

## Robinson I.S.D. AED Protocol

An **automated external defibrillator (AED)** is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and pulseless ventricular tachycardia, and is able to treat them through defibrillation, the application of electricity which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

With simple audio and visual commands, AEDs are designed to be simple to use for the layperson, and the use of AEDs is taught in many first aid, certified first responder, and basic life support (BLS) level cardiopulmonary resuscitation (CPR) classes.

Each campus will have an AED available. The AED will be placed in an easily accessible area and will be clearly labeled and unlocked. A designated person will perform a test on each unit EACH MONTH- as close to the beginning of the month as possible. To check unit, turn the machine on and it will state "UNIT OK", you should also check for the check mark on the front of the machine. The date the AED unit is checked should be documented on a designated appropriate form and kept on file.

1. Additional supplies that should be kept with the AED machine is as follows:
  - a. Gloves
  - b. Scissors
  - c. Disposable razor
  - d. Hair removal pad without an ELECTRICAL ATTACHMENT PLUG
  - e. Gauze
  - f. CPR mask with a one way valve
2. There will be an AED/CPR trained person available at all times when there is a substantial number of District students are present at the location.
3. Each campus will have a certain number of staff trained in CPR/AED as designated by that campus Principal.
4. When possible, only trained AED/CPR trained persons will use the AED.
5. EMS will be notified immediately when an AED is needed by dialing 911.
6. The family of the victim will be notified as quickly as possible.
7. An administrator or other designated school personnel will accompany the student/staff to the hospital if the family is unavailable.

The supplies used must be restocked and the used pads be replaced as soon as possible. If calling 911, they will instruct you to go and retrieve an AED if available. It is important to be familiar with AED units around you.

**Note: An AED should not be used on anyone under the age of one (1) year (infant).**

1. Check the victim for breathing and movement. If the victim is not breathing and you cannot detect any movement, begin CPR for 2 minutes (5 cycles of 30 compressions and 2 breaths).
2. If the AED is immediately available (less than 2 minutes) and the victim is older than 8 years of age, proceed to step 4.
3. For pediatric victims (1 to 8 years of age), perform 5 cycles of 30 compressions and 2 breaths (2 minutes of CPR) before attaching and using the AED.

### ***RISD's AED protocol (continued)***

**Note: The AED should not be attached or used on anyone that is breathing or have a pulse.**

4. Turn the AED on by holding down the power button on the bottom right of unit. Open the lid and follow the visual and audible prompts.
5. Attaching the AED pads:
  - a. Use the adult pads for patients 8 years of age or older.
    - 1) Place the one large pad as directed on package. (See the diagram for the pads).
    - 2) The pads should not be placed over anything made of metal (necklaces, rings, pacemakers, etc.), or any medication patches. Remove medication patch and wipe skin if necessary. If a pacemaker is noted (bump to left upper chest area), place pad at least 1 inch below.
    - 3) Make sure the victim's chest is dry (towel off if excessive moisture is present). Moisture will prevent an adequate seal and possibly prevent the AED from detecting a shockable rhythm.
    - 4) Remove excessive chest hair (with hair removal electrode included in unit) from area where pads are to be placed. Excessive hair may prevent an adequate seal and possibly prevent the AED from detecting a shockable rhythm.
  - b. For pediatric patients (ages 1 to 8 years of age) some AEDs can deliver a smaller shock using pediatric pads.
    - 1) Place the pads on the victim as described on diagram on pads. Make sure that pediatric pads are plugged into the AED unit. Most units will come standard with adult pads in place.
    - 2) If the AED does not have pediatric pads, you can use the adult pads and give an adult shock for children 1 to 8 years of age.
    - 3) If using adult pads on a pediatric patient and the pads are too large to place on the patient without touching, place one pad directly in the center of the child's chest and the second pad directly in the middle of the child's back.

**Note: DO NOT use pediatric pads on an adult victim (older than 8 years of age or greater than 55 pounds).**

6. Allow the AED to check the heart rhythm. Make sure no one is touching the patient as this may interfere with the AED detecting a shockable rhythm.
7. The AED will announce "**ANALYZING PATIENT OR ANALYZING RHYTHM**".
8. If the AED recommends shocking the patient, it will charge to the appropriate joule level and announce "**SHOCK ADVISED**".
9. Make sure no one is touching the patient and announce loudly "**SHOCKING PATIENT**".
10. After checking to verify no one is touching the patient, **PUSH THE SHOCK BUTTON**.

### ***RISD's AED protocol (continued)***

**Note: DO NOT deliver a shock when a victim is lying in standing water or is touching something that will conduct electricity, i.e. metal bleachers or seats.**

11. After the shock is delivered, begin the steps of CPR (5 cycles of 30 compressions and 2 breaths) for 2 minutes.
12. Upon completing 2 minutes of CPR, the AED will announce **“ANALYZING PATIENT”**.
13. **The AED will repeat steps 6 – 8 if a shockable rhythm is detected. After each shock, 2 minutes of CPR (5 cycles of 30 compressions and 2 breaths) should be conducted.**
14. If a non-shockable rhythm is detected, the AED will announce **“NO SHOCK ADVISED. CHECK FOR BREATHING and MOVEMENT. IF VICTIM IS NOT BREATHING and NO PULSE or MOVEMENT, BEGIN CPR”**.
15. Do not discontinue CPR or using the AED until/unless:
  - a. Arrival of emergency personnel (EMS, fire, or police) and told to stop
  - b. Arrival of a licensed physician or nurse and you are told to stop
  - c. Properly relieved by someone trained in CPR/AED
  - d. If the scene should become unsafe (fire, severe weather, domestic violence, etc.)
  - e. Patient shows signs of breathing and movement
  - f. You become excessively fatigued and can no longer continue
16. Upon arrival of emergency personnel (EMS, fire, or police), have the following information available to give them when possible:
  - a. Patient's name and age
  - b. How long patient has been down
    - 1) How long without CPR being performed
    - 2) How long with CPR being performed
  - c. The number of shocks given to the patient by the AED, if any
  - d. What activity was the patient doing prior to event (sitting, standing, running, etc.)
  - e. Did patient say anything prior to event (complaints of pain, shortness of breath, nausea, dizziness, etc?)
  - f. Any known medications or medical conditions
  - g. Personal information if known: address, phone number, next of kin, etc.
17. Upon completion of incident, notify Laura Bearden, BSN, RN or appropriate supervisory personnel to download incident record and fill out required event documentation.
18. Replace AED pads, Battery, and other materials used and clean AED as needed.
19. Return AED to storage location as soon as possible.