

Automated External Defibrillators

AED Program Implementation and Procedures

In implementing the AED Program, the AED Team shall prepare a written plan that must specify:

1. Where the AED will be placed;
2. The individuals who are authorized to operate the AED;
3. How AED use will be coordinated with an emergency medical service providing services in the area where the AED is located;
4. The medical supervision that will be provided;
5. The maintenance that will be performed on the AED;
6. Records that will be kept by the program;
7. Reports that will be made of AED use; and
8. The name, location, and telephone number of a physician, or other individual designated by the physician, to provide medical supervision of the AED program.

Identify the AED Team

The Superintendent and AED Team coordinator will request individuals to be part of the AED Team. The Superintendent and AED Team coordinator will consider many factors in choosing the number and members of the AED Team. The size and layout of each school and its operating hours should be considered. Staff members who already provide medical services, such as a school nurse, and those present when students are exercising, such as coaches, trainers, lifeguards, and physical education teachers, should be considered members of the AED Team. Additionally, when selecting team members consider possible staff turnover and who will be present even after school hours, such as administrators, custodians, coaches, etc.

Coordinate with Local Emergency Medical Services (EMS)

The AED Team shall work with the local EMS to coordinate clear procedures for smooth victim “hand-off” to EMS when EMS arrives. Additionally, EMS may provide guidance on equipment choice and placement, training and medical direction, and may check the equipment each year as part of the District’s annual fire inspection.

Prescription from Physician/Medical Direction

A collaborative agreement must be established between the District and a physician to oversee the administration of the District’s AED program. This collaborative agreement will be renewed

on a biannual basis starting from the date of the original agreement. The physician will review the District plan and suggest modifications at least annually.

The physician will approve the “standing orders” rescuers should follow when using an AED in a medical emergency. The physician may sign off on training plans, policies, and procedures; update them to take into account new treatment recommendations; evaluate data recorded on an AED during a medical emergency; and help assess each use of an AED to suggest any improvements.

AED Equipment and Vendor Selection

When choosing an AED vendor, the AED Team shall inquire as to the reputation of the vendor for reliability, durability, and ongoing support. The vendor may provide expertise in training, site assessment, and policies and procedures. When selecting AED equipment and a vendor, important considerations include:

1. How many AEDs can be purchased or are being donated and where to locate each AED. Locations should be reevaluated when and if additional units are purchased or donated;
2. Reputation of the AED manufacturer for product quality, reliability, and customer service;
3. Compatibility with the equipment of the local EMS;
4. Easy operation with clear voice prompts;
5. Biphasic technology and ability to adjust shocks and energy levels to match the victim’s needs;
6. Defibrillation electrodes that are pre-connected to the AED;
7. Maintenance-free batteries;
8. Direct field service team for on-site download of AED data;
9. Validated computer-based refresher training;
10. Availability of reduced energy defibrillation electrode for victims younger than eight years of age; and
11. Vendor ability to provide a complete implementation solution.

Additional Development of Procedures

The AED Team shall develop additional procedures and incorporate them into the District’s Emergency Preparedness Plan and this AED Plan. Points to include in the additional procedures include:

1. Actions those who witness a cardiac emergency should take, such as one person starting CPR while others rush for the AED, notify the main office, and make sure local EMS is called;
2. How to notify internal trained responders using walk-talkies, cell phones, radios, or the building public address system, for example;

3. Who is responsible for bringing the AED to a victim;
4. Who will notify the community's EMS team, such as by using a phone near the AED or alerting the main office to call local EMS;
5. How EMS will be directed to the exact location within the school, perhaps by having someone meet paramedics at the front door and escort them to the victim;
6. Standing orders stating when the AED should be used (only on victims who are unconscious, without a pulse, and who show no signs of circulation nor normal breathing);
7. Procedures to follow if an AED is moved from the building to a playing field, such as notifying the main office or school nurse about its location and how to contact the person who has it (via cell phone or radio for example);
8. How to handle data the AED records during use, including the patient's heart rhythm, AED analysis, and any shock delivered; and
9. What to do after an event, such as downloading and transferring data from an AED, notifying the medical director, reviewing the event to determine how procedures might be improved, replenishing supplies, returning the AED to service, and stress debriefing to help responders handle their emotions after a rescue effort.

Responsibility for Operation, Maintenance, and Record-Keeping

The school nurse at each building in which an AED is installed shall be responsible for the following:

1. Checking the defibrillator(s) in the building on a regular basis, at least weekly;
2. Verifying that the unit is in the proper location;
3. Verifying that the unit has all of the appropriate equipment, including battery, mask, case, emergency pack, gloves, etc.;
4. Verifying that the unit is ready for use, and that it has performed its self-diagnostic evaluation;
5. The replacement of equipment and supplies for the AED;
6. The repair and service of the AED;
7. Assisting the District with proper in-house training for other individuals; and
8. Reporting the need for revising the AED policy and procedures.

If the nurse notes any problems, or the AED's self-diagnostic test has identified any problems, or the unit is placed "out-of-service", the nurse must contact the Superintendent and all members of the AED Team immediately.

After performing an AED check, the nurse shall make a note on an AED service log indicating that the unit has been inspected and that it was found to be “In-Service” or “Out-of-Service.”

The AED Team coordinator shall be responsible for the following:

1. In the absence of the school nurse, the AED Team Coordinator shall complete the school nurse’s responsibilities stated above. In the event the AED Team coordinator is not available weekly to perform these responsibilities (such as during spring, winter, or summer break), the AED Team coordinator shall designate an individual who will be available during these times. The designated individual shall be on the AED Team and be trained on the school nurse responsibilities stated above.
2. Maintain on file all specifications and technical information sheets for each approved AED model assigned or donated to the District or school.
3. Maintain copies of the certifications and training records of the AED Team, including CPR and AED certification.
4. Provide and schedule opportunities for training certification and refresher training.
5. Assist the District with proper in-house training for other individuals.
6. Report the need for revising the AED policy and procedures

Refresher Training

Refresher training shall occur at least every ____ years or sooner if the equipment, policies, or procedures change. Only those individuals who complete refresher training can be members of the AED Team.

HIPPA

No member of the AED Team shall disclose health-related information or student information regarding any person upon whom an AED is used unless it is to a local emergency medical service or licensed physician or nurse.

Procedure History:

Promulgated on: July 17, 2019

Revised on:

Reviewed on: