

USE OF AUTOMATIC EXTERNAL DEFIBRILLATOR (AEDS)

Automated external defibrillators (AEDs) are a proven method of reducing morbidity and mortality from acute myocardial infarction (heart attack).

Program Administration

The district Director of Risk Management acts as district AED program coordinator, and is responsible for assuring that the program requirements listed below are carried out. The Department shall maintain a current list of all AEDs used in the district along with other information deemed necessary.

Definitions and Responsibilities of Program Participants

AED Action Plan, also called the Site Action Plan, is a summary of rules and procedures necessary to implement this procedure at the site level and provide detailed instructions on AED use. An Action Plan will be developed for each site.

AED Response Team is a group of school employees assigned by the principal to carry out the Site Action Plan and trained to respond to medical emergencies. All team members are authorized to use the AED and administer CPR. The group is under the supervision of a team leader.

AED Response Team Leader is the person at a school site appointed by the principal who is responsible for selecting and training an AED Response Team, implementing the Site Action Plan, and ensuring site compliance with Board policy. The Coordinator communicates with the Program Manager on issues related to the program including incident reports and digital file download.

Authorized Individual means an employee that has been properly trained in CPR and AED use and is currently authorized by the school principal and district AED coordinator to provide these services. Generally, an authorized individual will be a member of the site AED Response Team, but there may be exceptions.

Bystander-as-First-Responder. The law allows persons who have not been trained in CPR and AED use to render emergency assistance and use an AED. This district procedure authorizes bystanders to use the AED and administer CPR. As soon as an AED Response Team member becomes aware of this, he or she shall relieve the bystander, take charge of the situation, and initiate action as described in the Site Action Plan. If a Licensed Medical Doctor or Registered Nurse is at the scene, these individuals should be allowed to provide essential services; but this will not eliminate the need to call 9-1-1.

CPR means cardiopulmonary resuscitation.

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District AED Coordinator develops procedures for the program districtwide, provides necessary supervision and support to site employees, and maintains a complete listing of all AED units. Unless otherwise directed by the Superintendent, the coordinator shall be the Director of Risk Management.

EMS Agency means Emergency Medical Services Agency and refers to local emergency medical responders such as fire departments and publicly-operated paramedic services.

Emergency Medical Services Authority is a state agency established within the Health and Welfare Agency responsible for coordinating and integrating all state activities concerning emergency medical services.

Program Manager. The district may decide to use an outside agency as its AED Program Manager.

School Principal administers the overall program at his or her site, selects an AED Response Team Leader and Response Team, and provides the required annual notification to school staff by means of the *Principal's Annual Certification* (PUSD Form AED-4).

Equipment Approval Process

Purchasing or accepting a donation of an AED will be coordinated through the district AED Coordinator. The purchase or donation may include a physician's prescription, secured through the Program Manager. Donations will be presented to the Governing Board for their acceptance.

These requirements are retroactive and affect any and all AEDs that were acquired prior to the date that the AED policy and procedure was approved by the Board.

Record of Installed Locations

An appropriate location for each AED shall be recommended by the district AED Coordinator. The location shall be entered on the site's Record of AED Installed Locations (PUSD Form AED-1). A copy of this form shall be sent to and maintained by the district AED Coordinator.

Written AED Action Plan and Required Notifications

Site Principal or manager of a district department shall distribute a written action plan that defines staff responsibilities and procedures to be followed in the event of an emergency that may involve the use of an AED. The plan shall include immediate notification of 9-1-1 and procedures for trained staff to follow at the start of emergency procedures. All plans shall be approved by the district AED Coordinator.

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When an AED unit is placed in a building, the Principal or manager of a district department shall ensure that school administrators and staff occupants receive information, which describes the proper use of an AED, and also ensure that similar information is posted next to any installed AED. Not less than annually, the Principal or district department manager shall notify all site staff as to the exact location of all AED units and how to gain access to them. This notification is automatically provided in the *Principal's Annual Certification* (Form AED-4). Local EMS agencies are notified by sending them a copy of this form.

If the location of equipment changes during the year, immediate notification shall be made.

Training Requirements

The district will strive to ensure that sufficient numbers of employees are trained in the use of the AED to properly support the AED Action Plans.

1. *How Many Employees Must be Trained?*

The minimum number of people trained depends on the quantity of AED devices at a given site or district department. This ratio is established by law:

- a. For each AED unit acquired up to five units, no less than one employee per unit must be trained.
- b. After the first five AED units are acquired, for each additional five units acquired, one employee shall be trained beginning with the first additional unit acquired.

School sites shall have trained employees who should be available to respond to an emergency that may involve use of an AED during normal operating hours. This will take into consideration all of the various onsite athletic programs and extra-curricular activities. After-school or week-end programs operated by third-party non-district groups are not subject to this procedure.

Training must be specific to the particular make and model of AED placed at the site.

2. *Which Employee Classifications Should Have Training Priority?*

Incumbents in the following positions will be given priority for training: Health Technician, Resource Nurse, Athletic Trainer, Principal, ESS Supervisor, Campus Security Specialist, Custodial Supervisor, and crisis response first-aid team member.

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The decision to include other employees (positions) to train as AED Response Team members is made by the principal. Consideration should be given to incumbents in these positions: Coach, Physical Education Teacher, and Assistant Principal.

3. *Standards for Required Training*

Employees to be trained shall complete a training course in CPR and AED use that complies with regulations adopted by the Emergency Medical Service Authority and the standards of the American Heart Association or the American Red Cross.

The time required for an AED training program can be reduced for persons who can show they have been certified in a basic CPR course in the past year and can demonstrate that they are proficient in the current techniques of CPR.

The full AED/CPR course will include the following topics and skills which may be modified as determined by training agencies and as AED technology changes:

- a. Basic CPR skills.
- b. Proper use, maintenance, and periodic inspection of the AED.
- c. The importance of CPR, defibrillation, advanced life support, adequate airway care, and internal emergency response system.
- d. How to recognize the warning signs of heart attack and stroke.
- e. Overview of the local community EMS system, including 9-1-1 access and interaction with EMS.
- f. Assessment of an unconscious patient to include evaluation of airway, breathing, and circulation, to determine if cardiac arrest has occurred and the appropriateness of applying and activating the AED.
- g. Information relating to defibrillator safety precautions to enable the operator to administer shocks without jeopardizing the safety of the patient. This information includes, but may not be limited to:
 - i. Age and weight restrictions of victims on which the AED is used.
 - ii. Presence of water or liquid on or around the patient.

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- iii. Presence of transdermal medications, implanted pacemakers, or automatic implanted cardio-defibrillators.
- h. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
- i. Rapid, accurate assessment of the victim's post-shock status to determine if further activation of the AED is necessary.
- j. The responsibility of authorized individuals for continuation of care, such as repeated shocks, if necessary, and/or accompaniment to the hospital, if indicated, or until the arrival of professional medical personnel.

4. *Training Schedule*

Basic and review sessions will be conducted according to the following schedule:

- a. CPR/AED renewal training will be conducted every fourth year, or as required by the training program or current law.
- b. More frequent periodic reviews will be at the discretion of the district AED Coordinator.

5. *Proof of Training*

Persons trained shall receive a written course completion card from a CPR/AED training program utilizing a course approved by the American Heart Association or American Red Cross. Cards shall be renewed at least every four years, or as required by the training program or current law.

Training shall be performed by a person certified by the American Heart Association or American Red Cross to instruct CPR and AED use.

AED Availability and Security

Defibrillators shall be readily available for use at all times, not stored in locked rooms or storage cabinets requiring keys for entry, and located in conspicuous locations. Certain exceptions will be made for specific situations, as approved by the district AED Coordinator.

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AED cabinets should be fitted with hardware or security systems designed to discourage tampering while not preventing the device from being removed from its location. Ideally, security systems should notify a central alarm monitoring station. If this is the case, the monitoring station shall be provided with instructions to dispatch paramedics to the school upon activation of the AED alarm. The monitoring station shall also attempt to determine the reason for the activation and notify school officials of the alarm activation. Such systems shall be fitted with methods to bypass the alarm so that the AED can be removed for legitimate reasons, such as moving it to an athletic field during an event, or for inspection and maintenance purposes.

Testing and Maintenance

The principal, through the AED Response Team Leader, shall assure adherence to the following standards:

The AED remains fully functional at all times.

Regular testing of the device according to the operation and maintenance guidelines required by the manufacturer, the American Heart Association, and the American Red Cross, and according to any applicable rules and regulations established by the Food and Drug Administration or any other applicable state and federal authority.

The AED is checked for readiness after each use and at least once every 90 days if the AED has not been used in the previous 30 days and in accordance with the manufacturer's specifications. This inspection must be documented by using the *AED Testing and Maintenance Record* (PUSD Form AED-2) or by completing an online maintenance form through the Program Manager.

Recall notices are promptly responded to.

Records of testing and maintenance performed shall be kept for not less than four years.

General Use Rules

In the event of a possible sudden cardiac arrest on campus, the AED will be brought to the victim. During athletic or extra-curricular events on campus, the event organizer may request of the principal, or designee, that the AED be taken from its assigned location to the gym, field, or auditorium before an emergency occurs as a precautionary measure.

Whenever the AED is taken from its assigned location, one person shall agree to remain with the unit until it is returned.

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Whenever the device is taken from its assigned location, a conspicuous notice shall be placed on the AED cabinet indicating who has the AED, when it will be returned, and the location of the nearest alternate AED.

Except for repairs or relocation authorized by the district AED Coordinator, the device may not be taken off campus for any reason. With approval of the site Principal, High School Athletic Trainers are allowed to take an AED device off campus for athletic events.

Any person, whether employee or agent of the district or member of the general public, who renders emergency care or treatment on a person in cardiac arrest by using an AED shall call 9-1-1 to activate the emergency medical services system as soon as possible and shall report the use of the AED to the local emergency medical services agency.

Specific AED Use Procedures

Authorized individuals must follow the manufacturer's operating instructions in each AED at the site and according to protocols defined in the Site Action Plan.

Post-Incident Procedures and Reporting

The following steps shall be taken as soon as possible after use of an AED:

1. Contact the Program Manager.
2. A confidential Post-Incident Report (PUSD Form AED-3) shall be completed and copies forwarded the same day to the principal, or designee, and the district AED Coordinator.
3. The data card must be pulled from the AED for data download and forwarded to the Program Manager or other authorized user within 48 hours. This will usually be done by the Program Manager.
4. The AED must be returned to its assigned location and returned to a state of readiness. This will be done by the Program Manager.
5. It must be cleaned and disinfected, and any disposable components replaced. This will be done by the Program Manager.
6. It must be inspected and found to be fully functional prior to returning it to service. This will be done by the Program Manager.

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7. A critical-incident stress debriefing will be conducted with the AED user and any other first aid providers as soon as possible.
8. The AED user may be required to complete a San Diego County EMS Defibrillation form and forward it to County EMS.
9. Copies of all forms related to the use of the AED during an incident shall be maintained for not less than four years.