Oxnard School District

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

Emergency Action Plan

PURPOSE

To establish an action plan for responding to a medical emergency.

DEFINITIONS

Automated External Defibrillator (AED): An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest (SCA). It is only to be applied to victims who are unconscious and not breathing normally. The AED will analyze the heart rhythm and advise the operator if a shockable heart rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

Sudden Cardiac Arrest (SCA): Sudden cardiac arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a 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.

AED PROGRAM COORDINATOR (Risk Manager) RESPONSIBILITIES

1. Coordinate equipment location & maintenance with site administrator.
2. Coordinate training annually.
3. Facilitate post-event documentation.
4. Check for AED manufacture's updates/recalls.
5. Replace pads/batteries before expiration.
6. Promote AED (i.e., employee annual notice, signage, newsletter, safety new hire packet).
7. AED Protocols shall be reviewed, and necessary updates will be implemented annually to ensure procedures are up-to-date and any changes that need to be made are corrected and communicated to all.

DESIGNATATED EMERGENCY MEDICAL RESPONDERS

The following positions will be trained in the use of CPR/AED. It is the goal to have at least (3) trained responders available during business/school hours.

Positions

- Principals
- Assistant Principals
- PE Teachers
- School Nurse
- Health Care Technician
- Health Care Assistant
- School Office Manager
- Attendance Technician
- School Secretary
- Office Staff
- Campus Assistants

TRAINING PLAN

Any employee that is expected to provide emergency care as part of the essential function of job will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heart saver AED standards or other equivalent training organizations and American Safety and Health Institution (ASHI) standards. Training will be provided upon installation of units and every school year.

INDICATION FOR AED USE

The AED is intended to be used by personnel who have been trained in its operation. The user should be qualified by training in basic life support. The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardias arrest who are unresponsive and not breathing. Post resuscitation, if the victim is breathing, the AED should be left attached to allow for acquisition and detection of the ECG rhythm. If a shockable ventricular tachyarrhythmia recurs, the device will charge automatically and advise the operator to deliver therapy.

LOCATION OF AEDs

AED are all available at all Oxnard School District locations. Equipment and locations per site can be found on Appendix A. All employees should be familiar with the location of each emergency AED unit at each site.

RESPONSE ACTION PLAN ACTIVATION

1. Check the scene
2. Determine severity of injury if person is unresponsive and not breathing.
3. Call 9-1-1/EMS
4. Designate individual to crowd control and direct ambulance.
5. Start Chest Compressions
6. If an automated external defibrillator (AED is immediately available, grab it or send someone to retrieve it and bring it to you. Apply the AED electrode pads to the person's bare chest as shown on diagrams on the pads.
7. Follow the voice and/or visual prompts. If a person is in a heart rhythm that needs to be shocked, the AED will automatically shock the heart. The electrical therapy can restore a normal heart rhythm if it is used quickly enough. Do not be concerned about harming a victim. AEDs are safe and effective and can only help. AEDs will not shock someone who does not need to be shocked. 9-1-1 medical dispatchers can provide additional guidance.
8. Post-Use review

AED USE REPORTING

1. Immediately after each AED use, documentation must be completed by using the AED Use Reporting Form Appendix B and sent to Risk Management at risk@oxnardsd.org.

POST-INCIDENT PROCEDURE

1. The AED Program Coordinator or designee shall review the post-event documentation and complete the Report of Personal Accident Form Appendix C within 24 hours.
2. Follow up to replace pads.
3. Follow up with site to ensure unit in a "ready" mode.
4. Replace pocket mask and other first aid supplies used.

AED MONTHLY INSPECTIONS

The manufacture recommendation is for all AEDs be inspected monthly to ensure in good working condition for use. A QR code will be place in each cabinet to scan to complete inspection.

Sample questions to be answered when conduction monthly inspection:

1. Is the status indicator on your AED flashing green?
2. Does the AED appear to be undamaged and ready for use?
3. Is the AED free of chirping or warning notifications?
4. Are the AEDs supplies (CPR/AED rescue kit and electrode pads) available within their usable dates?

The following staff shall conduct the monthly inspections:

All School Sites	District Nurses Health Staff Office Staff
Enrollment Center	Enrollment Center Manager or designee
District Office	Risk Manager or designee
Facilities	Facilities Director or designee
Transportation	Transportation Manager or designee
Warehouse	Warehouse Manager or designee

If repairs, replacement, or missing items are needed, the person inspecting will communicate to the Risk Manager extension 2443, Program Coordinator who will be responsible for repairing or replacing equipment.

APPENDIX A

School Site/Location	Location
Brekke School	Wall in the main hallway area
Chavez School, K-8	Wall in main hallway near office door
Curren School, K-8	Staff Lounge
Driffill School, K-8	Office area – wall outside Principal's office.
Elm School	Cafeteria wall near east wall near exit
Frank School	Staff Lounge – wall next to entrance
Fremont Middle School	Staff Lounge – west wall
Harrington School	Multipurpose Room south wall
Lemonwood School, K-8	Office area wall adjacent to health office
Kamala School, K-8	Cafeteria entrance wall by building
Lopez Middle School	Office Area wall outside workroom
Marina West School	Cafeteria wall at entrance
Marshall School, K-8	Wall in hallway behind office area next to room 106 by workroom.
McAuliffe School	Main hallway to cafeteria – left side of wall before staff restroom
McKinna School	Two options Hallway or staff lounge
Ramona School	Office area left wall before exiting outside thru double doors
Ritchen School	Hallway area
Rose Avenue School	Cafeteria entrance (west wall before entering office area.
San Miguel Preschool School	Entrance hallway left side of wall just passed the entrance door to office area workstations
Sierra Linda School	Cafeteria wall next to kitchen entrance
Soria School, K-8	Multipurpose Room east wall
District Office	Wall to left side just before entering Oxnard Room
Enrollment Center	Office area building 2
Facilities Office	Shop area wall next to tool crib
Warehouse Office	Warehouse Manager office north wall
Transportation Office	Manager's Office north wall

Appendix B

Automated External Defibrillator (AED) Incident Report Form

Use this form to report any event, incident, or situation that resulted in the use or possible use of an AED.

_____ _____ _____ ❒ Employee ❒ Parent ❒ Student ❒ Visitor

Date of Incident Time of Incident Site/Location of Victim

_____ _____

Victim's First & Last Name Address City, State & Zip Code

_____ Gender ❒ Male ❒ Female ❒ Unknown

Age

Name and contact information for person(s) who found victim: _____

_____

Victim's activity prior to event? _____

Victim's complaints prior to event? _____

Was the event witnessed? ❒ No ❒ Yes, at _____ (Time) Witness Name:_____

Did the victim have a pulse? ❒ Yes ❒ No

Was the victim breathing? ❒ Yes ❒ No

Was EMS/9-1-1 called? ❒ Yes ❒ No

Was CPR conducted? ❒ Yes ❒ No Yes, at _____ Rescuer name:_____

Time

Was an AED brought to scene? ❒ Yes ❒ No

Was AED applied to victim? ❒ Yes ❒ No Number of defibrillation shocks: _____

Was AED pads placed on victim? ❒ Yes ❒ No

If yes, name and contact information for the person who operated AED and any other pertinent information:

_____

Briefly describe the event, incident or situation that resulted in the use of the AED:

_____

_____

Briefly describe the condition of the victim when EMS arrived: _____

_____

Was victim transported to the hospital? ❒ Yes ❒ No Did the victim survive? ❒ Yes ❒ No

Completed by:_____

Date: _____

Contact Info:_____

Submit completed form with 24 hours of incident to risk@oxnardsd.org.

Created July 2024

Appendix C

Ventura County Schools Self-Funding Authority

REPORT OF PERSONAL ACCIDENT

CONFIDENTIAL – ATTORNEY-CLIENT PRIVILEGE

TO BE COMPLETED IMMEDIATELY

THE SCHOOL EMPLOYEE WHO EITHER WITNESSES THE INJURY OR IS SUPERVISING AT THE TIME OF INJURY SHOULD COMPLETE THIS FORM, IF POSSIBLE. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE APPROPRIATE LOCAL EDUCATIONAL AGENCY (LEA) OFFICE. SHOULD OTHER PERTINENT FACTS DEVELOP, NOTIFY THE LEA OFFICE BY MEANS OF A SUPPLEMENTAL REPORT.

❑ STUDENT ❑ VENDOR
❑ PARENT ❑ OTHER
❑ VISITOR

LOCAL EDUCATIONAL AGENCY (LEA)		SCHOOL	
SCHOOL ADDRESS			TELEPHONE NO.
INJURED PARTY'S NAME	SEX	AGE	GRADE
HOME ADDRESS	DAY TELEPHONE	HOME TELEPHONE	
WHERE DID ACCIDENT OCCUR?	DATE	TIME	
HOW DID ACCIDENT OCCUR?			
STATEMENT OF INJURED PARTY			
EMPLOYEE IN CHARGE OF INJURED STUDENT AT TIME OF ACCIDENT:	WAS EMPLOYEE PRESENT AT THE TIME OF ACCIDENT? ❑ YES ❑ NO		
WAS ANY SCHOOL RULE VIOLATED? ❑ YES ❑ NO	IF SO, EXPLAIN		

WITNESSES PRESENT AT TIME OF ACCIDENT

NAME	ADDRESS	TELEPHONE

NATURE OF INJURY			DISABLED? ❑ YES ❑ NO
FIRST AID APPLIED? ❑ YES ❑ NO	BY WHOM?	HAVE PARENTS CONTACTED SCHOOL? ❑ YES ❑ NO	
DISPOSITION OF INJURED PARTY (RETURN TO CLASS, HOME, DOCTOR, HOSPITAL)		NAME OF PERSON NOTIFIED	
LIST NAME OF STUDENT'S SCHOOL ACCIDENT INSURANCE COVERAGE		BY WHOM NOTIFIED?	DATE / TIME
COMMENTS			
REPORT SUBMITTED BY	POSITION	TELEPHONE	DATE

SFA 4010, Rev. 1/31/2022

Mail original hard copy to VCSSFA

LEA: DO NOT keep a copy of the completed form