

## Special Education District of Lake County

### AED Program

The following document describes the policies and procedures, including medical protocols, to be used in governing the AED program of SEDOL. It is the goal of this program to provide a rapid response to sudden cardiac arrest for employees and students of SEDOL. It is the intent of this document to give the AED Response Team members general guidance in response to an incident of sudden cardiac arrest (SCA). The document is not intended to cover all circumstances involved in such emergencies. It is the responsibility of the Nursing Coordinator and AED Coordinator to provide continuous guidance, monitoring, and evaluation of the program contents. All AED Response Team members must operate within the parameters of this early defibrillation program. SEDOL and its Nursing Coordinator have approved all protocols for the early defibrillation program. Annual review of this document will be conducted by the Nursing Department and the Nursing Coordinator for content and guideline modifications to meet state and national standards.

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## 1. Scope

This document describes the policies and procedures of SEDOL relating to its early defibrillation program, utilizing employees who serve as trained responders in CPR and AED therapy in the event of a medical emergency.

## 2. Purpose

The purpose of this document is to establish a consistent guideline for the application, location, maintenance, and various other components involved in the SEDOL early defibrillation program. It is the intent of SEDOL to provide the appropriate AED coverage for this entity in accordance with established guidelines. A response time of three (3) minutes from time of discovery of the victim to first shock is the intended goal, in order to increase the likelihood of survival in the event of SCA.

## 3. Definitions

**AED Team Member.** An individual who is trained in AED use to respond to SCA medical emergencies and may also be a member of the Emergency Response Team.

**Automated external defibrillator (AED).** An automated computerized medical device programmed to analyze heart rhythm, recognize rhythms that require defibrillation, and provide visual and voice instructions for the device operator, including, if indicated, to push the button to deliver an electric shock.

**Bystander first aid/CPR.** Initial first aid/CPR provided by a trained individual who is not part of an organized medical response system such as ERT or EMS.

**Cardiopulmonary resuscitation (CPR).** Rescue breathing and external cardiac compression applied to a victim in respiratory and/or sudden cardiac arrest.

**Emergency Medical System (EMS).** Professional community responder agency for emergency events, who provide medical assistance and/or ambulance transport.

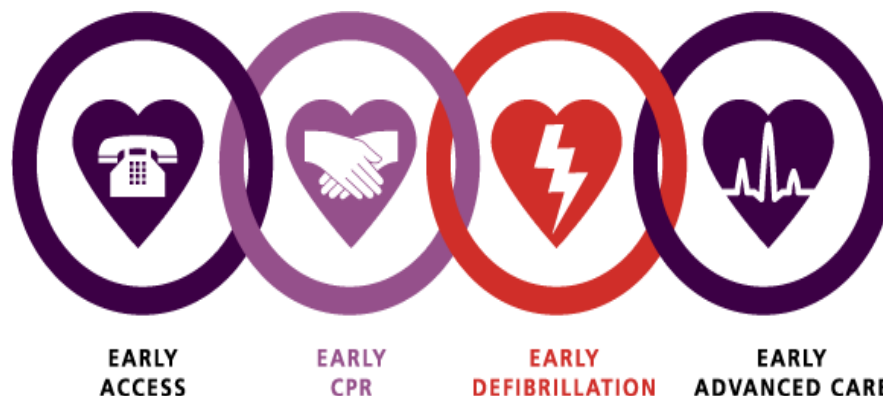
**Emergency Response Team (ERT), or Medical Emergency Response Team (MERT).** A group of SEDOL responders who train on a regular basis to respond to medical emergencies.

**Rescue breathing.** Artificial ventilation of a victim in respiratory and/or sudden cardiac arrest.

**Sudden cardiac arrest (SCA).** A significant life-threatening event when a person's heart stops or fails to produce a pulse.

#### 4. Early Defibrillation Program Overview

SEDOL provides a medical emergency response that includes basic and advanced first aid, cardiopulmonary resuscitation (CPR), and emergency defibrillation. The goal of the early defibrillation program is to participate actively in the Chain of Survival, illustrated below, by providing early defibrillation to any victim of sudden cardiac arrest (SCA) on our campus, within three minutes of witnessed collapse or discovery of the victim.



*Figure 1. Chain of Survival*

#### 5. AED Response Team Roles and Responsibilities

See Appendix A for the Roster of AED Team Members.

5.1 **Nursing Coordinator.** It is the responsibility of the Nursing Coordinator to:

- (1) Communicate to site management the costs and benefits of expanding the existing medical emergency response by including AED use.
- (2) Ensure adequate resources are allocated to achieve AED program goals.
- (3) Designate an AED Coordinator who understands early defibrillation and the use of AEDs, and demonstrates the ability to manage employee teams.
- (4) Review the program annually to evaluate effectiveness.
- (5) Provide medical consultation and expertise.
- (6) Develop and/or approve protocols for the use of the AED and other medical equipment.
- (7) Act as a liaison between the early defibrillation program site and EMS.
- (8) Approve the AED training program and ensure rescuers are properly trained.
- (9) Review all incidents involving the use of the AED.
- (10) Provide post-incident debriefing support.
- (11) Assure program compliance with SEDOL AED response protocols, policies and procedures, and training.

5.2 **AED Coordinator.** It is the responsibility of the AED Coordinator for each site – the building/program nurse, or other designated employee – to:

- (1) Communicate with the Nursing Coordinator providing oversight, AED responders, management and EMS regarding the early defibrillation program.
- (2) Participate in case reviews, responder training and retraining, data collection and other quality assurance activities.
- (3) Assure maintenance of the AEDs and related response equipment.
- (4) Develop and maintain the emergency response plan and company policies and procedures.

- (5) Maintain a list of trained AED responders.
- (6) Ensure compliance with the company policies and procedures of the AED program.
- (7) Assure compliance with state and local regulations regarding AED use.

5.3 **AED Team Members.** It is the responsibility of the AED team members to:

- (1) Successfully complete all required training and skills evaluations, as defined by SEDOL and/or the requirements of this document.
- (2) Respond to emergency calls according to the site's AED response protocol.
- (3) Follow the guidelines of the AED program and remain current on all certifications required by SEDOL.

**6. AED Equipment**

See Appendix B for the *AED Location and Equipment Sheet*.

6.1 **Description.** The equipment provided in support of the early defibrillation program is to be used in the event of an SCA at SEDOL. This equipment shall not be used outside the parameters of the AED program except as approved by the AED Coordinator. Each device will be maintained according to SEDOL policy and following manufacturer’s guidelines. SEDOL has selected the HEARTSTART FR2+ AED for its AED program.

6.2 **Location.** Each AED location shall include the following items:

| <b>Item Description</b>   | <b>Quantity</b> |
|---|-----------------|
| HeartStart FR2+ AED with battery installed                        | 1               |
| Carrying Case   | 1               |
| Defibrillation Pads (Pediatric and Adult at designated locations) | 2 sets          |
| Data card   | 1               |
| Accessories (scissors, towel, razor, pocket mask, gloves)         | 1 set           |



6.3 **Accessories.** All accessory equipment must remain with the AED unit and must be inspected on a regular basis, as stipulated by SEDOL policy, for readiness for use and integrity of the device.

## 7. AED Maintenance

See Appendix C for the *Periodic Maintenance Checklist*.

7.1 **Reports of Damage.** Follow the manufacturer's recommendations for all scheduled AED maintenance checks. Report any performance discrepancies, device defects, or missing, expired, and/or damaged accessories to the AED Program Coordinator immediately.

7.2 **Calibration.** The HEARTSTART FR2+ AED requires no calibration or verification of energy delivery. The HEARTSTART FR2+ AED has no user-serviceable parts. The AED performs regular self-tests to assure that it is ready for use. While the maintenance required for the HEARTSTART FR2+ AED is minimal, it is important that a regular check of the AED be performed to assure readiness, as described in the HEARTSTART FR2+ AED User's Guide.

7.3 **Suggested Maintenance Schedule.** Refer to the suggested maintenance schedule in the HEARTSTART FR2+ AED User's Guide, which also provides detailed instructions for responding to each maintenance task.

7.4 **Cleaning.** When necessary, clean the AED using recommended cleaning agents, per the HEARTSTART FR2+ AED User's Guide.

## 8. AED RESPONSE PLAN OVERVIEW

8.1 **Initiation of Emergency Response.** Any employee who recognizes a medical emergency immediately initiates the Emergency Response Plan and provides the following information:

- Reporting employee's name

- Type of emergency
  - Location of emergency
  - Brief description of the patient
- 8.2 **9-1-1 Notification.** The SEDOL communication center or responding nurse contacts 9-1-1 and, using established SEDOL procedures, dispatches the ERT or AED Team to the location of the emergency with the appropriate equipment.
- 8.3 **AED Team Response.** At the scene, the ERT or AED team verifies scene safety before assessing the patient, then renders appropriate care based upon the patient's condition and SEDOL AED response protocols.
- 8.4 **EMS Contact and Lead-In.** When possible, the ERT or AED Team contacts EMS and provides lead-in instructions (directions for reaching the patient on site) to the responding EMS unit, while continuing to provide appropriate patient care until a higher medical authority arrives or the patient refuses care.
- 8.5 **Transfer of Patient Care.** Once EMS arrives, the ERT or AED Team transfers patient care to the EMS agency for appropriate advanced medical treatment and provides a report including:
- The initial time of the event.
  - Any care given prior to the team's arrival
  - Patient's condition upon the team arrival
  - All treatment rendered to the patient by the team
  - Any available medical information about the patient
- 8.6 **Post-Event Procedures.** After transferring patient care to EMS responders, the attending SEDOL Nurse conducts the following post-event procedures in accordance with the protocol as provided in Appendix D, ***HEARTSTART FR2+ AED Response Protocol and Flow Chart:***
- Post-use equipment check

- Removal of data card for data collection
- Replacement of necessary supplies used
- Return of the AED to its designated location

8.7 **Debriefing Procedures.** As soon as possible, a debriefing is conducted to evaluate the ERT or AED Team's response and the potential need for emotional support of the responders involved. This debriefing can be conducted on an informal basis with the team or with the assistance of professional counselors. The AED Coordinator conducts an evaluation of all aspects of the emergency response and the strengths and deficiencies of the response plan as revealed by the incident. Modifications made to the plan must be approved by the Nursing Coordinator and discussed with the ERT or AED Team prior to any changes to the response plan.

## 9. **AED Response Protocol Authorization**

- 9.1 **Protocol Approval.** The AED program Nursing Coordinator devises or reviews the SEDOL AED response protocol and approves them by signing. The signed protocol is for use only by members of the SEDOL ERT or AED Team under the Nursing Coordinator's guidance.
- 9.2 **Protocol Revisions.** The AED Coordinator, the Nursing Coordinator, and SEDOL Administration are the only parties authorized to revise SEDOL's AED response protocols. Revisions may be based on an annual or more frequent review of the content and the AED program's performance data.
- 9.3 **Operational Guidelines.** The ERT or AED Team members are to perform only to the level of their training and guidance provided in the SEDOL protocols. Failure to operate in accordance with these training procedures on SEDOL property or function only may jeopardize any insurance coverage.
- 9.4 **Protocol Qualifications.** All ERT or AED Team members are authorized to use the AED response protocols based upon:

- successful completion of the SEDOL approved CPR/AED instructional program, and
- appointment to the ERT or AED Team.

## 10. AED Response Protocol Guidelines

See Appendix D for the *HEARTSTART FR2+ AED Response Protocol and Flow Chart*.

- 10.1 **AED Application Guidelines.** Once the AED is turned on and the pads applied to the patient, the ERT or AED Team member 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 Team member(s) shall continue to assess the patient's airway, breathing, and circulation and provide CPR as indicated.
- 10.2 **AED Application Criteria.** The AED shall be applied only to patients who are unresponsive and not breathing.
- 10.3 **Defibrillation Procedures.** A defibrillation shock is to be delivered only in accordance with the SEDOL AED response protocol. If the device advises no shock, the ERT or AED Team responder follows the approved protocols for patient care and CPR.
- 10.4 **Wet Environments and Metal Surfaces.** The HEARTSTART FR2+ AED can be used in fresh and saltwater environments and on metal surfaces that are wet or dry. Always follow all HEARTSTART FR2+ AED recommended safety precautions.
- 10.5 **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 AED kit. A smooth shave is not required.
- 10.6 **Medication Patches.** Using a gloved hand, remove any medication patches, if present, from the patient's chest prior to pad placement and wipe the skin clean with a cloth.

- 10.7 **Implantable Pacemakers and Defibrillators.** If the patient has an implantable pacemaker or internal defibrillator, do not place the defibrillation pads directly over the implanted device. If the presence of an implanted device affects pad placement, place the defibrillation pad as close to the recommended pad placement as possible.
- 10.8 **AED Abuse or Vandalism.** No abuse or vandalism of the AED is to be tolerated. If abuse or vandalism is suspected, it is to be reported to the AED Coordinator immediately so that the AED can be evaluated for proper operation.

## 11. AED Response Protocol

- 11.1 **Initial Assessment.** The first ERT or AED Team member responding conducts an initial assessment to determine the level of response required from the team and outside responding agencies. This initial assessment includes:
- Assessment of the scene for safety of self and other responders.
  - Use of gloves and other universal precautions prior to patient contact.
  - Assessment of the patient for absence of responsiveness, respiration, and signs of circulation.
  - Assessment for additional information about the patient or scene.
- Information gathered at the scene should be relayed to the responding SEDOL Nurse for dissemination to appropriate parties.
- 11.2 **AED Response Plan and 9-1-1.** The initial ERT or AED Team responder verifies that the AED response plan has been activated and that 9-1-1 has been notified. If the AED is not present at the scene, the responder verifies that it is being brought immediately.
- 11.3 **CPR Procedures.** In the absence of the AED, the ERT or AED Team member initiates the CABs of CPR – beginning chest compressions establishing an airway, and ventilating the patient – until the AED arrives.

- 11.4 **AED Application.** Turn on the AED as soon as it arrives at the scene and follow its prompts. If more than one ERT or AED Team member is present, one can apply the defibrillation pads and operate the AED while the other continues CPR until told to stop. Perform any special procedures required (removal of medication patches, shaving of excessive chest hair, etc.) as outlined in the HEARTSTART FR2+ AED response protocol guidelines (section 10) prior to placing the pads on the patient's bare chest.
- 11.5 **AED Heart Rhythm Analysis.** When the pads are properly attached to the patient and connected to the AED, the device will automatically analyze the patient for a shockable rhythm – such as ventricular fibrillation (VF). Ensure that no one touches the patient during rhythm analysis. On completion of rhythm analysis, the AED will prompt the rescuers as to the appropriate course of action. Follow the device prompts in treating the patient.
- 11.6 **AED Defibrillation Safety Precautions.** If the AED gives a “Shock Advised” prompt, first ensure that no one is touching by examining the patient area and loudly stating “Clear, clear, everyone clear!” Then press the shock button to deliver a shock to the patient as prompted. Shock delivery will be followed by re-analysis of the patient's heart rhythm by the AED.
- 11.7 **AED Shock Sequence.** Based upon SEDOL AED response protocol and in accordance with AED prompts, administer a shock followed by one (1) minute of CPR if signs of circulation are absent.
- 11.8 **No Shock Advised Procedure.** If the AED gives a “No Shock Advised” prompt and the patient is not breathing and has no signs of circulation, administer CPR until the patient regains signs of circulation, the AED 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 AED 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 ERT or AED Team training.

- 11.9 **Patient Monitoring.** Once the AED has been applied to the patient, do not turn off the AED or remove the defibrillation pads unless prompted by the device (e.g., "Replace battery" or "Replace pads"). The AED will continue background monitoring of the patient's heart rhythm. Continue to assess the patient's airway, breathing, and circulation and provide CPR as indicated.

## 12. Transfer of Patient Care to EMS

- 12.1 **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 13).
- 12.2 **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, complete the SEDOL AED Incident Report.
- 12.3 **AED Incident Report.** The AED 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 to be given later, it is the responsibility of the AED Coordinator/SEDOL Nurse to oversee this data transfer and delegate responsibility if necessary.
- 12.4 **AED Data Card Retrieval.** The SEDOL Nurse who responded to the incident is responsible for retrieval of the AED data card for data collection.

## 13. POST-INCIDENT PROCEDURES

See Appendix E for the *AED Incident Report*.

- 13.1 **AED Incident Report.** The team member who provided care to the patient must document all accounts of the medical event and any patient care given on the AED Incident Report form. The team member will then provide the

completed AED Incident Report to the AED Coordinator for data collection, review, and appropriate routing.

- 13.2 **AED Report Confidentiality.** The AED Incident Report is a part of the patient care record and is confidential to both the patient and SEDOL. This report is not to be 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, ERT or AED Team members 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.
- 13.3 **Response Protocol Irregularities.** Any protocol or equipment irregularities that occurred during the SCA event are to be reported to the AED Coordinator immediately for appropriate action. The Coordinator is to ensure that the device manufacturer is notified of any equipment irregularities.
- 13.4 **AED Debriefing Procedures.** A debriefing, headed by the AED Coordinator, is to be conducted with all team members who responded to the event, as well as any bystanders and co-workers who witnessed the event, the Nursing Coordinator if necessary, and professional counselors if deemed appropriate by the AED Coordinator or the Nursing Coordinator.
- 13.5 **Post-Event AED Check Procedures.** Before returning the AED to service, perform the following post-event procedures:
- Check the AED visually for damage or missing parts.
  - Replace all supplies used during the event.
  - Remove the data card for data collection and after the incident data has been downloaded, reinstall the original data card in the AED.
  - Run a battery insertion test and replace the battery if indicated.
  - Return the AED to its designated area for future use.



- 13.6 **Post-Incident Critique.** A Post-Incident Critique shall be completed at the conclusion of an SCA event to evaluate the response model and debrief the ERT or AED Team. Further discussion shall be conducted with the Nursing Coordinator for administrative review.

#### 14. Data Collection

- 14.1 **AED Incident Report and Data Card.** Data collection begins with the AED Incident Report and data card from the AED. These two components are to be given to the AED Coordinator as soon as possible.
- 14.2 **Data Card Removal.** Remove the data card. Conduct the data retrieval according to SEDOL policy. After removing the data card from the AED, reinstall the original data card after all data from the incident has been downloaded.
- 14.3 **Data Card Transfer.** Data is to be gathered by the AED Coordinator according to SEDOL policy. The data will be reviewed by both the AED Coordinator and the Nursing Coordinator in order to assess responder performance and for quality assurance.
- 14.4 **Data Download Procedures.** Data gathered from the event may be downloaded onto Philips Medical Systems CODERUNNER data management software to render the data into a readable format for analysis. Data download can be conducted by the AED Coordinator or delegated to other personnel under the supervision of the AED Coordinator. Once the data is downloaded, it can be transferred via file format or printed in a hardcopy format.
- 14.5 **Data Storage.** Downloaded data is to be stored in a secure location under the direct supervision of the AED Coordinator or Nursing coordinator.

## **15. Training and Drill Procedures**

**15.1 AED Training Requirements.** The ERT or AED Team members shall be responsible for maintaining all required training.

**15.2 AED Response Plan Drills.** Periodic drills of the AED response plan and protocols shall be conducted to evaluate the effectiveness of the AED program. These drills may comprise a live re-enactment of an SCA event or classroom discussion of the overall response plan and protocol. Additional critique discussions with the ERT or AED Team may also follow any actual AED events.

## **APPENDICES**

- A. AED Team Roster**
- B. AED Location and Equipment Sheet**
- C. Periodic Maintenance Checklist**
- D. AED Response Protocol and Flow Chart**
- E. AED Incident Report**



## APPENDIX B – AED Location and Equipment Sheet

### HEARTSTART FR2+

| AED Model #<br>AED Serial #                  | Location                           | Accessories  |
|--|------------------------------------|--|
| Model M3861A<br># 0403090283<br># 0203083982 | LAREMONT SCHOOL                    | 1 Adult Pad, 1 Pediatric Pad,<br>Spare Battery, Data Card, Spare Tray<br>1 Adult Pad, 1 Pediatric Pad,<br>Spare Battery, Data Card, Spare Tray |
| Model M3861A<br># 0403091210                 | CYD LASH ACADEMY                   | 1 Adult Pad, 1 Pediatric Pad<br>Spare Battery, Data Card, Spare Tray   |
| Model M3861A<br># 0403091214                 | GAGES LAKE SCHOOL                  | 1 Adult Pad, 1 Pediatric Pad,<br>Spare Battery, Data Card, Spare Tray  |
| Model M3861A<br># 0203083952                 | JOHN POWERS CENTER                 | 1 Adult Pad, 1 Pediatric Pad,<br>Spare Battery, Data Card, Spare Tray  |
| Model M3861A<br># 0203084018                 | SEDOL ADMINISTRATION               | 1 Adult Pad, 1 Pediatric Pad,<br>Spare Battery, Data Card, Spare Tray  |
| Model M3861A<br># 0203084022                 | SEDOL ANNEX<br>VOCATIONAL SERVICES | 1 Adult Pad,<br>Spare Battery, Data Card, Spare Tray   |
| Model M3861A<br># 0403091300                 | TRANSITION CENTER                  | 1 Adult Pad,<br>Spare Battery, Data Card, Spare Tray   |
| Model M3861A<br># 0203084176                 | TRANSITION                         | 1 Adult Pad,<br>Spare Battery, Data Card, Spare Tray   |
| Model M3861A<br># 0403091330                 | TRANSITION                         | 1 Adult Pad,<br>Spare Battery, Data Card, Spare Tray   |

### APPENDIX C – Periodic Maintenance Checklist

|  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>AED Model Number: M3861A</b>  | <b>AED Serial Number:</b> |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>AED Location:</b>   |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Date</b>  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Year</b>  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>AED</b><br>Clean, no dirt or contamination;<br>no signs of damage   |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Supplies Available</b><br><br><ul style="list-style-type: none"> <li>• Adult defibrillation pads, sealed, undamaged, within expiration date</li> <li>• Pediatric defibrillation pads, sealed, undamaged, within expiration date</li> <li>• Ancillary supplies (hand towel, scissors, razor, gloves, rescue breathing device)</li> <li>• Spare battery, within "Install Before" date</li> <li>• Data card</li> </ul> |                           |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Status Indicator</b><br>Flashing black hourglass;<br>self-test passed.  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Inspected by</b><br>(initials)  |                           |  |  |  |  |  |  |  |  |  |  |  |  |

**SIGNATURE:** \_\_\_\_\_

## APPENDIX D – AED Response Protocol and Flow Chart

The following HEARTSTART FR2+ AED response protocol is for use by the ERT or AED Team of SEDOL. The SEDOL Nursing Coordinator approves it for use by approved members only. The protocol will be reviewed on an annual basis and replaced by a revised protocol as necessary. See the AED Response Protocol Flow Chart.

### Conduct an initial assessment:

- ❑ Assess for scene safety; use universal precautions.
- ❑ Assess patient for unresponsiveness.
- ❑ If unresponsive, activate EMS and emergency call plan. Call 911 or designated number for Nursing. **Call for AED: Medical Emergency.**

### Assess circulation

- ❑ If signs of circulation are absent, provide CPR. Continue CPR until AED arrives.

### Begin AED treatment

- ❑ As soon as the AED is available, turn on the AED and follow the prompts.
- ❑ Shave chest with disposable razor if indicated. Discard razor in a safe manner. Wipe chest if it is wet.
- ❑ Apply defibrillation pads. Look at the icons on the AED pads and place the pads as shown in the illustrations. Ensure pads are making good contact with the patient's chest. Do not place the pads over the nipple, medication patches, or visible implanted devices.
- ❑ Deliver a shock to the patient when advised by the AED, after first clearing the patient area.
- ❑ When advised by the AED, check the patient's airway, breathing, and signs of circulation and initiate CPR if circulation is absent.
- ❑ Continue to perform CPR until otherwise prompted by the AED or EMS personnel.
- ❑ Continue to follow the HEARTSTART FR2+ AED prompts until EMS arrives.

### When EMS arrives

Responders working on the victim should document and communicate important information to the EMS provider, such as:

- ❑ Victim's name
- ❑ Known medical problems, allergies or medical history
- ❑ Time the victim was found
- ❑ Initial and current condition of the victim
- ❑ Information from the HEARTSTART FR2+ AED's screen:
  - ❑ Shock delivered
  - ❑ Length of time defibrillator has been used
- ❑ Assist as requested by EMS providers

**Post-Use Procedure**

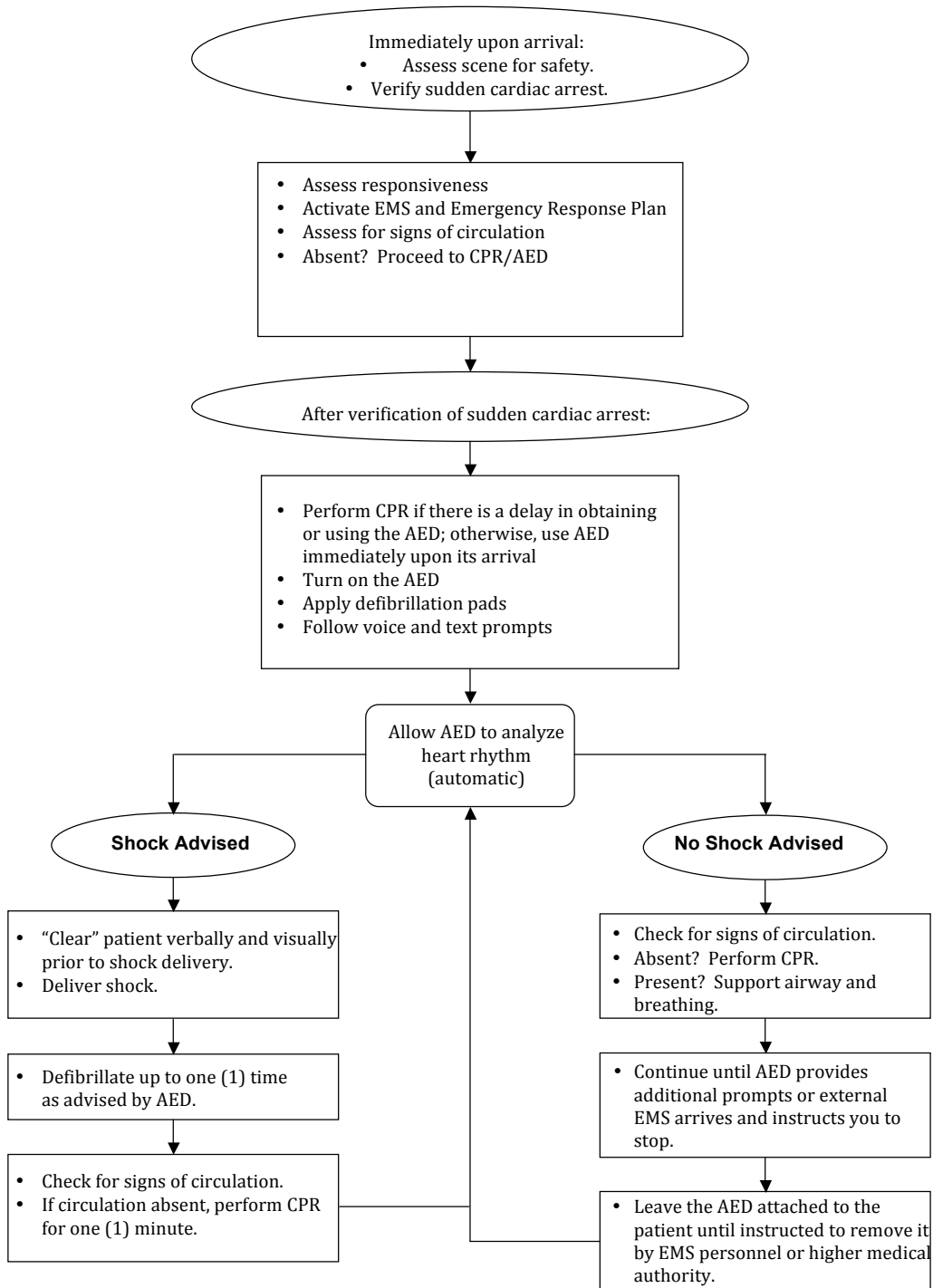
- ❑ Remove the data card while transferring care of patient to EMS. Give the data card and the AED Incident Report to the Nursing Coordinator or AED Coordinator within 24 hours post-event for evaluation.
- ❑ AED Coordinator → notify Nursing Coordinator.
- ❑ Check the AED and replace any used supplies as soon as possible following the event so that the AED may be returned to service. Perform the after-patient-use maintenance on the AED.
- ❑ AED Coordinator → conduct employee incident debriefing, as needed.
- ❑ AED Coordinator → complete a follow-up report and forward to Nursing Coordinator.

**Maintenance after Each Patient Use**

- ❑ Inspect the exterior and connector for dirt or contamination.
- ❑ Check supplies, accessories and spares for expiration dates and damage.
- ❑ Check operation of the HEARTSTART FR2+ AED by removing and reinstalling the battery and running a battery insertion test.
- ❑ Remove PC data card and deliver to the appropriate personnel.



## HEARTSTART FR2+ AED RESPONSE PROTOCOL FLOW CHART



### APPENDIX E – AED Incident Report

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Patient identification:  Student  Parent  Staff  Other: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_ Location: \_\_\_\_\_

Description of incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person who found victim: \_\_\_\_\_

Person applying AED: \_\_\_\_\_

Was patient defibrillated?:  Yes  No

Who initiated 9-1-1 call?: \_\_\_\_\_ Time called: \_\_\_\_\_

Patient vitals prior to EMS arrival: Breathing  Yes  No

Pulse  Yes  No

Heart Rhythm: \_\_\_\_\_

EMS arrival time: \_\_\_\_\_

Patient vitals after arrival of EMS: Breathing  Yes  No

Pulse  Yes  No

Heart rhythm: \_\_\_\_\_

Patient transported to: \_\_\_\_\_

List series of events from start of emergency until conclusion - include names and actions of responders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Use additional paper if needed*

Report Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Routing:** AED Coordinator →Nursing Coordinator →Principal →Superintendent →Hospital

*Forward completed report. Upon receipt, the Superintendent or designee will send or fax this incident report to the resource hospital.*