

Automatic External Defibrillators

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 physiologic signals, 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.

AED Certified Person means a person who is certified in the operation of automatic external defibrillators and the use of cardiopulmonary resuscitation (CPR), and had a copy of his/her certification on record with the Bethany Public School District.

II. Defibrillator Location

1. The Bethany Public School District will have defibrillators and at least one (1) AED Certified Person in the school building under the jurisdiction of the Bethany Board of Education.
2. The AEDs will be strategically placed and readily accessible to maximize rapid utilization.
3. After school hours, the AED may be moved from its designated location by an AED-certified athletic trainer/coach or other designated school staff member to support athletic activities on school grounds or other school-sponsored activities. A visible sign must be left in the place of the AED with the phone number and the location of the individual having possession of the AED. The AED must be returned to its designated location upon completion of the supported activity.

III. Responsibility for Operation, Maintenance, and Recordkeeping

1. The school nurse in which an AED is installed will check the AED 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 School Nurse Supervisor or designee immediately to report the problem.
2. After performing an AED check, the nurse shall indicate on the AED service log (Appendix III) that the unit has been inspected and that it was found to be "In-Service" or "Out-of-Service."
3. The school nurse or his/her designee shall be responsible for the following:
 - a. AED service checks during the contracted school year;
 - b. the replacement of equipment and supplies for the AED;
 - c. the repair and service of the AED;
 - d. all recordkeeping for the equipment during the school year;

- e. providing/scheduling training for all Board employees who require such training or would like to receive such training;
- f. maintaining a list of AED certified persons;
- g. maintaining all records concerning incidents involving the use of an AED;
- h. maintaining copies of the certifications signed by the AED certified persons (Appendix IV);
- i. reporting the need for revising the AED policy and administrative regulations to the Superintendent or his/her designee.

IV. Training for AED certified persons

The Bethany Board of Education will provide initial training or refresher training to the following classes of individuals on an annual basis:

- 1. school nurse;
- 2. head intramural coaches;
- 3. all building administrators; and
- 4. other designated faculty and staff at the school.

The training will be provided in accordance with the standards set forth by the American Red Cross or American Heart Association. Individuals completing this training will be considered an AED certified person.

V. Procedures for Use of an AED

- 1. To the extent practicable, AEDs should be retrieved and used by AED certified persons or other trained emergency medical services personnel. In the event no AED certified person or other trained emergency medical services personnel is available or present, an AED may be used by any individual in order to provide emergency care to an individual who may be in cardiac arrest or who may be experiencing a life-threatening emergency.
- 2. AEDs may only be used in medically appropriate circumstances.
- 3. In the event of use, the school nurse shall promptly thereafter complete an AED check and 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. Any problems with the AED shall be immediately reported to the school nurse supervisor.

Regulation approved: January 7, 2016

Regulation revised: October 6, 2016

AUTOMATIC EXTERNAL DEFIBRILLATOR LOG

Any time the AED is retrieved and/or used, the AED must be returned to its original location after retrieval/use and the individual returning the AED must complete the necessary information below:

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

*If out-of-service, immediately contact the School Nurse or school administrator.

AUTOMATIC EXTERNAL DEFIBRILLATOR INCIDENT REPORT

Name of person completing report: _____

Date Report is being completed: _____ Date of Incident: _____

Name of individual on whom AED was used: _____

Age of individual on whom AED was used: _____

Age: _____

Known status of individual: _____ Student

_____ Parent of Student

_____ Other, Explain _____

Describe incident:

List series of events from the beginning of the emergency until its conclusion:

Signature of person completing form: _____

Please forward to the School Nurse no later than 48 hours after the incident.

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 School Nurse Supervisor or designee immediately.

CERTIFICATION OF UNDERSTANDING AND AGREEMENT

To: Bethany Board of Education

From: _____

Date: _____

I, _____, hereby certify that I have completed the training provided by the Bethany Board of Education concerning the operation of an automatic external defibrillator and the use of cardiopulmonary resuscitation. I further certify that I have read, understand, and agree to comply with the Bethany Board of Education Policy Regarding Automatic External Defibrillators and the accompanying Administrative Regulations.

Sincerely,

AED Certified Person

Form 1080-AED Certification – Approved October 6, 2016