

SALEM SCHOOL DISTRICT
Salem, Connecticut

STUDENTS

First Aid/Emergency Medical Care

USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS (AED's)

I. Definitions

Automatic External Defibrillator (AED) – means a device that: (A) is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiological signs, make medical diagnosis, and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use.

Predetermined AED Provider – that person who is CPR and/or AED certified and has a copy of his/her certification with the Salem School District.

II. Defibrillator Location

1. The Salem School District will have defibrillators in the Salem School building.
2. The AED's will be strategically placed and readily accessible to school staff trained in its use and in cardiopulmonary resuscitation to maximize rapid utilization.

III. Requirements for Predetermined Providers

1. Predetermined trained AED Providers shall be held accountable for the retrieval, use and return of the AED when it is used.
2. On an annual basis, school staff trained in AED use and/or CPR shall certify in writing that he/she has read the Salem School District's AED policy and procedures, and provide such certification and a copy of AED and/or CPR training completion documentation to the Superintendent of Schools. A copy will also be provided to the School Nurse.

IV. Responsibility for Operation, Maintenance and Record Keeping

1. The School Nurse at each building in which an AED is installed will check the defibrillator in the building on a regular basis, at least monthly. It will be that

nurse's responsibility to verify that the unit is in the proper location, that it has all the appropriate equipment (battery, mask, case, emergency pack), that it is ready for use, and that it has performed its self-diagnostic evaluation. If the nurse notes any problems, or the AED's self-diagnostic test has identified any problems, the nurse must contact the Superintendent of Schools or Director of Special Programs immediately.

2. After performing an AED check, the School Nurse shall make note on an AED service log (Appendix IV) indicating that the unit has been inspected and that it was found to be "in-service" or "out-of-service".
3. The School Nurse, in consultation with the appropriate first responders (such as fire personnel), shall also be responsible for the following:
 - a. The replacement of equipment and supplies for the AED.
 - b. Assisting the school district with the proper in-house training for Predetermined AED Providers and other individuals designated by the district.
 - c. Reporting the need for revising the policy and procedures to the Superintendent of Schools.
 - d. Assisting Predetermined AED Providers in other appropriate ways as determined by the Superintendent of Schools or Director of Special Programs.
4. The Superintendent of Schools or designee shall be responsible for the following:
 - a. AED service checks during the School Nurses' contracted school year.
 - b. The repair and service of the AED.
 - c. All recordkeeping for the equipment during the contracted school year.
 - d. AED certification of Predetermined AED Providers.
 - e. Maintaining a list of predetermined and properly certified AED providers approved by the School Nurse.
 - f. Incident record keeping.
 - g. Copies of the certifications signed by the Predetermined AED Providers regarding understanding of and agreement to comply with Salem Board of Education AED policies and procedures (Appendix III).
 - h. Providing/scheduling opportunities for CPR and AED training recertification for the School Nurse.
 - i. Registering the AED's in accordance with state law.
 - j. Training records of Predetermined AED Providers which include:
 - CPR certification
 - AED certification

V. Procedures for Use

1. Only appropriately trained Predetermined AED Providers shall be permitted to have access to AED's.

2. Predetermined AED Providers trained in AED use and/or CPR accessing the AED's shall maintain control of such equipment at all times.
3. Prior to returning an AED to its location, the Predetermined AED Provider shall ensure that the AED is functional. Any problems with the AED shall be immediately reported to the School Nurse and Superintendent of Schools.
4. The Predetermined AED Provider must sign his/her names (as soon as practicable under the circumstances) and determine its service status upon removing it from its designated location and upon returning it. (Appendix I)
5. Predetermined AED Providers may only use AEDs in medically appropriate circumstances, in accordance with their training.
6. In the event of use, the Predetermined AED Provider shall, if possible, immediately notify the School Nurse, the Superintendent of Schools and the Director of Special Programs, or designate another individual to do so.
7. Each time an AED is used, the AED Provider should complete a copy of the AED incident report. (Appendix II) The report should be forwarded to the Superintendent of Schools, 860-892-1223 or fax: 860-859-2130 no later than 48 hours after the incident. The Superintendent of Schools will forward a copy to the School Nurse.

VI. Emergency Action Response Plans

1. Whenever a School District facility is used for a school-sponsored or school approved curricular or extra-curricular event and whenever a school-sponsored athletic contest is held at any location, the Principal or designee responsible for such school facility or athletic contest shall ensure that AED equipment is provided on-site and that there is present during such event, activity, or contest one staff person who is trained in accordance with applicable Connecticut statutes in the use of an AED. School-sponsored or school-approved curricular or extra-curricular events or activities mean events or activities of the District that are, respectively, associated with its instructional curriculum or otherwise offered to its students. A school-sponsored athletic contest means an interscholastic or intramural activity of instruction, practice or competition.
2. Where a school-sponsored competitive athletic event is held at a site other than a District facility, the Principal or his/her designee shall assure that the portable AED equipment is provided to the staff member in charge and that at least one staff person who is appropriately trained is present during such athletic event.
3. The District requires that the athletic trainer, coach, other designated staff member, or a first aid, ambulance, or rescue squad member is available to respond

as necessary at school sporting events in which the District school is the home team, or at any team practice or intramural athletic events that occur at the school.

Procedures Approved: November 3, 2008

Revised Procedures 1st Reading:

Revised Procedures 1st Reading: February 1, 2010

Revised Procedures Adopted: March 1, 2010

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Salem, Connecticut

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AUTOMATIC EXTERNAL DEFIBRILLATOR LOG

A Predetermined AED Provider who is AED certified and has a copy of his/her certification on record with the Salem School District can retrieve, use and return this AED. Please complete the necessary information below:

Retrieved (Date & Time)	In- Service	* Out-of- Service	Returned (Date & Time)	In- Service	* Out-of- Service	AED Provider Signature

* If out-of-service, immediately contact the School Nurse and the Superintendent of Schools.

cc: School Nurse
Office of the Superintendent

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AUTOMATIC EXTERNAL DEFIBRILLATOR
INCIDENT REPORT

Name of person completing report: _____

Date report is being completed: _____ Date of incident: _____

Name of patient on which AED was applied: _____ Age _____

Known status of patient:

Student

Parent of Student

Other, explain _____

Describe the incident: _____

List series of events from the start of the emergency until its conclusion: _____

Your signature: _____

Please forward to the Superintendent of Schools no later than 48 hours after the incident.

cc: School Nurse
Office of the Superintendent

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CERTIFICATION OF COMPLIANCE WITH AED
POLICIES AND PROCEDURES

I, _____ have read the Salem School District's Automatic External Defibrillation Program policy and procedures. I am aware of its contents and I am comfortable with the procedures. I have had an opportunity to ask questions regarding the program and have had my questions answered. If at anytime, while functioning as an AED Provider using the AED's available in the Salem School District, I have a concern or questions, I will ask the Superintendent of Schools or School Nurse for clarification. I agree to follow the terms and conditions set forth in the policy and procedures.

AED Provider Signature

Date

School Nurse

Date

Superintendent of Schools

Date

cc: School Nurse
Office of the Superintendent

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AUTOMATIC EXTERNAL DEFIBRILLATOR
SERVICE LOG

Date	Inspected and In-Service	Inspected and Out-of-Service	Signature of Nurse

Once per month or more often the School Nurse will inspect the AED. If the AED is out-of-service or does not have the appropriate equipment, the School Nurse will contact the Superintendent of Schools or Director of Special Programs immediately.

cc: School Nurse
Office of the Superintendent

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State of Connecticut
Department of Public Health
Office of Emergency Medical Service
(860) 509-7975

Registry # _____
PSAP# _____

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) REGISTRY FORM
(Required by P.A. 98-62 – Please print or type – Use one form per AED)

Name of Owner _____

Mailing Address _____

Name of Contact Person _____

Telephone # _____ Fax # _____

AED Manufacturer _____ Model _____ Serial # _____

Name of Prescribing Physician _____

If AED is situated at a fixed location, please include town, street address, building name or number and floor location. Note: Be as specific as possible. _____

If AED will not be in a fixed location, please describe how and where it will be deployed:

Mail completed form to: State of Connecticut, Department of Public Health
OEMS – AED REGISTRY
410 Capitol Avenue MS #12-EMS
PO Box 340308
Hartford, CT 06134-0308