

Series 5000 – Students

1. Elementary and Secondary

D. Welfare

(1) School Medical Advisor

(e) First Aid/Emergency Use of Automatic External Defibrillators (AEDs)

I. Definitions:

Automatic External Defibrillator (AED) – means a device that:

1. is used to administer an electric shock through the chest wall to the heart;
2. contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis, and, if necessary, apply visual prompts;
3. guides the user through the process of using the device by audible or visual prompts; and
4. does not require the user to employ any discretion or judgment in its use.

Predetermined AED Provider – a person who is CPR and AED certified, and has a copy of his/her certification on record with the Suffield Public Schools.

II. Defibrillator Location

1. The Suffield Public Schools will have defibrillators in school buildings designated by the Suffield Board of Education.
2. The AEDs will be strategically placed and readily accessible to Predetermined AED Providers to maximize rapid utilization.
3. Each AED within the District will be registered with the appropriate Town’s Emergency Medical Service Provider and with the Connecticut Office of Emergency Medical Services through the use of Appendix VI of these Regulations.
4. After school hours, the AED may be moved from its designated location by an AED-certified athletic trainer/coach/staff member to support athletic department 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 Record-Keeping

The school nurse at each building in which an AED is installed will check the AED in the building on a regular basis, at least monthly. The nurse will verify that the unit is in the

proper location, it has all the appropriate equipment (battery, mask, case, emergency pack), it is ready for use, and 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 Director of Pupil Services or his/her designee immediately.

1. After performing an AED check, the nurse shall indicate on the AED service log that the unit has been inspected and that it was found to be "In Service" or "Out-of-Service".
2. The Director of Pupil Services or his/her designee shall be responsible for the following:
 - a) AED service checks during the contracted school year;
 - b) replacing of equipment and supplies for the AED;
 - c) repairing and servicing of the AED;
 - d) all recordkeeping for the equipment during the school year;
 - e) providing/scheduling training for all school employees who require such training or would like to receive such training;
 - f) maintaining a list of predetermined AED Providers;
 - g) keeping all records concerning incidents involving the use of an AED;
 - h) maintaining copies of the certifications signed by predetermined AED Providers regarding understanding of and agreement to comply with Suffield Board of Education AED policies and procedures (Appendix III);
 - i) reporting the need for revising the AED policy and administrative regulations to the Director of Pupil Service, Superintendent and/or his/her designee;
 - j) assisting predetermined AED Providers in other appropriate ways, as determined by the administration; and
 - k) registering the AEDs in accordance with state law (Appendix VI).

IV. Training for Predetermined AED Providers

The Suffield Board of Education will provide training or retraining to the following classes of individuals on an annual basis:

1. Staff who work in the Health Services Department, including all school nurses and the Director of Pupil Services;
2. Staff who work in the Athletic Department, including all athletic trainers, head coaches and the Athletic Director; and
3. all building administrators.

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 predetermined AED Providers. [Note: Additional staff members may be required to receive training if the District has received State or Federal or private funds designated for the purchase of AEDs and for training employees on the use of AEDs and in CPR. For additional information, see CT General Statute §10-212d].

On an annual basis, a predetermined AED Provider shall certify in writing that he/ she has read the Suffield Public Schools AED policy and administrative regulations, and provide such certification and a copy of AED training completion document to the Director of Pupil Services or his/her designee. (Appendix III)

V. Procedures for Use of an AED

1. To the extent practicable, AEDs should be retrieved and used by predetermined AED Providers or other trained emergency medical services personnel. In the event no predetermined AED Provider is available or present, an AED may be used by trained and untrained individuals in order to provide emergency care to an individual who may be in cardiac arrest on school property. (Legal Reference: CT Gen. Statutes 53-557b Good Samaritan Law)
2. AEDs may only be used in medically appropriate circumstances.
3. In the event of use, the predetermined AED Provider using the AED, or the school's Principal or his/her designee, shall, if possible, immediately notify the building nurse, the Director of Pupil Services, the Superintendent of Schools, and the District Medical Advisor.
4. In the event of use, the predetermined AED Provider using the AED, or the school's Principal or his/her designee, must also complete a copy of the AED incident report. (Appendix II) The report should be forwarded to the Director of Pupil Services no later than 48 hours after the incident. The Director of Pupil Services will forward a copy to the District Medical Advisor.
5. In the event of use, the school nurse or his/her designee, shall promptly thereafter complete an AED check and verify the unit is in the proper location, it has all the appropriate equipment (battery, mask, case, emergency pack), it is ready for use, and it has performed its self-diagnostic evaluation. Any problems with the AED shall be immediately report to the Director of Pupil Services or his/her designee.

APPENDIX I

SUFFIELD PUBLIC SCHOOLS
 AUTOMATIC EXTERNAL DEFIBRILLATOR LOG

Anytime the AED is retrieved and/or used, the individual returning the form must complete the necessary information below:

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

*If out-of-service, immediately contact the Director of Pupil Services.

APPENDIX II
SUFFIELD PUBLIC SCHOOLS
AUTOMATIC EXTERNAL DEFIBRILLATOR
INCIDENT REPORT

Name of person completing report: _____

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

Name of patient on which AED was applied: _____

Age: _____

Known status of patient: _____ Student
_____ Parent of Student
_____ Other, explain _____

Describe incident:

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

Your signature: _____

Please forward to the Director of Pupil Services no later than 48 hours after the incident.

APPENDIX III
SUFFIELD PUBLIC SCHOOLS

CERTIFICATION OF COMPLIANCE WITH AED POLICIES AND PROCEDURES

I, _____, have read the Suffield Public Schools Automatic External Defibrillation Program Policy and Administrative Regulations. I agree to follow the terms and conditions set forth in the policy and administrative regulations.

AED Provider Signature Date: _____

School Nurse Date: _____

Director of Pupil Services Date: _____

APPENDIX IV

AED AGENCY NOTIFICATION LETTER

To: Office of Emergency Medical Services

FROM: Suffield Public Schools

We would like to notify you and your department about a Public Access Defibrillator Program in the Suffield Public School District. Our Medical Director for the AED program is Dr. Richard Segool. He works directly with the Director of Pupil Services regarding the implementation and management of the AED program. We have Automatic External Defibrillators in certain school buildings. The defibrillators are strategically placed and readily accessible to maximize rapid utilization. The AED is available during school hours and after school hours during on-site school activities. Each school nurse, administrator and athletic coach has received training in the use of the AED. A list of pre-determined AED providers is available in each school nurse's office, the principal's office and in the office of the Director of Pupil Services. The pre-determined AED providers are school nurses and any other person who has received AED training (American Heart Association, American Red Cross or an equivalent training), has a completion card on file with the Director of Pupil Services of the Suffield Public Schools, has received and read the Suffield Public Schools policy and administrative regulations and certified in writing his/her agreement to comply with same.

We look forward to meeting the challenge of healthcare in the new millennium and are constantly trying to enhance and improve our program. We appreciate your support.

Sincerely,

Director of Pupil Services

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
(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, building 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 Ave. MS#12-EMS
P.O. Box 340308
Hartford, CT 06134-0308