Southington Public Schools
Southington, Connecticut

AED

Emergency Response Plan



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Building AED Information Form

Call 911 any time there is a need to use the AED.

School or Building:

Brand of AED(s):

AED Alert Symbols or Sounds:

Phone number for supplies and maintenance:

AED(s) Location/Expiration Dates:

Location of AED	*Battery Expiration Date*	*Adult Electrode Expiration Date*	*Child Electrode Expiration Date*

Principal/Assistant Principal(s):

School Nurse(s):

Nursing Supervisor:

CPR/AED Trainer:

Medical Advisor:

Southington Director of Health:

Weekly AED Inspection Personnel:

Building ERT (Emergency Response Team) Members/ Location/CPR Date:

ERT MEMBER NAME	*LOCATION*	*CPR DATE*

Date of last Emergency Response Team Drill (at least one every school year): _____



Revise annually or when necessary.

On-Site AED Emergency Plan During School Hours

Your building has been equipped with an Automated External Defibrillator (AED) and staff members have been trained. AED location signs must be posted at entrances and throughout the building.

I. TRAINING

A. Staff who work under the Southington Board of Education will have successfully completed cognitive and skill evaluations in accordance with the curriculum of the American Heart Association (AHA), Heartsaver AED program or the American Red Cross AED training program other AED certified training. These people have been designated as part of the Emergency Response Team (**ERT**).

B. All members of the ERT shall maintain their credentials by participating in retraining every 1 or 2 years as specified on their card.

C. No staff member will use the AED unless they have successfully completed The AHA Heartsaver AED or American Red Cross AED training or other AED certified training.

II. MEDICAL OVERSIGHT

A. Medical oversight for the AED program will be secured by the SPS Medical Advisor. The Medical Advisor will be notified of AED events and AED training exercises.

III. EVENT RESPONSE AND PROTOCOL

In the event of a cardiac arrest on the premises during school hours:

A. CRITICAL STEPS OF AN EVENT RESPONSE

1. Assign a staff member to CALL 911.
2. Activate internal response – "Emergency Response Team to _____ (location)". **Repeat 3 times.**
3. Assess scene for safety/Maintain bloodborne pathogens precautions using PPE provided-gloves, masks, ambu bag, etc.
4. Assess patient's level of consciousness - tap shoulders/shout in each ear "ARE YOU OK"
5. Assess Airway by head-tilt, chin lift method.
6. Assess breathing 3-5 seconds.
7. Assess pulse at least 5 seconds if pulse found. If not, continue 10 seconds.
8. If no pulse, open AED case and activate the AED by depressing the Power or On Button.
9. Apply Electrode Pads to chest. (Shave chest if necessary.)
10. Rescuer who applies the Electrode Pads should look for:

    - Victim or rescuers in water, move to a dry area
    - Wet skin – dry with towel
    - Transdermal Medication Patch – with gloved hand, wipe off medication with cloth then discard
    - Implantable Pacemakers or Defibrillators – DO NOT place Electrode Pads over implanted device
    - Victim and rescuers move away from metal surfaces

11. If there is a delay in applying the Electrode Pads, begin CPR
12. Plug in Electrodes to AED if not already done.
13. Once the AED begins to ANALYZE, stand clear of patient, and make sure that you do not come in contact with the patient. Stop CPR if it was in progress.

- State, “I’M CLEAR, YOU’RE CLEAR, WE’RE ALL CLEAR,” all the while look from head to head making sure no one is in contact with the patient or AED Pads.

14. SHOCK indicated, then depress the SHOCK button.
15. Continue to follow instructions verbalized by the AED.
16. If NO SHOCK is indicated, then immediately assess for pulse, then breathing

    - If no pulse then begin CPR until AED begins to ANALYZE
    - If pulse present, and no breathing, being Rescue Breathing (1 Breath every 5 seconds)
    - If both pulse and breathing are present and the patient is still unconscious position patient in the Recovery Position (left lateral recumbent position) as long as you do not suspect a head/neck injury.

17. Ambulance transport of victim to hospital.

B. POST EVENT REVIEW

1. After a use of the AED, replace the following
    - Electrode Pads
    - Gloves
    - Pocket mask or one-way valve (when applicable)
    - Razor (if necessary)
    - Battery
2. In the event of the absence of the AED Program Coordinator, the AED Rescuer is responsible for re-equipping the unit with these accessories prior to returning it. Supplies for the device are located in the Health Office or will need to be ordered.

C. EVENT DATA COLLECTION

1. Once attached to a patient, the AED records and saves in memory important information about the condition of the patient’s heart and the results of any shocks delivered.
2. After an AED has been disconnected from the patient, regardless of whether a shock was delivered, it should be secure in the locked filing cabinet until such time the coordinator can retrieve it. The AED Program Coordinator should be notified of an “AED event” immediately following the event.

D. REPORTING

1. If the ERT is called to use the AED, an AED Event Summary sheet must be completed and submitted to the AED Program Coordinator.
2. The AED Event Summary is located on page 10 and with AED equipment.
3. The summary will serve as the narrative for the incident.
4. A copy of the summary will be kept on the file for future reference.
5. The summary will be reviewed by: Medical Director, AED Program Coordinator, Rescuers involved.

E. CRISIS INTERVENTION TEAM (CIT)

1. Regardless of the outcome of actual AED use on a victim of cardiac arrest, the team can be contacted for their assistance and expertise.
2. CIT will play a vital role by providing a safe place for staff and ERT members of an AED event to talk about what occurred and to share the feelings that commonly are experienced during a resuscitation event.
3. Family members can also be invited to join in the grieving process when resuscitation is unsuccessful.

IV. AED USE & MAINTENANCE

A. AED USEAGE

1. When the AED is turned on, it will perform a diagnostic check.
2. Each device has an indicator light that tells the user if the AED is in operating order. The light will flash in the top center of the AED saying OK to show it passed its periodic self-check and is ready for use.
3. Any variation of this indicator indicates there is a malfunction.
4. The AED will perform a self-diagnosis test periodically that includes a checklist, thus a malfunction when needed for rescue is highly unlikely.
5. The AED contains one lithium battery that requires no charging.
6. If the AED is signaling a malfunction, it will be taken out of service and placed in the Health Office. Notify the AED Program Coordinator immediately if the AED is in non-operational mode.
7. The School Custodian will perform a visual inspection of each AED indicator light, and associated equipment at least weekly. The date of the inspection will be documented on a check-off sheet located in the school inspection binder. Examples are on pages 12 and 13.
8. The AED(s) will be located in a designated central location.
9. The AED will only be moved for a rescue, training or maintenance.
10. The AED(s) will always be stocked with a set of adult and pediatric electrodes, 4x4 gauze, mask, razor, gloves and scissors.

V. QUALITY IMPROVEMENT (QI)

Several quality improvement measures (QI) are built into this plan. QI is a system that measures the system's overall performance. Thus, in order to maximize survivability in cardiac arrest, it is imperative that an AED System is operating at its peak proficiency. The Quality Indicators that should be tracked to properly measure the system's performance are outlined below.

A. TRAINING

1. All members of the ERT shall maintain their AED credentials by undergoing retraining every one or two years as indicated on training card. Skill refreshing should be done at least annually.
2. All training will be coordinated through and documented by the CPR/AED trainer.

B. DRILLS

1. Measure the performance of the following processes beginning at the moment cardiac arrest occurs:
    - Time to recognition to Activation of ERT
    - Time to dispatch ERT
    - Time to contact 911
    - Time to properly assess airway, breathing, circulation of the patient
    - Time for ERT and AED to arrive
    - Time to recognize cardiac arrest
    - Time to deliver first shock

2. The idea is to create a benchmark and continually improve the coordination aspects of the system, including but limited to ERT members, dispatcher, and all other staff members that are not part of the ERT to recognize cardiac arrest and activate the internal response system.

3. An ERT drill should be done twice a year. A drill **must** be done at least once every school year.

C. DATA REVIEW

1. Once attached to a patient, the AED records and saves in memory, important information about the condition of the patient's heart and the results of any shocks delivered. This information is essential for evaluation purposes.



AED Battery/Maintenance Check Plan

The School Nurse will annually document and keep on file the *Building AED Information Form* found on pages 3 and 4 of this plan.

The AED is checked weekly by the designated employee (school custodian) when school is regularly in session.

- During vacation weeks the AED will be checked weekly by a SPS employee designated by the Administrator (school custodian).

The designated employee checking the AED weekly will report the following:

- If the low battery alert is noted, immediately report to School Nurse/Principal. A battery must be immediately ordered.
- If the service alert is noted immediately report to School Nurse/Principal. Call to arrange servicing for the AED.

All AED inspection checklists will be filed with the School Custodian.



AED EVENT SUMMARY FORM

Location of event: _____

Date of event: _____ Time of event: _____

AED oversight physician: _____

AED program coordinator: _____

Victim's name: _____

Was the event witnessed or non-witnessed? Witnessed □ Non-witnessed □

Name of trained rescuer(s):

_____
_____
_____

Internal response plan activated? Yes □ No □

Was 9-1-1 called? Yes □ No □ If yes, name of 9-1-1 caller: _____

Was pulse taken at initial assessment? Yes □ No □

Was CPR given before the AED arrived? Yes □ No □
If yes, name(s) of CPR rescuer(s):

_____
_____

Were shocks given? Yes □ No □ Total number of shocks: _____

Did victim:

Regain a pulse? Yes □ No □
Resume breathing? Yes □ No □
Regain consciousness? Yes □ No □

Was the procedure for transferring care to the local EMS agency executed? Yes □ No □
If no, please explain:

_____
_____

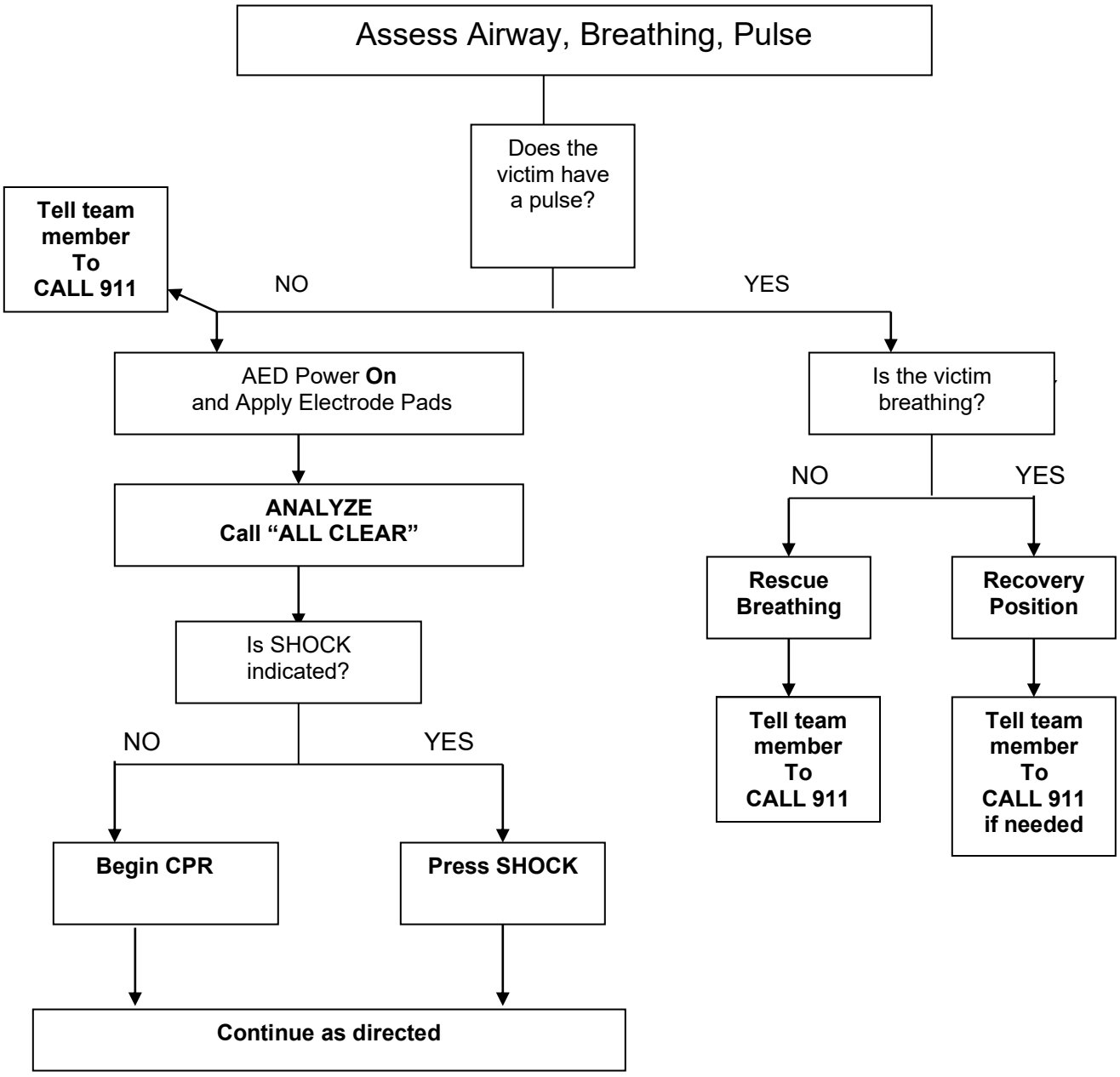
Any problems encountered?

_____
_____

Name of person completing form: _____

Event Response Protocol

Flowchart





SOUTHINGTON PUBLIC SCHOOLS



WEEKLY AED INSPECTION CHECKLIST

LOCATION DES___ JAD___ JFK___ MONTH_____ YEAR _____

Mark appropriate box with yes or no. Report any deficiencies ASAP!

INSPECTION CATEGORY	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS
CASE INTACT					
FLASHING GREEN LIGHT**					
DOOR TAB SECURED					
DOOR ALARM BATTERY CHANGE DATE*					

COMMENTS; _____

_____

_____

_____

_____

_____

*** Door alarm batteries should be changed whenever clocks change and batteries should be dated with permanent marker.**

**** Report any chirping sound or if green light is not flashing.**

SOUTHINGTON PUBLIC SCHOOLS



WEEKLY AED INSPECTION CHECKLIST

LOCATION SHS___ PES___ SEES___ MONTH_____ YEAR _____

Mark appropriate box with yes or no. Report any deficiencies ASAP!

INSPECTION CATEGORY	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS	DATE/INITIALS
CASE INTACT					
"OK" SYMBOL ILLUMINATED**					
DOOR TAB SECURED					
DOOR ALARM BATTERY CHANGE DATE*					

COMMENTS; _____

_____

_____

_____

_____

_____

*** Door alarm batteries should be changed whenever clocks change and batteries should be dated with permanent marker.**

**** Report any other symbol displayed on AED such as wrench, battery or exclamation point.**