

BRISTOL WARREN REGIONAL SCHOOL DISTRICT
Automated External Defibrillator (AED) POLICY

PURPOSE STATEMENT:

To provide guidance in the management and administration of a workplace AED program for The Bristol Warren Regional School District. Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing disturbance in the heart's electrical rhythm called ventricular fibrillation (VF).

This erratic and ineffective electrical heart rhythm causes complete cessation of the heart's normal function of pumping blood resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator delivered within a short time of the onset of VF. An AED is used to treat victims who experience SCA. It is only to be applied to victims, who are unconscious, without pulse, signs of circulation and normal breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

Accordingly, The Bristol Warren Regional School District, has adopted this policy to assist trained lay rescuers to be better prepared in the event of a sudden cardiac arrest situation.

SYSTEM OWNER:

The Bristol Warren Regional School District.

To assist all employees in understanding the requirements of the Policy, the Superintendent has been designated to answer any questions that may arise concerning the AED Policy.

GENERAL PROVISIONS:

- Selection of equipment
- Selection of employees for AED training
- Distribution of AED-trained employee lists
- Coordination of training for emergency responders
- Coordinating equipment and accessory maintenance
- Maintain on file a specifications/technical information sheet for each approved AED model assigned or donated to The Bristol Warren Regional School District
- Consulting local Emergency Medical Services (EMS).
- Revision of the procedure as required.
- Monitoring the effectiveness of this system.
- Communication with medical director on issues related to medical emergency response program including post-event reviews

MEDICAL OVERSIGHT:

The medical advisor of the AED program is: The School Physician

The School Physician will provide medical oversight of the AED program including:

- Writing a prescription for AEDs
- Reviewing and approving guidelines for emergency procedures related to use of AEDs and CPR in accordance with State and local laws.
- Assisting in coordinating the program with local EMS.
- Evaluation of Post-Event with all rescuers involved.

NOTIFICATION OF LOCAL EMS:

The EMS, the Bristol or Warren Rescue Department, is ultimately responsible to deliver emergency care. In event of an emergency, activate EMS through 911. Give specific location and type of medical emergency.

AUTHORIZED AED USERS:

The AEDs may be used by:

- Any trained volunteer responder who has successfully completed an approved CPR/AED training program and has a current successful course completion card.
- Training classes should meet the guidelines of a nationally recognized program, such as the American Heart Association, the American Red Cross, or the National Safety Council.
- Retraining should occur at least every two years — sooner if your equipment, policies or procedures change.
- The Bristol Warren Regional School District will identify all employees of School Response Teams. A current list of all trained certified employees will be kept in the main office as well as the nurse's office.

EQUIPMENT:

Automated External Defibrillators have been approved for District use. These AEDs conform to the Local, State and FDA standards.

LOCATION OF AEDs:

Mt. Hope High School
Kickemuit Middle School
Hugh Cole School
Guiteras School
Reynolds School
Rockwell School
Colt/Andrews School

Each district building shall be equipped with one or more AEDS that are readily accessible to school staff and public. Appropriate signage at the building's main entrance, main reception area, and in hallways, will show directions to, and locations of, each AED.

ADDITIONAL RESUSCITATION EQUIPMENT:

Each AED will have one set of defibrillation electrodes connected to the device and one spare set of electrodes with the AED. It is also recommended to include a set of infant/child electrodes in the kit. One resuscitation kit will be connected to the handle of the AED. This kit contains two pairs of latex-free gloves, one razor, one set of trauma shears, and one facemask barrier device.

EQUIPMENT MAINTENANCE:

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:

- The AED Program Coordinator or designee shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. Replace pads, pocket masks and other peripheral supplies that were used.
- Complete the AED Maintenance Checklist and return the AED to a state of readiness. Maintenance is performed twice yearly by Life Support Systems.

ROUTINE MAINTENANCE:

The AED will perform a self-diagnostic test that includes a check of battery strength and an evaluation of the internal components once every 24 hours. A volunteer, assigned by the AED Program Coordinator or designee, will perform a monthly AED check following the procedure checklist. The procedure checklist will be initialed at the completion and will be posted with the AED.

TRAINING:

Previously certified employees will renew AED/CPR training every two (2) years. Where possible, the BWRSD will provide training/recertification opportunities as part of Professional Development days.

AED-TRAINED EMPLOYEE RESPONSIBILITIES:

- Activate external emergency response by directing someone to call 911.
- Activating internal emergency response system. Trained employees should know how to recognize signs of sudden cardiac arrest, start CPR right away, locate and use the defibrillator, and provide care until the EMS team arrives.

POST-EVENT REVIEW DOCUMENTATION:

Following each AED deployment, a review shall be conducted to learn from the experience. The AED Program Coordinator or designee 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 that went well and the collection of opportunities for improvement as well as critical incident stress debriefing. The debriefing should include response-time evaluation and identifying strategies for improvement.

A summary of the post-event review shall be sent to the AED Program Coordinator or designee and School Physician. The AED Program Coordinator shall maintain a copy of the post-event review summary.

AED Manufacturer:

Life Support Systems
40 Sprague Street, Suite I Boston,
MA 02136-2072
Phone: 1-800-520-9635
Fax: 1-617-364-4711
www.lifesupportsystems.com

Reviewed by  Date 9/26/27
Medical Director

Adopted: October 22, 2007
Revised: September 11, 2023

AED INCIDENT REPORT

Complete this form with every incident necessitating AED use, submitting within 24 hours of use.

PATIENT'S NAME: _____

STUDENT'S ID) NUMBER (If applicable): _____

DOB: _____ AGE: _____ SEX: F M PHONE: _____

ALLERGIES: _____

CURRENT MEDICATIONS: _____

PERTINENT MEDICAL HISTORY: _____

DATE & TIME OF AED USE: _____ AED SERIAL NUMBER: _____

EXACT LOCATION OF INCIDENT: _____

DESCRIPTION OF INCIDENT: _____

WITNESSES: _____

PHONE NUMBER: _____

NAME OF AED OPERATOR: _____

OTHER ASSISTING RESPONDERS: _____

EMS UNIT RECEIVING PERSON: _____

TIME AND LOCATION OF TRANSPORT: _____

REPORTED BY: _____ DATE: _____

PHONE NUMBER: _____

MEDICAL DIRECTOR'S COMMENTS: _____

Reviewed by _____ Date _____
Medical Director

_____ Date _____
Program Coordinator

AED OPERATOR'S CHECKLIST

Year: _____

Serial Number: _____

TASK	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
MONTHLY												
Battery Status Indicator Light Flashes Green												
Two Sets of Pads												
Face Mask												
Scissors												
Razor												
Gloves												
Towel												
INSPECTED BY:												

Remarks / Problems:

Corrective Actions:

Initials

Signature

Initials

Signature