

Regulation

USE OF AUTOMATED EXTERNAL DEFIBRILLATOR(S)

GENERAL STATEMENT

With sudden cardiac arrest, which is a medical emergency separate and distinct from a heart attack, the pumping action of the heart suddenly stops, causing blood flow to the rest of the body to stop. It is fatal about 90 percent of the time. An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest (SCA). An AED is only to be attached to a victim who has no pulse and not breathing. The AED will analyze the victim's heart rhythm and advise the operator if a shockable rhythm is detected. If a rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock. The following procedures are established to ensure appropriate placement, safe use and regular maintenance of the district automated external defibrillators.

STAFF RESPONSIBLE

The following chart lists the staff members responsible for the implementation of the regulation and summarizes their responsibilities:

Position	Summary of Main Responsibilities
Chief school administrator	• General policy procedure oversight within the district • Contacting and being the liaison with EMS
Building principal	• General procedure oversight within the school • Notification of the chief school administrator • Primary contact for reported incidents • Contacting and being the liaison EMS
Emergency Safety Officer/School Nurse	• Coordinate AED training and certification regarding designated employees • Primary contact for reported incidents • Administration of the AED for cardiopulmonary arrest • Examination and direct care of the students and staff until EMS assume responsibility • Ensure AED acquisition, maintenance and testing • Document incidents and maintain the school health records
Medical Emergency Response Team (MERT)	• Receive training in the use of the AED • Respond to incidents
School Physician	• Review AED implementation plan • Prescription for AED device
All school staff	• Incident reporting (Exhibit 1, Incident Report Form) • Incident documentation • Student supervision

PROCEDURES

BOARDS OF EDUCATION HAVE DISCRETION IN THE ESTABLISHMENT OF A SAFETY OFFICER TITLE AND A MEDICAL EMERGENCY RESPONSE TEAM ("MERT") AS PROPOSED IN THIS REGULATION. IF ADMINISTRATION DETERMINES **NOT TO CREATE A SAFETY OFFICER TITLE AND/OR MERT, IN ORDER TO MITIGATE ANY POTENTIAL LEGAL LIABILITY, ADMINISTRATION SHOULD DOCUMENT THE ACTUAL*

AUTOMATED EXTERNAL DEFIBRILLATOR (regulation continued)

DISTRICT PROCEDURES AND CLEARLY DESCRIBE HOW THE DUTIES OF THE SAFETY OFFICER AND MERT LISTED BELOW ARE APPROPRIATELY ASSIGNED. REGULATIONS PERTAINING TO SCHOOL HEALTH SHOULD BE REVIEWED BY THE SCHOOL NURSE AND/OR DOCTOR.

Safety Officer Responsibilities

The Safety Officer of the AED Program in each building is the Certified School Nurse. The Safety Officer of the AED Program is responsible for:

1. Selecting members of the Medical Emergency Response Team (MERT) with the approval of the principal;
2. Notifying local EMS providers about the existence of the AED program and the location of the AED(s);
3. Maintaining records of the team members;
4. Coordinating and securing equipment and accessory maintenance;
5. Proposing revisions of the policies and procedures as needed after consultation with the school physician;
6. Monitoring the effectiveness of the system;
7. Giving the superintendent, principal and staff a list of currently CPR and AED Certified Staff each year;
8. Ensure that the school's emergency action plan includes the "Guidelines for Public Access Defibrillation Programs in State Facilities (see Primary Resource 1, State AED_Guidelines_sf.pdf);
9. Notify the Commissioner of Health of the diagnosis of a sudden cardiac arrest;
10. Consult with non-public schools operating within the geographical confines of the district regarding the provision of emergency medical services to students;
11. The school nurse and any non-instructional nurse shall maintain a current AED certification from the American Heart Association, the American Red Cross, the National Safety Council, or other Dept. of Health approved entity to provide AED certification.

School Physician Responsibilities

The school physician is responsible for:

1. Writing an annual prescription for the AED;
2. Reviewing and approving guidelines for emergency procedures related to the use of AED(s) and CPR;
3. Review and evaluation of situations in which AED is used;
4. Ensure ongoing training opportunities are provided for keeping CPR and AED certificates current.

Authorized AED Users

The AED Users are responsible for:

1. Receiving approval from the safety officer and building principal to be an approved member of the MERT;
2. Completing successfully all required training to be a MERT member including maintaining an current certification from an approved CPR and AED training program and providing documentation of current certification to the school nurse;
3. As noted in N.J.S.A. 2A:62A-26, any AED certified employee or non-certified volunteer who uses an AED device must notify emergency services as soon as possible after the cardiac event;
4. Any person who reasonably uses an AED device to provide emergency medical care in compliance with N.J.S.A. 2A:62A-27 shall be immune from liability, except for gross negligence or willful or wanton misconduct.

Medical Emergency Response Team (MERT) Members

Medical emergency response team (MERT) members must complete training adequate to provide CPR and AED. AED training must be a course approved by the State Department of Health Office of Emergency Medical Services as required by law. MERT members will also be trained on universal precautions against Bloodborne Pathogens. The members shall be offered Hepatitis B vaccination as required by law. The Safety Officer shall maintain training records for the MERT members who must renew their CPR and AED training every two years.

AUTOMATED EXTERNAL DEFIBRILLATOR (regulation continued)

Members of the MERT are responsible for:

1. Activating the internal emergency response system and providing prompt basic life support including AED and first aid according to training and experience;
2. Responding directly to the location of the emergency and, if necessary, performing CPR until the AED arrives as previously assigned;
3. Bringing the AED and any other first aid supplies (according to the members training and experience) to the location of the emergency as previously assigned;
4. Contacting the local community 911 for medical assistance;
5. Meeting the responding EMS personnel and directing them to the scene of the medical emergency as previously assigned.

Principal Responsibilities

The principal or his or her designee is responsible for:

1. Ensure that the school acquires sufficient automated external defibrillators to provide medical services to individuals suffering from sudden cardiac arrest. Each AED device shall comply with FDA standards. Consideration shall be given to the quantity necessary to meet the needs of individuals within the school and its facilities.
2. Receiving emergency/medical calls from internal locations;
3. Contacting and activating the designated medical emergency response team (MERT) members and deploying them to the location of the emergency. This includes:
 - a. Assigning team member(s) to respond directly to the location of the emergency;
 - b. Assigning team member(s) to retrieve the AED and respond to the location of the medical emergency;
 - c. Assigning team member(s) to meet the responding EMS personnel and direct them to the location of the medical emergency;
 - d. Assigning classroom coverage as needed;
4. Calling the child's parent/guardian or staff member's emergency contact person;
5. Notifying the chief school administrator;
6. Annually, the building principal shall ensure that staff receive instruction on the recognition of sudden cardiac event indicators presented by the district physician, school nurse or appropriately certified designee;
7. The principal/athletic director shall ensure that the parent/guardian of each student who participates in interscholastic or intramural athletic competitions receives the pamphlet about sudden cardiac arrest published by the Commissioner of Education and shall ensure that each parent/guardian and student signs an acknowledgment of receipt of the pamphlet (see Primary Resource 2 DOE Memo on Sudden Cardiac Death in Young Athletes_Memo.pdf and Primary Resource 3, Pamphlet for Sudden Cardiac Death in Young Athletes.pdf).

The principal/athletic director shall ensure that a designated staff member, who is trained and certified in cardio-pulmonary resuscitation and the use of the defibrillator, is present during each athletic event or team practice. Such coverage may be provided by a State-certified emergency services provider or other certified first responder.

Equipment

The AED and first responder kit will be brought to all medical emergencies where a cardiac event is suspected. Each AED will have a set of adult defibrillator electrodes pre-connected to the device and one spare set within the AED case.

Pediatric electrodes will be attached to defibrillator case as well.

The first responder kit will contain two pairs of gloves, one razor, one set of trauma shears, one hand wipe and one face mask barrier device.

AUTOMATED EXTERNAL DEFIBRILLATOR (regulation continued)

The safety officer shall be responsible for ensuring that all defibrillator electrodes and the AED battery are within the expiration date listed on the equipment.

Medical Response Documentation

1. Internal Post Event Documentation

It is important to document the location and each use of the medical emergency response system. A member of the MERT team shall submit a written record detailing the event in which the AED was used (see a district sample emergency action plan: Secondary Resource 1, AED Emergency Action Plan Collingswood.pdf)

2. External Post Event Documentation:

Medical emergencies involving the use of an AED require special documentation. Any and all patient information generated during AED use must be collected into the patient's confidential medical file. A copy of AED use information shall be presented to the School Physician of the AED program within 72 hours of the emergency. At a minimum, event information supplied shall include any recorded data and all electronic files captured by the AED.

3. Post Event Review:

Following each deployment of the MERT or if a volunteer responder activates an AED, a review shall be conducted to learn from the experience. The School Physician 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 and the collection of opportunities for improvement as well as critical incident stress debriefing. A summary of the post event review shall be sent to the Safety Officer and School Physician. The Safety Officer shall maintain a copy of the post event review summary.

Equipment Maintenance

Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected according to OSHA Bloodborne Pathogen Standards, CFR 1910, 1030.

Monthly System Check

Once each calendar month the safety officer or her/his designee shall conduct and document a system check in compliance with the manufacturer's specifications. These records shall be retained on file. In addition, the monthly system check shall include no less than the following elements:

1. Policy and procedure are up-to-date;
2. Emergency kits are stocked to par level;
3. AEDs are at their assigned locations;
4. List of CPR and AED Certified staff is posted in the nurse's office, main office, and in the emergency plan;

Annual System Assessment

Once each calendar year the Safety Officer, in consultation with school physician, shall conduct and document a system readiness review. This shall include no less than the following elements:

1. Training records (copy of current CPR certification).
2. Equipment operational and maintenance records.
3. Physician Medical Authorization records.
4. Annual replacement of the batteries in the AED.

AUTOMATED EXTERNAL DEFIBRILLATOR (regulation continued)Location of the AEDs

The location of the AED areas is as follows:

AEDs (Automated External Defibrillators) Locations

AED ID#	Brand	Date of Purchase	Serial Number	Fixed (F) Portable (P)	Location	Status

REGULATION HISTORY

Adopted: November 9, 2016

CROSS REFERENCES

5141 Health
5141.21 Administration of Medication

EXHIBIT

Exhibit 1 Incident Report Form

PRIMARY RESOURCES

PR 1 State AED Guidelines_sf.pdf
PR 2 Sudden Cardiac Death in Young Athletes_Memo.pdf
PR 3 Sudden Cardiac Death in Young Athletes_Pamphlet.pdf

SECONDARY RESOURCES

SR 1 AED Emergency Action Plan Collingswood.pdf

See below:

WEEKLY AED CHECKS

Month/Year: _____

AED Identification Number: _____ Location: _____

Month/Week												
Exterior: Clean No Damage	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
Pads: Unopened With-In Expire Date	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
Ready Status: All "Green" or "Ok"	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
In-Use Battery: Installed	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
Spare Battery: Within "Use- By" Dates	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
Ancillary Supplies: Pack Present And Contains: Barriers Gloves Razor Scissor Towel	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
Inspector Initials												

INSTRUCTIONS:

- ✓ IF ITEM OK
- FILL IN BLOCK IF NOT OK
- INITIAL BOTTOM ROW
- REPORT "NOT OK" TO RESPONSIBLE PARTY

DAILY AUTOMATED EXTERNAL DEFIBRILLATOR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sep																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															

Please initial and sign your name below if you are to check the AED for the blinking green light.

Put your initial in the appropriate box for the day you checked the AED.

Initial		Name		Initial		Name