Automated External Defibrillation Program
St. Helens School District 502

St. Helens School District 502 has established an Automated External Defibrillator (AED) program.

Recognizing that someone dies from Sudden Cardiac Arrest (SCA) every two minutes every day, the district, working with local medical service providers, will place and maintain AEDs in selected facilities.

The AED program shall operate under the direction of a licensed physician in coordination with the district program coordinator.

The district custodians shall communicate with local emergency response agencies (Columbia River Fire and Rescue), and will provide a list of AED locations within the district. The district will comply with state and federal laws pertaining to Public Access Defibrillation (PAD).

Training shall consist of first aid/CPR training and training with, an AED unit. A written test will be administered to participants to demonstrate understanding and application of training topics and materials. Equivalent AED training programs may be accepted with approval of the program coordinator.

AEDs will be placed in each of the District schools and one will be placed near Middle School and High School gymnasiums.

Resuscitation and use of AEDs shall be applied according to the sequence identified:
The patient must be unconscious, pulseless, apneic (not breathing), and 55 pounds or more for AED application.

The district shall conduct a physical inspection of each AED unit monthly to insure units are functioning properly and ready for use. Each unit shall be inspected after every use and restored to an active readiness level with appropriate pads and supporting medical supplies and equipment replaced prior to returning AED unit to its assigned storage location.

The Medical Director and AED Program Coordinator shall be notified after every application of an AED unit and a review of the incident log and service provided shall be completed. The review shall include the Medical Director, AED Program Coordinator, a representative of the District Safety Committee and the individual(s) involved in the application of the AED unit.

St. Helens School District 502

The following is a description of the policies and procedures, including medical protocols, to be used in the management and application of the Early Defibrillation program for St. Helens School District 502. It is the goal of this program to provide a rapid response to sudden cardiac arrest (SCA) for students, staff and community guests of St. Helens School District 502.

It is the intent of this document to give the Early Defibrillation Responders (EDR) general guidance in response to an incident of SCA. This document is not intended to cover all circumstances involved in such emergencies. It is the responsibility of the AED Program Coordinator to provide continuous guidance, monitoring, and evaluation of the program contents.

All early defibrillation responders must operate within the parameters of this early defibrillation program.

Annual review of this document will be conducted by the District Safety Committee and the Medical Director and the AED Program Coordinator for content and guideline modifications to meet national standards.

The policies and procedures described in this document will be in effect as of the date of original signatures for a period or three years or until changes are made as a result of the annual review by the AED Program Coordinator and the Medical Director.

_____ _____
Medical Director date

_____ _____
Early Defibrillation Program Coordinator date

_____ _____
Financial Services Director date

Program Policy and Procedure:

Medical Director - It is the responsibility of the Medical Director (typically an emergency physician, cardiologist, occupational health physician, EMS physician or staff physician) to:

1. Provide medical consultation and expertise,
2. Act as Liaison between the early defibrillation program site and EMS.
3. Review all incidents involving the use of the defibrillator.
4. Provide post-incident debriefing support.

Automated Early Defibrillation (AED) Program Coordinator (typically health and safety professional, HR representatives, Risk Managers, or other qualified designees) to:

1. Communicate with medical director providing oversight, early defibrillation responders, management, and EMS regarding early defibrillation program.
2. Participate in case reviews, responder training, and retaining, data collection and other quality assurance activities.
3. Assure maintenance of the defibrillators and related response equiptment.
4. Develop and maintain the emergency response plan and school district policies procedures.
5. Maintain a list of trained early defibrillation responders.
6. Ensure compliance with the school district's policies and procedures of the early defibrillation program.

Early Defibrillation Responders (EDR) have the responsibility to:

1. Successfully complete all required training and skills evaluations, as defined by St. Helens School District 502.
2. Respond to emergency calls according to the site's early defibrillation response protocol.
3. Follow the guidelines of the early defibrillation program and remain current on all certifications required by St. Helens School District 502.

Automatic External Defibrillator (AED) Protocol Authorization

A. Protocol Approval. The AED Program Coordinator devises or reviews St. Helens School District 502 early defibrillation response protocols. The protocols are for use only by properly trained early defibrillation responders for St. Helens School District 502.

B. Protocol Revisions. The AED Program Coordinator, Medical Director and the District Safety Committee are the only individuals authorized to revise St. Helens School District 502 AED response protocols. Revisions will be made as needed after each annual review of the content and the early defibrillation program's performance.

C. Operational Guidelines. The EDR(s) are to perform only to the level of their training and the guidance provided in the St. Helens School District 502 protocols. Medical liability coverage is granted to responders only under these conditions. St. Helens School District 502 does not certify or provide medical liability coverage for any EDR(s) operating under these protocols outside of St. Helens School District 502 property or function.

D. Protocol Qualifications. All EDR(s) are authorized to use the early defibrillation response protocols based upon successful completion of the St. Helens School District 502 approved defibrillator instructional program.

E. Protocol Guidelines.

1. **Defibrillator application guidelines.** Once the defibrillator is turned on and the pads applied to the patient, the EDR shall not remove the pads or turn off the device unless prompted by the device itself or directed by a higher medical authority, in all cases, the EDR shall continue to assess the patient's airway, breathing, and circulation and provide CPR as indicated.

2. **AED application criteria.** The defibrillator shall be applied only to patients who are unresponsive and not breathing,

3. **Defibrillation procedure.** Defibrillation shocks are to be delivered only in accordance with St. Helens School District 502 early defibrillation protocol. If the device advises no shocks, the EDR follows the protocol for patient care and CPR.

4. **Wet environments and metal surfaces.** The defibrillator can be used in fresh and saltwater environments and on metal surfaces that are wet or dry. Always follow all defibrillator recommended precautions.

5. **Excessive chest hair** If required for proper defibrillation pad adhesion, any excess hair on the patient’s chest is shaved with a prep razor supplied in the accessory kit. A smooth shave is not required.

6. **Implantable pacemakers and defibrillators.** If a patient has an implantable pacemaker or internal defibrillator, do not place the defibrillation pads directly over implanted device. If the presence of an implanted device affects pad placement, place pad as close to the recommended pad placement as possible.

7. **AED abuse or vandalism.** No abuse or vandalism of the defibrillator is to be tolerated. If abuse or vandalism is suspected, it is to be reported to the early defibrillation program coordinator immediately so that the defibrillator can be evaluated for proper operation.

F. Early Defibrillation Response Protocol Guidelines

1. **Initial assessment.** The first EDR responding shall conduct an initial assessment to determine the level of response required from the team and outside responding agencies. This initial assessment includes:
   - **a.** Assessment of the scene for safety of self and other responders,
   - **b.** Use of gloves and other universal precautions prior to patient contact.
   - **c.** Assessment of the patient for absence of responsiveness, respiration, and signs of circulation.
   - **d**. Assessment for additional information about the patient or scene. Information gathered at the scene should be relayed to the responding EMS and transported with the patient. Information should also be given to the early defibrillation program coordinator.

2. **Early defibrillation response plan and 911.** The initial EDR verifies that the AED response plan has been activated and that 911 have been notified. If the defibrillator is not present at the scene, the responder verifies that it is being brought immediately.

3. **CPR procedures.** In the absence of the defibrillator the EDR initiates the ABCs of CPR; establishing an airway, ventilating the patient, and beginning chest compressions, until the defibrillator arrives.

4. **Defibrillator application.** Turn on the defibrillator as soon as it arrives at the scene, follow it's prompts. If more than one EDR is present, one can apply the defibrillation pads and operate the defibrillator while the other continues CPR until told to stop. Perform any special procedures required (removal of medical patches, etc.) as outlined in the early defibrillation response protocol guidelines prior to placing the pads on the patient's bare chest.

5. **Defibrillator heart rhythm analysis.** When the pads are properly attached to the patient the device will automatically analyze the patient for a shockable rhythm such as ventricular fibrillation (VF). Ensure that no one touches the patient during the rhythm analysis. On completion of rhythm analysis, the defibrillator will prompt the responders as to the appropriate course of action. Follow the prompts in treating the patient.

6. **Defibrillation safety precautions.** If the defibrillator gives a "shock advised" prompt, first ensure that no one is touching by examining the patient area and loudly stating, "I am clear, you're clear, everyone clear!" Then press the shock button to deliver a shock to the patient as prompted. Shock delivery will be followed by a re-analysis of the patient's heart rhythm by the defibrillator. If additional shocks are advised by the defibrillator, follow the above sequence until the defibrillator prompts otherwise or EMS arrives.

7. **Defibrillation shock sequence.** Based upon St. Helens School District 502 early defibrillation response protocols and in accordance with defibrillator

prompts, administer a shock sequence of up to three (3) consecutive shocks to the patient, followed by one (1) minute of CPR if signs of circulation are absent.

8. **No shock advised procedure.** If the defibrillator gives a "no shock advised" or "shock not advised" prompt and the patient is not breathing and has no signs of circulation, administer CPR until the patient regains signs of circulation, the defibrillator advises to stop CPR for analysis, or EMS arrives and assumes care of the patient. If the patient is not breathing, but does have signs of circulation, perform rescue breathing until the patient regains adequate respiration, the defibrillator advises to not touch the patient for analysis, or EMS arrives and assumes patient care. Conduct continuous monitoring of the patient's condition and evaluation of rescue in accordance with EDR training.
9. **Patient monitoring.** Once the defibrillator has been applied to the patient, do not turn off the defibrillator or remove the defibrillation pads unless prompted by the device (e.g. "replace battery, or replace pads"). The defibrillator will continue background monitoring of the patient's heart rhythm and alert the rescuers if additional shocks are required. Continue to assess the patient's airway, breathing and circulation, and provide CPR as indicated.

G. Transfer of patient to EMS.

1. **EMS arrival.** Upon arrival of EMS, transfer patient care to the EMS team. If requested by EMS, assist in patient care; otherwise, initiate post-incident procedures. See section H.
2. **Oral report,** Give the EMS agency a complete oral report of the event and any significant findings. Unless requested to remain at the scene to assist, compete the St. Helens School District 502 early defibrillation incident report.
3. **Early defibrillation incident report.** The early defibrillation incident report may be copied and given to the EMS agency as part of the patient care document, either while EMS is on-scene or after the ambulance has left with the patient. If the report is given later, it is the responsibility of the early defibrillation program coordinator to oversee this data and delegate responsibility if necessary.
4. **Defibrillator data retrieval.** An EDR who responded to the incident is responsible for retrieval of the defibrillator data.

H. Post- Incident Procedures

1. **Early defibrillation incident report.** The EDR who provided care to the patient must document all accounts of the medical event and any patient care given on the early defibrillation incident report form. The EDR will then provide the completed report to the School District Nurse or a member of the District Safety Committee for data collection and quality review,
2. **Early defibrillation report confidentially.** The early defibrillation incident report is part of the patient care record and is confidential to both the patient and the St. Helens School District 502. This report is not to be copied or altered once it is completed. Discussion of all aspects of the event is to be limited to team members in debriefing or training sessions. To prevent violation of patient confidentiality, the EDR(s) are to refrain

from open discussion about any aspects of the medical event. Patient confidentiality must be maintained in accordance with all state and federal regulations.

3. **Response protocol irregularities.** Any protocol or equipment irregularities that occurred during the SCA event are to be reported to the School District Nurse immediately for appropriate action. The School District Nurse is to ensure that the device manufacturer is notified of any equipment irregularities.
4. **Defibrillation debriefing procedures.** A debriefing, headed by the AED Program Coordinator, is to be conducted with all EDR staff who responded to the event, as well as any bystanders and co-workers who witnessed the event.
5. **Post-Event defibrillator check procedures.** Before returning the defibrillator to service, perform the following post-event procedures:
    - **a.** Check the defibrillator visually for damage or missing parts.
    - **b.** Replace all supplies used during the event,
    - **c.** If present within defibrillator unit, remove the data card for data collection and install a replacement data card or, after incident data is downloaded, reinstall the original data card in the defibrillator.
    - **d.** Run battery test and replace the battery if indicated.
    - **e.** Return the defibrillator to its designated storage area for future use.
6. **Post-Incident critique,** A post-incident critique form shall be completed at the conclusion of each drill and each real SCA event to evaluate the response model and debrief the EDR(s). The completed form shall be discussed in the debriefing meeting following the drill or event. Further discussion shall be conducted with the AED Program Coordinator as necessary. In either event, written copies of the form shall be distributed to all necessary staff within St. Helens School District 502 for administrative review.

I. Data collection

1. **Early defibrillation incident report and incident data.** Data collection begins with the early defibrillation incident report and data from the defibrillator (if data card is utilized with responding unit). Data shall be provided to the AED Program Coordinator as soon as possible.
2. **Data Transfer.** The data will be provided to the AED Program Coordinator according to St. Helens School District 502 policy. The data will be reviewed by the AED Program Coordinator and District Safety Committee in order to assess responder performance and for quality assurance,
3. **Data storage.** All collected data and post-incident critique forms are to be stored in a secure location under the direct supervision of the AED Program Coordinator.

J. Training and Drill Procedures

1. **Defibrillation training requirements.** All EDR(s) shall be responsible for maintaining all required training. The AED Program Coordinator shall track training requirements and notify each EDR of any refresher training or new training that may be required.