

Business and Non-Instructional Operations

Automatic External Defibrillator

I. Definitions:

Automatic External Defibrillator (AED) — means a device that: (A) is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis, and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use.

Predetermined AED Provider — that person who is CPR and AED certified and has a copy of his/her certification on record with the Regional School District #10.

II. Defibrillator Location

1. Regional School District #10 will have defibrillators in school buildings designated by the Regional School District #10 Board of Education.
2. The AEDs will be strategically placed and accessible to Predetermined AED Providers to promote rapid utilization.
3. The Superintendent, School Medical Advisor, or Principal may specify that a Predetermined AED Provider may transport an AED to other areas of the school or its grounds for the purpose of standing by at specific events or activities. A communication mechanism will be established for the purpose of notifying Predetermined AED Providers within each building and the local EMS providers of the relocation of the AED from its usual place of storage. The mechanism will include, at a minimum, the placement of a sign on the usual place of storage indicating the temporary location of the AED.

III. Required for Predetermined AED Providers

1. Predetermined AED Providers shall be held accountable for the retrieval, use, and return of the AED when it is used.
2. On an annual basis, a Predetermined AED Provider shall certify in writing that he/she has read the Regional School District #10 AED policy and administrative regulations, and provide such certification and a copy of AED training completion documentation to the School Nurse.

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IV. Responsibility for Operation, Maintenance and Record-Keeping

1. The school nurse at each building in which an AED is installed will check the defibrillator in the building on a regular basis, at least monthly. It will be that nurse's responsibility to verify that the unit is in the proper location, that it has all the appropriate equipment (battery, mask, case, emergency pack), that it is ready for use, and that it has performed its self-diagnostic evaluation. If the nurse notes any problems, or the AED's self-diagnostic test has identified any problems, the nurse must arrange for needed maintenance immediately.
2. After performing an AED check, the nurse shall make note on an AED service log (Appendix IV) indicating that the unit has been inspected and that it was found to be "In-Service" or "Out-of-Service".
3. The School Nurse shall be responsible for the following:
 - a) AED service checks during the school year;
 - b) the replacement or equipment and supplies for the AED;
 - c) the repair and service of the AED;
 - d) all recordkeeping for the equipment during the school year;
 - e) training Records of Predetermined AED Providers which include CPR certification and AED certification;
 - f) maintaining a list of predetermined and properly certified AED providers approved by the School Nurse and/or the School Medical Advisor;
 - g) record keeping concerning incidents;
 - h) copies of the certifications signed by Predetermined AED Providers regarding understanding of and agreement to comply with Region 10 Board of Education AED policies and procedures (Appendix III);
 - i) providing/scheduling opportunities for CPR and AED training recertification for all nurses employed by the Region 10 Public Schools and other staff members as may be designated by the administration;
 - j) assisting the school district with proper in-house training for other individuals designated by the district;
 - k) reporting the need for revising the policy and administrative regulations to the Special Education Director and/or Superintendent;
 - l) assisting Predetermined AED Providers in other appropriate ways as determined by the administration; and
 - m) registering the AEDs in accordance with state law.

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VII. Procedures for Use

1. Only Predetermined AED Providers shall be permitted to have access to AEDs.
2. Predetermined AED providers accessing the AEDs shall maintain control of such equipment at all times.
3. Prior to returning an AED to its location, the Predetermined AED provider shall ensure that the AED is functional. Any problems with the AED shall be immediately reported to the School Nurse.
4. The Predetermined AED Provider must sign his/her name (as soon as practicable under the circumstances) and determine its service status upon removing it from its designated location and upon returning it. (Appendix I)
5. Predetermined AED Providers may only use AEDs in medically appropriate circumstances, in accordance with their training.
6. In the event of use, the Predetermined AED provider shall, if possible, immediately notify the School Nurse, the Superintendent of Schools, the District Medical Adviser, and the Special Education Director, or designate another individual to do so.
7. Each time an AED is used, the AED provider should complete a copy of the AED incident report. (Appendix II). The report should be forwarded to the School Nurse no later than 48 hours after the incident. The School Nurse will forward a copy to the District's Medical Advisor.

VIII. Inappropriate Use

1. Predetermined AED providers who fail to follow the requirements of this policy may be removed from the list of persons authorized to use the district's AEDs, and/or may be subject to discipline.
2. Students who inappropriately use, vandalize, remove or otherwise disturb the district's AEDs shall be subject to discipline in accordance with the Board's student discipline policy.
3. Staff members who inappropriately use or access the district's AEDs without authorization shall be subject to disciplinary consequences.

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APPENDIX III

CERTIFICATION OF COMPLIANCE WITH AED POLICIES AND PROCEDURES

I, _____, have read the Region 10 Public Schools Automatic External Defibrillation Program Policy and Administrative Regulations. I am aware of its contents and I am comfortable with the procedures. I have had an opportunity to ask questions regarding the program and have had my questions answered. If at anytime, while functioning as an AED provider using the AEDs available in the Regional School District #10, I have a concern or a question, I will ask the School Nurse for clarification. I agree to follow the terms and conditions set forth in the policy and administrative regulations.

AED Provider Signature

Date: _____

School Nurse

Date: _____

Superintendent

Date: _____

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APPENDIX IV

REGIONAL SCHOOL DISTRICT #10
AUTOMATIC EXTERNAL DEFIBRILLATOR SERVICE LOG

Date	Inspected and In-Service	Inspected and Out-of-Service	Signature of Nurse

Once per month or more often the school nurse will inspect the AED. If the AED is out-of-service or does not have the appropriate equipment, the school nurse will arrange for maintenance immediately.

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APPENDIX V

AED AGENCY NOTIFICATION LETTER

To: State of Connecticut Office of Emergency Medical Services/Town of Burlington and Harwinton Emergency Medical Services

From: Regional School District #10

We would like to notify you and your department about a Public Access Defibrillator Program in the Regional School District #10. Our Medical Director for the AED program is Dr. Michael Liftman. He/she works directly with the School Nurse regarding the implementation and management of the AED program. We have Automatic External Defibrillators in all of our school buildings. The defibrillators are strategically placed and accessible to predetermined AED providers to promote rapid utilization. The AED is available during school hours and after school hours during on site school activities. Each school nurse has received training in the use of the AED. A list of predetermined AED providers is also available in each school nurse's office, the principal's office and in the office of the Superintendent. The predetermined AED providers are school nurses and any other person who has received AED training (American Heart Association, American Red Cross or an equivalent training), has a completion card on file with the School Nurse in the building and Superintendent of Regional School District #10, has received and read the Regional School District #10 policy and administrative regulations and certified in writing his/her agreement to comply with same.

Sincerely,

School Nurse

Superintendent

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APPENDIX VI

Registry # _____

State of Connecticut
Department of Public Health
Office of Emergency Medical Services
(860) 509-7975

PSAP# _____

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) REGISTRY FORM
(Required by Public Act 98-62 — Please Print or Type — Use One Form Per AED)

1. Name of Owner _____
2. Mailing Address _____

3. Name of Contact Person _____
4. Telephone # _____ Fax # _____
5. AED Manufacturer _____ Model # _____ Serial # _____
6. Name of Prescribing Physician _____
7. If AED is situated at a fixed location, please include town, street address, building name or number and floor location. NOTE: Be as specific as possible _____

8. If AED will not be in a fixed location, please describe how and where it will be deployed: _____

Mail Completed Form to: State of Connecticut
Department of Public Health
OEMS — AED REGISTRY
410 Capitol Avenue MS#12-EMS
P.O. Box 340308
Hartford, CT 06134-0308