEFH Employee Reports - Send to CEFH Human Resources, Professional Building, Suite 500
All Visitor/Student Incident Reports - Send to Risk Management, 504 JNWB or fax: 4-1267

#254r (Ref HA# 15) Revised: 8/22/02, 10/15/03 Approved: 9/01/03, 10/15/03
UAB AED Program
Training Resources
CPR Training Resources

1. Birmingham Regional Emergency Medical Services System (BREMSS)
   (205) 934-2595  http://bremss@uab.edu

2. American Heart Association Training Center at UAB School of Nursing
   https://www.uab.edu/nursing/home/ahason

3. School of Health Professions
   https://www.uab.edu/shp/news/home/programs/bls-cpr-certification-or-recertification

4. American Red Cross
   https://www.redcross.org/take-a-class