1.0 SCOPE:

1.1 This procedure will discuss how to use and maintain the Automated External Defibrillators (AEDs) the Milford Board of Education has acquired for use in designated school buildings.

2.0 RESPONSIBILITY:

2.1 Chief Operations Officer

2.2 Building Principal/Designee

3.0 APPROVAL AUTHORITY:

3.1 Chief Operations Officer

4.0 DEFINITIONS:

4.1 Automated External Defibrillators (AED): 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 physiological 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.

4.2 Sudden Cardiac Arrest (SCA): 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 usually resulting in sudden death. The only known effective treatment of this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time at the onset of VF.

4.3 Public Access Defibrillator Program (PAD): Provides access to AED’s for trained lay rescuers, in settings where large number of people congregate, live or work, to facilitate early defibrillation for the victim.

4.4 Cardiopulmonary Resuscitation (CPR): Cardiopulmonary resuscitation is a combination of rescue breaths and chest compressions. Together, rescue breaths and chest compressions increase a cardiac arrest victim’s chance of survival by circulating blood containing oxygen to the brain and other vital organs.

4.5 Predetermined AED Provider: An individual who is CPR and AED certified and has a copy of his/her certification and/or re-certification on record with the Milford Board of Education.
4.6 Emergency Medical System (EMS)

4.6.1 AED Location

4.6.1.1 The Milford Public Schools will have defibrillators in school buildings designated by the Milford Fire Department and the Milford Board of Education.

4.6.1.2 The AED’s will be strategically placed and readily accessible to trained AED providers to maximize rapid utilization.

4.6.1.2.1 The implementation of a PAD program in certain Milford schools is in no way intended to be a substitute for or a replacement for first responders in the case of sudden cardiac arrest. It is merely meant to be an additional link in the chain of survival for victims of SCA. The Fire Department of Milford is the lead agency in the PAD program and will be responsible for administrating the program in collaboration with the Milford Public Schools.

4.6.1.3 Any AED device purchased or received as a gift for placement in the Milford School district facilities must meet the definitions outlined in Section 4.1, 4.2, 4.3, 4.4 and 4.5.

4.6.1.4 Each AED within the Milford School District will be registered with the Milford Emergency Medical System (EMS) and with the Connecticut Office of Emergency Medical Services.

4.6.1.5 The AED will be available after school hours for trained individuals to use in the case of SCA.

4.6.1.6 The AED may not be removed from its placement and permanently or temporarily replaced at another location without consultation with the Fire Department and alerting the Emergency Medical System (EMS) of a change in AED placement.

5.0 PROCEDURE:

5.1 Required Training for Predetermined AED Providers

5.1.1 The district will provide on-site training opportunities to interested staff members. American Red Cross or American Heart Association instructors certified in CPR/First Aid/AED will provide the training.

5.1.2 Trained Staff are responsible to re-certify annually as required by the certifying agency.

5.1.3 A predetermined AED provider shall certify in writing that he/she has read the Milford Public School’s AED policy and administrative regulations, and provide their annual certification documentation to the building administrator and the school nurse in the building.
5.2 Medical Control and Physician Oversight

To ensure a safe and effective PAD program, it is essential to provide physician oversight. The City of Milford Health Director, and the School Medical Advisor, will provide both the prescription for the unit and the medical oversight. Medical oversight will include:

5.2.1 Obtaining State of CT approval for the use of AED’s.

5.2.2 Reviewing and approving these guidelines for the Milford Public Schools Public Access Automated External Defibrillator Program.

5.2.3 Providing medical direction for the use of the AED’s.

5.2.4 Receiving monthly and annual reports from school nurses and the Fire Department related to the daily, monthly and annual systems assessments.

5.2.5 Evaluation of all post event review forms and digital file downloaded from the AED.

5.3 Responsibility for Operation, Maintenance and Record Keeping:

The Milford Fire Department, through the Emergency Medical Service (EMS) Officer, shall maintain a list of AED sites and proposed sites throughout the city, including the schools.

5.3.1 The AED sites shall be clearly marked by signage for easy access.

5.3.2 Maintenance and surveillance of AEDs will be the responsibility of the Milford Fire Department.

5.3.3 The Milford Public School nurses and the Milford Public Schools custodial staff shall share the responsibility of checking and record keeping. The nurses will check the AED’s that are located in their offices and the school custodians will check all the other AED’s located in their building.

5.3.4 The nurse/custodian will do a “walk-by” check once a week, at a minimum, to ascertain whether the green light is flashing indicating that it is operational.

5.4 Maintenance:

5.4.1 Monthly system check: The school nurse/custodian at each building in which an AED is installed will check the defibrillator in the building once per month, at a minimum.

5.4.1.1 If the custodian notes any problems he must inform the school nurse. The nurse must then inform the building principal or his/her designee, the nurse administrator and the Fire Department immediately.

5.4.1.2 After performing the AED monthly check, the nurse/custodian shall make note on the AED service log (Appendix II) indicating that the unit has been inspected and that it was found to be “In Service” or “Out of Service”.
5.4.2 Quarterly System Check: Each quarter year, the Milford Fire Department will conduct and document a system check. These records will be retained according to the schedule established for the environmental health and safety function. This systems check will include a review of the emergency kit supplies, the AED battery life and AED operation and status.

5.4.3 Annual System Check: Each calendar year, the Milford Fire Department will conduct and document a system of readiness review. This review will include review of equipment operation and maintenance records.

5.4.4 Maintenance following the use of the AED: Following the use of the AED, all equipment shall be cleaned, disinfected and/or decontaminated by designated members of the Fire Department as required.

5.5 Operation and Record Keeping:

5.5.1 The Milford Fire Department will be responsible for:

5.5.1.1 The operation and recordkeeping for all AED’s placed in public school buildings; this will include:

5.5.1.2 The replacement of equipment and supplies for the AED.

5.5.1.3 The repair and service of the AED.

5.5.1.4 Registering the AED’s in accordance with state law (Appendix V).

5.5.2 The Nurse Administrator will be responsible for:

5.5.2.1 Collecting and maintaining the AED Logs (Appendix II) from the school nurses.

5.5.2.2 Collecting the training records of Predetermined AED providers which includes CPR and AED certification.

5.5.2.3 Maintaining a list of certified AED providers.

5.5.2.4 Collecting and maintaining copies of the Certification of Compliance with AED Policies and Procedures form (Appendix III), completed by Predetermined AED providers.

5.5.2.5 Collecting and maintaining the Incident Records (Appendix I) post AED use.

5.5.2.6 Reporting the need for revising the policy and administrative regulations to the Superintendent.

5.5.2.7 Ensuring that all School Nurses receive annual CPR/AED training.
5.6 Procedure for Use of AED:

5.6.1 The EMS system is to be activated immediately upon discovery of a situation in which the use of an AED is anticipated or required. Activation is by dialing 911.

5.6.2 The individual who initiated the activation must remain with the victim until EMS arrives on the scene.

5.6.3 Use of the AED is authorized for pre-determined AED providers or by the general public that is trained in CPR/AED by the standards of the American Red Cross or American Heart Association.

5.7 The following procedure is to be followed when utilizing AED’s:

5.7.1 Assess the scene for safety

5.7.2 Determine unresponsiveness

5.7.3 Activate the EMS system – Dial 911

5.7.4 Designate an individual to wait at the building entrance to direct the EMS to the victim’s location

5.7.5 Open airway

5.7.6 Check for breathing. If no breathing, give two breaths

5.7.7 Check for signs of circulation, such as pulse or movement

5.7.8 If no signs of circulation, apply AED immediately

5.7.9 The AED is NOT to be used on children less than 55 pounds or less than eight (8) years of age unless the unit is specifically designed for such use and is so labeled.

5.7.10 Press the LID RELEASE/ON-OFF button to open the lid; this turns on the AED. Follow the voice prompts. Do not touch the patient unless instructed to do so.

5.7.11 Follow the voice prompts to apply the electrode pads. Shave chest hair (if it so excessive it prevents a good seal between electrodes and skin). If the victim’s chest is dirty or wet, wipe the chest clean and dry.

5.7.12 Stand clear of the victim while the machine evaluates the victim’s heart rhythm.

5.7.12.1 If machine states shock is advised:

5.7.12.1.1 Clear area; make sure no one is touching the victim

5.7.12.1.2 Push shock button when instructed. Device will analyze and shock up to three times
5.7.12.1.3 After three shocks, device will prompt to check pulse (or for breathing or signs of circulation) and if absent, start CPR

5.7.12.1.4 Perform CPR for one minute. Device will count down one minute of CPR and will automatically re-evaluate victim’s heart rhythm when CPR time is over

5.7.13.1 If machine states no shock is advised:

5.7.13.1.1 Device will prompt to check pulse, signs of life; and if absent, start CPR

5.7.13.1.2 If pulse/signs of life are absent, do CPR for one minute

5.7.13.1.3 If pulse/signs of life are present, check breathing. If victim is not breathing or breathing abnormally, give rescue breaths at a rate of 12 per minute. AED will re-analyze after one minute.

5.7.13.1.4 Continue cycles of heart evaluations, shocks (if advised) and CPR until professional help arrives

5.7.13.1.5 Victim must be transported to hospital. Leave AED attached to victim until EMS arrives and disconnects AED.

5.7.13.1.5.1 EMS will take charge of the victim

5.7.13.1.5.2 Provide victim information: name, age, medical problems and time of incident if known

5.7.13.1.5.3 Provide information as to current condition and number of shocks administered

5.8 As soon as practical, after the EMS arrives, the school staff member who administered the AED will immediately notify a building administrator. If another person is at the scene at the onset of the emergency, that person should be directed to notify the building authorities.

5.9 Follow-up:

5.9.1 AED data will be downloaded within 24 hours (weekdays) with copies sent to EMS and the authorizing physician (Milford Health Director/School Medical Advisor).

5.9.2 The AED will be wiped clean according to policy (see maintenance section).

5.9.3 Contents of attached resuscitation kit must be replaced if used. Contents to be replaced by the Milford Fire Department according to manufacture’s recommendations.

5.9.4 The person who applied the AED will complete the AED Incident Report and submit the completed form to the Milford Health Department within 24 hours.
6.0 ASSOCIATED DOCUMENTS:

6.1 Appendix I – Milford Health Department - Automated External Defibrillator Incident Report/ Post Event Review Form

6.2 Appendix II – Milford Health Department - Automated External Defibrillator Service Log

6.3 Appendix III – Milford Health Department - Automated External Defibrillator Certification of Compliance with AED Policies and Procedures

6.4 Appendix IV – Automated External Defibrillator AED Agency Notification Letter (ADM-F033)

6.5 Appendix V – State of Connecticut - Automatic Defibrillator (AED) Registry Form

7.0 RECORD RETENTION TABLE:

<table>
<thead>
<tr>
<th>Identification</th>
<th>Storage</th>
<th>Retention</th>
<th>Disposition</th>
<th>Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendixes I-V</td>
<td>Milford Health Dept.</td>
<td>6 years</td>
<td>Shred</td>
<td>File cabinet</td>
</tr>
</tbody>
</table>

8.0 REVISION HISTORY:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Revision #:</th>
<th>Description of Revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/19/2006</td>
<td>A</td>
<td>Initial Release</td>
</tr>
<tr>
<td>02/26/2015</td>
<td>B</td>
<td>Change title from PPS-P011 to ADM-P014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 2.0: change Responsibility from Director of Pupil Personnel to Chief Operations Officer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 3.0: Change approval authority from Director of Pupil Personnel to Chief Operations Officer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sections 5.2, 5.3.3: change language</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 5.3.4 new addition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sections 5.4.1, 5.4.1.1, 5.4.1.2: change language</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 6.4: change Appendix IV Letter from PPS-F013 to ADM-F033</td>
</tr>
</tbody>
</table>

***End of procedure***
Appendix I

MILFORD PUBLIC SCHOOLS

Automated External Defibrillator
Incident Report / Post Event Review Form

Name of person completing report: ________________________________

Date report is being completed: ___________ Date of Incident: ___________

Name of patient on whom AED was applied: __________________________

Age: ______

Known stats of patient:       ______ Board of Education Employee
                            ______ Student
                            ______ General Public
                            ______ Other, explain ________________________

Describe the incident: _______________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Print your name: ________________________________

Your signature: _____________________________ Date: __________________

Please forward this completed form to the Milford Health Director within 24 hours post event.

Milford Health Department
82 New Haven Avenue
Milford, CT 06460
Appendix II

MILFORD PUBLIC SCHOOLS

Automated External Defibrillator
Monthly Service Log

School: ____________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Inspected and In-Service</th>
<th>Inspected and Out-Of-Service</th>
<th>Signature of School Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Milford Public School nurses and the Milford Public Schools custodial staff shall share the responsibility of checking and record keeping. The nurses will check the AED’s that are located in their offices and the school custodians will check all the other AED’s located in their building.

The nurse/custodian will do a “walk-by” check once a week, at a minimum, to ascertain whether the green light is flashing indicating that it is operational.

**Monthly system check:** The school nurse/custodian at each building in which an AED is installed will check the defibrillator in the building once per month, at a minimum.

If the custodian notes any problems he must inform the school nurse. The nurse must then inform the building principal or his/her designee, the Director of Nursing and the Fire Department immediately.
Appendix III

MILFORD PUBLIC SCHOOLS

Automated External Defibrillator
Certification of Compliance with AED Policies and Procedures

I, ________________________________, have read the Milford Public Schools Automated External Defibrillator Program Policy and Administrative Regulations. I am aware of its contents and I am comfortable with the procedures. I have had an opportunity to ask questions regarding the program and have had my questions answered. If at any time I have a concern or question while functioning as a Predetermined AED Provider using the AED's available in the Milford Public Schools, I will ask the Health Director or their designee for clarification. I agree to follow the terms and conditions set forth in the policy and administrative regulations and certify that I have successfully completed all training and/or retraining necessary to operate as a Predetermine AED Provider.

Predetermined AED Provider Signature ___________________________ Date __________

School Nurse __________________________________________ Date __________

Director of Nursing ______________________________________ Date __________
To: Office of Emergency Medical Services

From: The Milford Public Schools System

We would like to inform you and your department about a Public Access Defibrillator Program in the Milford Public School District. Our Health Director is Deepa Joseph and School Medical Advisor is Dr. Andrew Carlson, MD. They will provide the medical control and oversight of the program. This is a collaborative program with Milford Fire Department administrating the program. We have AED's in certain school buildings. Available AED's are strategically placed and readily accessible to Predetermined AED providers to maximize rapid utilization. The AED is available during school hours and after school hours during on-site school activities. Each school nurse has received training in the use of the AED. A list of the Predetermined AED providers is on file in each school nurses office and also at the Health Department in the office of the Nurse Administrator. The Predetermined AED Providers are school nurses and any other District employee who is CPR/AED certified (American Red Cross or American Heart Association) and has a completion card on file with the Nurse Administrator, has received and read the Milford Public Schools AED policy and has certified in writing his/her agreement to comply with same.

Enclosed is/are the AED Registry Form(s).

Sincerely,

Superintendent of Schools, Milford
Appendix V

Registry #___________

State of Connecticut
Department of Public Health
Office of Emergency Medical Services
(860) 509-7975

PSAP#_____

Automatic External Defibrillator (AED) Registry Form
(Required by Public Act 98-62 – Please Print or Type-Use One Form per AED)

1. Name of Owner__________________________________________________________

2. Mailing Address___________________________________________________________

3. Name of Contact Person____________________________________________________

4. Telephone # ______________________ Fax # _________________________________

5. AED Manufacturer_________ Model ___________ Serial# ________________

6. Name of Prescribing Physician ________________________________

7. If AED is situated at a fixed location, please include town, street address, name or number and floor location. **Note:** Be as specific as possible:

   ________________________________________________________________

   ________________________________________________________________

8. If AED will not be in a fixed location, please describe how and where it will be deployed:

   ________________________________________________________________

   ________________________________________________________________

Mail Completed Form to: State of Connecticut
Department of Public Health
OEMS–AED Registry
410 Capitol Avenue MS #12-EMS
P.O. Box 340308
Hartford, CT 06134-0308

Rev. 8/15