

Administrative Procedures for Policy #3915 (students) of the Board of Education Regarding Automated External Defibrillators in Calvert County Public Schools

I. Purpose

- A. To provide Calvert County Public School employees trained in cardiopulmonary resuscitation and the operation and use of automated external defibrillators (AED) with guidelines for the use of AED units in the event of a cardiac arrest emergency
- B. To establish guidelines for the application, location, and maintenance of AED units.

II. Definitions

- A. Automated External Defibrillator - A medical heart monitor and defibrillator that is cleared for market by the federal Food and Drug Administration; recognizes the presence or absence of ventricular fibrillation or rapid ventricular tachycardia; determines, without the intervention by an operator, whether defibrillation should be performed; on determining that defibrillation should be performed, automatically charges; and requires operator intervention to deliver the electrical impulse; or automatically continues with delivery of electrical impulse.
- B. Automated External Defibrillator Program – a plan for providing AED services which complies with all State of Maryland certification requirements.
- C. Employee - an individual whose compensation is paid by the Calvert County Public Schools.

III. Roles and Responsibilities

- A. Calvert County Public Schools will comply with the Maryland Institute of Emergency Medical Services Systems (MIEMSS) requirement to have a medical advisor for the AED program. The medical advisor has ongoing responsibility for:
 - 1. Providing medical direction for use of AEDs
 - 2. Reviewing each incident in which an AED was operated
- B. The Community Resource and School Safety Specialist, with the assistance of the athletic supervisor and school health supervisor, will provide central AED program coordination. Responsibilities include:
 - 1. Selection of employees for AED training and distribution of AED-trained employee lists as required
 - 2. Coordination of AED training for school emergency responders
 - 3. Revision of this procedure as required
 - 4. Monitoring the effectiveness of the AED program

5. Communication with the medical advisor on issues related to the medical emergency response program, including post-event reviews
 6. Maintaining the certificate issued by MIEMSS in a place where it is readily available
 7. Instituting remedial action as necessary to resolve any issues of compliance with Title 30 MIEMSS Subtitle 06 AED Program
- C. The principal/designee of a school equipped with an AED will provide AED program coordination for his/her individual school. Responsibilities include:
1. Encouraging all coaches, physical education teachers, athletic trainers, and any individuals identified by the Community Resource and School Safety Specialist to be AED certified
 2. Maintaining required records related to certification
 3. Ensuring that all equipment and supplies are present and working correctly
 4. Maintaining a file with specifications/technical information sheets for each AED unit assigned to the school
 5. Maintaining records related to testing/proper functioning of AEDs and the presence of required equipment as needed if an AED or supplies are used
 6. Obtaining maintenance and replacement as needed if an AED or supplies are used
 7. Ensuring that all procedures and plans related to the AED are included in the school emergency plan

IV. Location of AEDs

- A. AEDs will be located, at a minimum, in each Calvert County public secondary school
- B. The principal/designee will determine the location of AEDs in his/her building
- C. The location of AEDs should provide optimal accessibility to individuals to operate them and allow staff members to retrieve the device outside of normal school hours if necessary
- D. After school hours, an AED should be moved from its designated location by the Athletic Director or coach to support athletic department activities
 1. The secondary school principal or designee will ensure that an individual trained in the operation and use of an AED is present at each home s school athletic event
 2. If removed from its designated location, the AED must be signed out. Information regarding the responsible person, the time it was removed, the location to which it has been taken, and the estimated time it will be returned must be left in the designated location. (See Attachment 1 – AED Sign Out Sheet)

- E. CCPS is not responsible for providing or insuring access to AEDs or AED services to organizations that use the school buildings after school hours.
- V. CCPS Designated AED Users
- A. Trained administrators, athletic directors, coaches, physical education teachers, school nurses, safety advocates, and school personnel who have current AED certification are designated to use the AED on school property
- VI. Use of the AED
- A. The AED should be used on any person (age 8 or above) who displays ALL the symptoms of cardiac arrest. The AED should be placed only after the following symptoms are confirmed:
 - 1. Victim is unresponsive
 - 2. Victim is not breathing, or is breathing ineffectively
 - 3. Victim has no signs of circulation, such as pulse and coughing, or movement
 - B. The individual using the AED must strictly comply with the directions automatically provided by the unit.
 - C. It may also be necessary to provide prompt basic life support, such as cardiopulmonary resuscitation, in conjunction with AED use.
 - D. Someone should be immediately directed to call Emergency Medical System (EMS – 911) if an AED is used.
 - E. Upon their arrival, the EMS staff assumes care and responsibility for the victim.
- VII. Post-Event Review and Quality Assurance Program
- A. The principal/designee shall conduct and document the post-event review (See Attachment 3) to learn from the experience following each use of an AED. The principal/designee will complete the Maryland Facility AED Report Form for Cardiac Arrest. (See Attachment 2)
 - B. All key participants in the event shall participate in the review, including the individual operating or responding with the AED, the Community Resource and School Safety Specialist, and the medical advisor.
 - C. Included in the review shall be the identification of actions that went well and the collection of opportunities for improvement as well as critical incident stress debriefing.
 - D. A summary of the post-event review shall be sent to the Community Resource and School Safety Specialist, Principal, Director of Student Services, Deputy Superintendent, and MIEMMS.
 - E. If the post-event review determines that inappropriate use occurred, the Community Resource and School Safety Specialist will submit a report to the state EMS medical director summarizing conclusions of the review.
 - F. If the AED fails when operated, the Community Resource and School Safety Specialist will submit the required report to the federal Food and Drug Administration. A copy of

this report will also be sent to the state EMS medical director. (Med Watch FDA Safety Information & Adverse Event Reporting Program – see Attachment 4)

- G. The Community Resource and School Safety Specialist will maintain a copy of the post-event review summary for seven (7) years.

VIII. Training

A. Initial Training

1. AED training will be provided to all administrators, athletic directors, coaches, and other staff coordinated by the Community Resource and School Safety Specialist/school principal as part of CPR training.
2. Newly hired administrators, athletic directors, and coaches could be asked to complete an AED training program before assuming responsibilities at athletic events.
3. The athletic director at each school will be responsible for insuring that training takes place. Training will include, but not be limited to:
 - a. Assessment of the unconscious person to determine if cardiac arrest has occurred, and the appropriateness of applying an AED
 - b. Safety precautions that enable the responder to use the AED without jeopardizing the safety of the patient, the user, or other individuals
 - c. Recognizing that the electrical shock has been delivered and that the defibrillator is no longer charged
 - d. The use of cardiopulmonary resuscitation (CPR) support in conjunction with the AED as appropriate.
 - e. The responsibility to continue care until the arrival of EMS staff
 - f. The principal/designee of each school with an AED will maintain training records for each individual in his/her school using the AED Operator Training Recognition Form. (See Attachment 5)

B. Recertification

1. All administrators, athletic directors, coaches, physical education teachers, school nurses, safety advocates and any school personnel designated by the Community Resource and School Safety Specialist will complete an annual/biannual recertification as part of their CPR certification.

IX. Equipment

- A. AEDs that are compatible with local EMS emergency response equipment will be used.
- B. Supplemental equipment to be kept with each AED include:
 1. Two (2) sets of defibrillator chest pads
 2. Disposable, latex-free gloves
 3. Maryland Facility AED Report Forms for Cardiac Arrests

Students #3915.1

Procedure Written: 3/14/2002

Revised: 1/31/11; 5/28/15; 6/23/21

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X. Equipment Checks and Maintenance

- A. All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness.
- B. The individual school principal/designee will be responsible for AED checks. AED checks are done weekly 12 months per year. AED checks are to be recorded on the AED Weekly Safety Inspection Record and submitted to the school principal/designee every month. (See Attachment 6)
- C. The individual school principal/designee shall be responsible for having regular equipment maintenance performed as necessary.
- D. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the AED units operating instructions.
- E. Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required.

Attachment 2
Maryland Facility AED Report Form for Cardiac Arrests

[Maryland Facility AED Report Form for Cardiac Arrest](#)

Students #3915.1

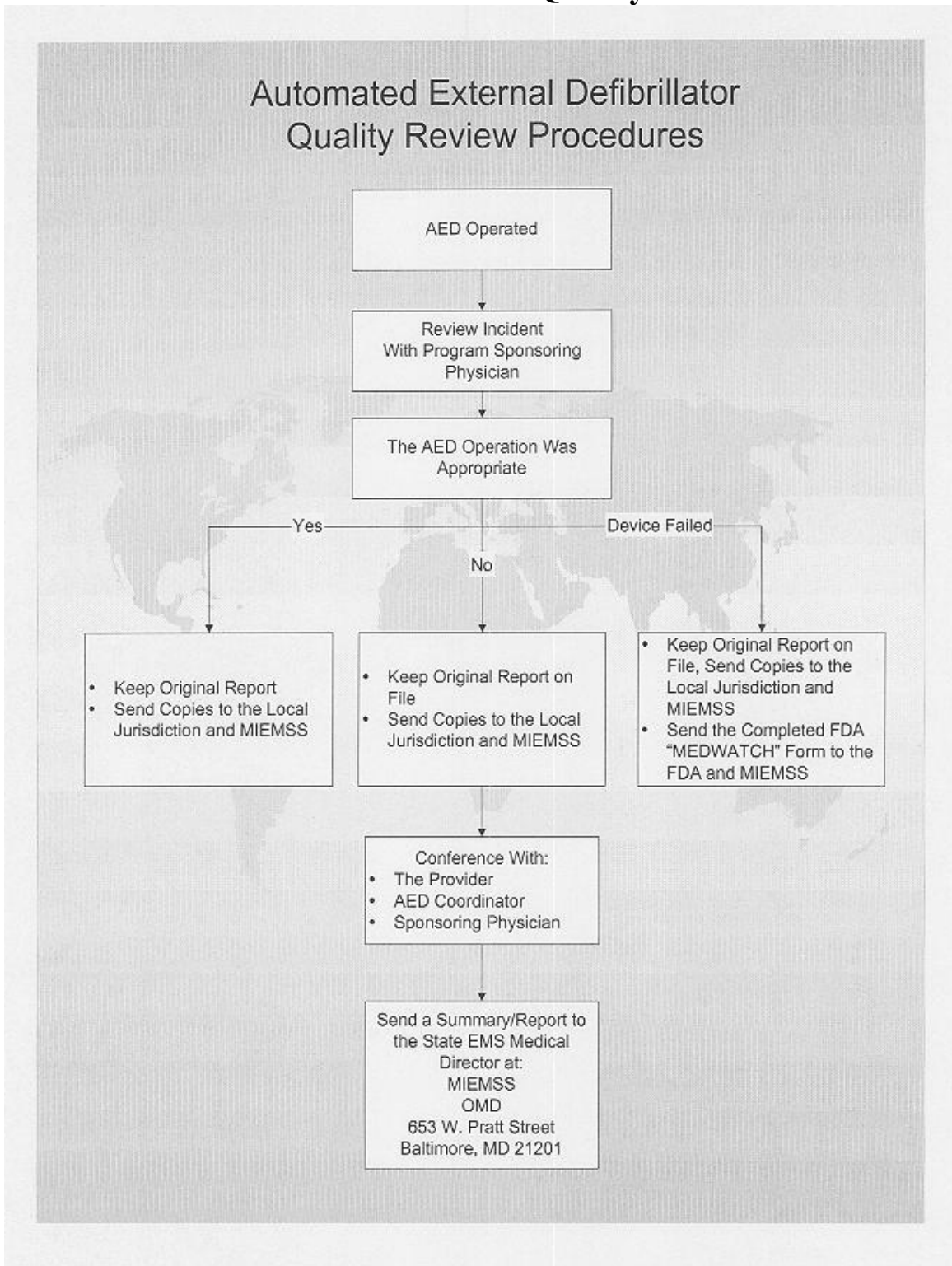
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Revised: 1/31/11; 5/28/15; 6/23/21

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Attachment 3

Automated External Defibrillator Quality Review Procedures



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Revised: 1/31/11; 5/28/15; 6/23/21

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Attachment 3 – Accessible Version Automated External Defibrillator Quality Review Procedures

1. AED Operated.
2. Review incident with Program Sponsoring Physician.
3. Determine if the AED Operation was appropriate.
 - a. If yes:
 - i. Keep original report.
 - ii. Send copies to the local jurisdiction and MIEMSS.
 - b. If no:
 - i. Keep original report on file.
 - ii. Send copies to the local jurisdiction and MIEMSS.
 - c. If the device failed:
 - i. Keep original report on file.
 - ii. Send copies to the local jurisdiction and MIEMSS.
 - iii. Send the completed FDA “MEDWATCH” form to the FDA and MIEMSS.
4. Conference with:
 - a. The provider
 - b. AED Coordinator
 - c. Sponsoring Physician
5. Send a summary/report to the State EMS Medical Director at:

MIEMSS
OMD
653 W. Pratt Street
Baltimore, MD 21201

Attachment 4

Medwatch Forms for FDA Safety Reporting

Complete Form FDA 3500A, Mandatory reporting for use by IND reporters, manufacturers, distributors, importers, user facilities personnel. [Visit Medwatch Forms for FDA Safety Reporting](#) and select Form FDA 3500A found in the MedWatch for Industry FDA Form 3500A pdf section.

Attachment 5 AED Operator Training Recognition

Please complete and maintain the following information for each AED authorized operator at your facility.

Operator Name: _____

Age: _____ Title: _____

Department: _____ Building/School: _____

Name of AED/CPR Training Program: _____

Date Completed: _____ Refresher Training: Yes No

Name of Refresher Course: _____

Date Completed: _____

Signature of Operator: _____ Date: _____

Signature of Coordinator: _____ Date: _____

The above signatures verify that AED operator is currently recognized by a MIEMSS-approved AED Program.

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Revised: 1/31/11; 5/28/15; 6/23/21

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Attachment 6 Weekly AED Safety Inspection Record

Please complete a separate record for each AED. Submit completed form to school principal/designee every month.

AED Serial #: _____ AED Location: _____

Month: _____ Year: _____

Date	Inspector Initials	Carrying Case Intact	Battery Charged Ready for Use	All Equipment Present

Battery Expiration date for this unit: _____

Pad expiration date for this unit: _____