

Students

Automated External Defibrillator (AED)

The Thomaston Board of Education will allow the use of automated external defibrillators for treatment of victims 1 year of age and older ONLY.

An AED is used to treat victims who experience sudden cardiac arrest (SCA). It is only to be applied to victims who are unconscious, without pulse, signs of circulation or normal breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver shock.

1. The Thomaston Board of Education will assign a Program Coordinator or designee with the following ongoing responsibilities:
 - a) Selection of employees and Emergency Response Team (ERT) for AED training and distribution of AED trained employee lists as required.
 - b) Coordination of training for emergency responders.
 - c) Coordinating equipment and accessory maintenance.
 - d) Maintain on file a specifications/technical information sheet for each approved AED model assigned to a school.
 - e) Revision of this procedure as required.
 - f) Monitoring the effectiveness of this system.
 - g) Communication with Medical Director on issues related to Medical Emergency Response Program including post event reviews.
2. The Medical Advisor of the AED program is Paul C. Broomhead, MD. The Medical Advisor of the AED program has ongoing responsibilities for:
 - a) Providing medical direction for use of AEDs.
 - b) Writing a prescription for AEDs.
 - c) Reviewing and approving guidelines for emergency procedures related to use AEDs and CPR.
 - d) Evaluation of post-event review forms and digital files downloaded from the AED.
3. The Thomaston Board of Education will allow the AED to be used primarily by the Emergency Response Team comprised of:
 - a) Employees including: administrators, nurses, athletic director, athletic trainer and custodians.
 - b) Additional staff as identified by administration on a volunteer basis. (i.e. teachers, coaches, support staff).

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4. The AED trained employee is responsible for:
 - a) Activating the Internal Emergency Response System and providing prompt basic life support including AED and CPR according to training and experience.
 - b) Understanding and complying with requirements of this policy.
 - c) Following the individual school protocol.
 5. The school office in each building is responsible for:
 - a) Contacting the External 9-1-1 Response Team as determined by the Emergency Response Team member.
 - b) Deploying AED trained employees to the emergency location.
 - c) Assigning someone to meet responding EMS aid vehicle and direct EMS personnel to site of medical emergency.
 6. The Thomaston Board of Education has approved the Medtronic Physio-Control Lifepak CR plus automated external defibrillators (AEDs) for this program. The AED conforms to the state standards.
 - a) The AED and first aid emergency care kit will be brought to medical emergencies per protocol.
 - i. The AED should be used on any person who is 1 year of age or older and displays ALL the symptoms of cardiac arrest.
- Note: For children under 8 years of age and/or under 55 lbs, the AED is equipped with Infant/Child Reduced Energy Defibrillation Electrode Starter Kit (includes one pair of electrodes, storage pouch and appropriate safety instructions and labels). Each AED will have one set of defibrillation electrodes connected to the device and one spare set of electrodes with the AED. One resuscitation kit will be connected to the handle of the AED. This kit contains two pairs of latex free gloves, one razor, one set of trauma shears, and one facemask barrier device.
7. The AED will be at a designated location. These locations shall be specific to each school but should allow the device to be easily seen by staff. The location should allow staff members to retrieve the device outside of normal school hours.
 8. Contracted and other community activities are not guaranteed access to the AED as part of standard facility use contracts.

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9. Location of AEDs:

<u>Facility</u>	<u>Location</u>
Thomaston High School	Gym lobby center column
Thomaston Center School	Main hallway outside nurse's office
Black Rock School	Main hallway outside nurse's office

10. All equipment and accessories for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:

- a) The nurse's office shall be informed of changes in availability of emergency medical response equipment. If equipment is withdrawn from service, the school nurse shall be informed and then notified when equipment is returned to service.
- b) The school nurse shall be responsible for informing response teams of changes to availability of emergency medical equipment.
- c) The AED Program Coordinator or designee shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- d) 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 procedure.

11. The following routine maintenance will take place:

- a) The AED will perform a self-diagnostic test every 24 hours that includes a check of battery strength and an evaluation of the internal components.
- b) The custodian, school nurse or designee, will perform a daily AED check following the procedure checklist. The procedure checklist will be initialed at the completion of the daily check (excluding weekends and holidays). The procedure checklist will be posted with the AED.
- c) If the OK icon is NOT present on the readiness display, contact the AED Program Coordinator or designee immediately.
 - i. If the battery icon is visible, the battery or CHARGE-PAK charging unit needs to be replaced. You may continue to use the AED if needed.
 - ii. If the AED is signaling a malfunction, it will be taken out of service and placed in the school nurse's office.
- d) If the expiration date on the electrode is near, notify the AED Program Coordinator or designee immediately.

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12. The Thomaston Board of Education will require the following training be followed and maintained.

Initial Training:

Trained employees must complete training adequate to provide basic first-aid, CPR and AED that will be provided on site. AED training must be a course approved by the state. The Central Office shall maintain training records for the trained employees in their personnel files.

Refresher Training:

Members of the ERT will receive refresher training twice during the school year and undergo retraining every two years. Trained employees will renew CPR and AED training every two years.

13. Medical Response Documentation:

Internal Post-Event Documentation: The following forms shall be sent to the AED Program Coordinator or designee within 24 hours of a medical event:

- a) The AED-trained employee shall complete the AED Event Summary Form whenever an AED is used.

External Post-Event Documentation: A copy of AED use information shall be presented within 48 hours of the emergency to the following:

- a) Medical Director of the AED program.
- b) Local EMS, county, state officials as designated in state AED requirements and local regulations.

14. Following each deployment of the response team member, a review shall be conducted to learn from the experience. The AED Program Coordinator or designee 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 that went well and the collection of opportunities for improvement as well as critical incident stress debriefing.

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- 15. Once each calendar year, the AED Program Coordinator or designee shall conduct and document a system readiness review. This review shall include review of the following elements:
 - a) Training records
 - b) Equipment operation and maintenance records

Approvals

Medical Director _____ Signature _____ Date _____