

Administrative Regulation

USE OF AUTOMATED EXTERNAL DEFIBRILLATOR(S)

An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest (SCA). An AED is only to be attached to a victim who has no pulse and not breathing. The AED will analyze the victim's heart rhythm and advise the operator if a shockable rhythm is detected. If a rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

Safety Officer Responsibilities:

The Safety Officer of the AED Program in each building is the Certified School Nurse. The Safety Officer of the AED Program is responsible for:

1. Selecting members of the Medical Emergency Response Team (MERT) with the approval of the principal.
2. Notifying local EMS providers about the existence of the AED program and the location of the AED(s).
3. Maintaining records of the team members.
4. Coordinating and securing equipment and accessory maintenance.
5. Proposing revisions of the policies and procedures as needed after consultation with the school physician.
6. Monitoring the effectiveness of the system.
7. Giving the Superintendent, Principal and staff a list of currently CPR and AED Certified Staff each year.

School Physician Responsibilities:

The School Physician is responsible for:

1. Providing annual medical direction for the use of the AED.
2. Writing an annual prescription for the AED.
3. Reviewing and approving guidelines for emergency procedures related to the use of AED(s) and CPR.
4. Review and evaluation of situations in which AED is used.
5. Provide ongoing opportunity for keeping CPR and AED certificates current.

Authorized AED Users:

The AED Users are responsible for:

1. Receiving approval from the Safety Officer and building Principal to be an approved member of the MERT.
2. Completing successfully all required training to be a MERT member including successfully completing an approved CPR and AED training program within the past two years and possessing a current successful course completion card.

Initial Training:

MERT Members:

1. Must complete training adequate to provide CPR and AED. AED training must be a course approved by the State Department of Health Office of Emergency Medical Services as required by law. MERT members will also be trained on universal precautions against Bloodborne Pathogens. The members shall be offered Hepatitis B vaccination as required by law. The Safety Officer shall maintain training records for the MERT members who must renew their CPR and AED training every two years.

Medical Emergency Response Team (MERT) Responsibilities:

Members of the MERT are responsible for:

1. Activating the internal emergency response system and providing prompt basic life support including AED and first aid according to training and experience.
2. Responding directly to the location of the emergency and, if necessary, performing CPR until the AED arrives as previously assigned.
3. Bringing the AED and any other first aid supplies (according to the members training and experience) to the location of the emergency as previously assigned.
4. Meeting the responding EMS personnel and directing them to the scene of the medical emergency as previously assigned.

Secretary/Office Personnel or Principal Responsibilities:

The Secretary/Office Personnel or Principal is responsible for:

1. Receiving emergency/medical calls from internal locations.
2. Determining the extent of the illness or injury.
3. Contacting the local community 911 for medical assistance.
4. Contacting and activating the designated Medical Emergency Response Team (MERT) members and deploying them to the location of the emergency. This includes:
 - a. Assigning team member(s) to respond directly to the location of the emergency.
 - b. Assigning team member(s) to retrieve the AED and respond to the location of the medical emergency.
 - c. Assigning team member(s) to meet the responding EMS personnel and direct them to the location of the medical emergency.
 - d. Assigning classroom coverage as needed.
5. Calling the child's parent or staff member's emergency contact person.
6. Calling the Superintendent's office.

Equipment:

The AED and first responder kit will be brought to all medical emergencies. Each AED will have a set of adult defib electrodes pre-connected to the device and one spare set within the AED case.

Pediatric electrodes will be attached to defib case as well.

The first responder kit will contain two pairs of gloves, one razor, one set of trauma shears, one hand wipe and one face mask barrier device.

The safety officer shall be responsible for ensuring that all defib electrodes and the AED battery are within the expiration date listed on the equipment.

Medical Response Documentation:

Internal Post Event Documentation:

It is important to document each use of the medical emergency response system. A member of the MERT team shall submit a written record detailing the event in which the AED was used.

External Post Event Documentation:

Medical emergencies involving the use of an AED require special documentation. Any and all patient information generated during AED use must be collected into the patient's confidential medical file. A copy of AED use information shall be presented to the School Physician of the AED program within 72 hours of the emergency. At a minimum, event information supplied shall include any recorded data and all electronic files captured by the AED.

Post Event Review:

Following each deployment of the MERT or if a volunteer responder activates an AED, a review shall be conducted to learn from the experience. The School Physician shall conduct and document the post event review. All key participants in the event shall participate in the review. Included in the review shall be the identification of actions and the collection of opportunities for improvement as well as critical incident stress debriefing. A summary of the post event review shall be sent to the Safety Officer and School Physician. The Safety Officer shall maintain a copy of the post event review summary.

Equipment Maintenance:

Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected according to OSHA Bloodborne Pathogen Standards, CFR 1910, 1030.

Monthly System Check:

Once each calendar month the Safety Officer or her/his designee shall conduct and document a system check. These records shall be retained on file. The monthly system check shall include no less than the following elements:

1. Policy and Procedure are up-to-date.
2. Emergency kits are stocked to par level.
3. AEDs are at their assigned locations.

4. AED electrodes will not expire within the next two months.
5. AED battery will not expire within the next two months.
6. AED status indicator reads "OK"/
7. List of CPR and AED Certified staff is posted in the nurse's office, main office, and in the Emergency Plan.
8. Staff is knowledgeable concerning location of the AED(s).

Annual System Assessment:

Once each calendar year the Safety Officer, in consultation with School Physician, shall conduct and document a system readiness review. This shall include no less than the following elements:

1. Training records (copy of current CPR Certification).
2. Equipment operational and maintenance records.
3. Physician Medical Authorization records.
4. Annual replacement of the two (2) 9-volt batteries in the AED.

Location of the AEDs:

The location of the AED areas follows:

AEDs (Automated External Defibrillators) Locations

| School | Location |
|----------------------|-------------------------------------|
| Mountain View | Outside gym |
| Hilltop | Outside gym in front hallway |

MONTHLY AED CHECKS

| Month | Action -Condition of the unit and accessories. -Date Checked -AED Pad Exp. Date -Cabinet Alarm | Date Checked | Signature |
|-----------|--|--------------|-----------|
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |

During July and August, summer staff will be responsible for monthly checks of AED

September change the two (2) 9-Volt batteries:

Cabinet Battery changed on _____

Battery Pack 9-Volt changed on _____

Signature _____

DAILY AUTOMATED EXTERNAL DEFIBRILLATOR

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Sep | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please initial and sign your name below if you are to check the AED for the blinking green light

Put your initial in the appropriate box for the day you checked the AED

Init. Name

 Init. Name

 Init. Name

 Init. Name

Init. Name

 Init. Name

 Init. Name

 Init. Name

December 19, 2006