



STUDENTS

5141.27

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs)

In order to assist individuals who may experience cardiac arrest on school property, the Montville Board of Education has acquired external defibrillators for use in school buildings. It is the policy of the Board of Education to support the use of these automatic external defibrillators by trained personnel on school property.

The Superintendent or his/her designee shall be responsible for developing administrative regulations in furtherance of the Automatic External Defibrillator (AED) policy, in conformity with the provisions of applicable statutes and regulations.

Legal Reference: Connecticut General Statutes

10-221 Boards of education to prescribe rules.

52-557b "Good Samaritan law." Immunity from liability for emergency medical assistance, first aid or medication by injection. School personnel not required to administer or render.

Public Law 106-505 Cardiac Arrest Survival Act

Public Law 105-170 Aviator Medical Assistance Act

Public Law 107-188 The Public Health Security and Bioterrorism Response Act

Policy Adopted: May 17, 2005

STUDENTS

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs)

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 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.

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

II. Defibrillator Location

1. The Montville Public Schools will have defibrillators in school buildings designated by the Montville Board of Education.
2. The AEDs will be strategically placed and readily accessible to Predetermined AED Providers to maximize rapid utilization.

III. Requirements for Predetermined AED Providers

1. Predetermined AED Providers shall be held accountable for the retrieval, use, and return of the AED when it is used.
2. On an annual basis, a Predetermined AED Provider shall certify in writing that he/she has read the Montville Public Schools AED policy and administrative procedures, and provide such certification and a copy of AED training completion documentation to the Superintendent of Schools or designee.

IV. Responsibility for Operation, Maintenance and Record-Keeping

1. The school nurse at each building in which an AED is installed will check the defibrillator 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 Superintendent of Schools or designee immediately.
2. After performing an AED check, the nurse shall make note on an AED service log (Appendix IV) indicating that the unit has been inspected and that it was found to be "In-Service" or "Out-of-Service."

IV. Responsibility for Operation, Maintenance and Record-Keeping (continued)

3. The Superintendent of Schools or designee shall be responsible for the following:
 - a) AED service checks during the school nurses' 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 contracted school year.
 - e) Training Records of Predetermined AED Providers which include:
 - CPR certification
 - AED certification
 - f) Maintaining a list of predetermined and properly certified AED providers approved by the Superintendent of Schools and/or the AED school Medical Advisor.
 - g) Incident record keeping.
 - h) Copies of the certifications signed by Predetermined AED Providers regarding understanding of and agreement to comply with Montville Board of Education AED policies and procedures (Appendix III).
 - i) Providing/scheduling opportunities for CPR and AED training recertification for all Montville Board of Education school nurses.
 - j) Assisting the school district with proper in-house training for other individuals designated by the district.
 - k) Reporting the need for revising the policy and administrative procedures to the Director of Pupil Services and/or Superintendent of Schools.
 - l) Assisting Predetermined AED Providers in other appropriate ways as determined by the administration.
 - m) Registering the AEDs in accordance with state law.

V. Procedures for Use

1. Only Predetermined AED Providers shall be permitted to have access to AEDs.
2. Predetermined AED Providers accessing the AEDs shall maintain control of such equipment at all times.
3. Prior to returning an AED to its location, the Predetermined AED Provider shall ensure that the AED is functional. Any problems with the AED shall be immediately reported to the Superintendent of Schools or designee.
4. The Predetermined AED Provider must sign his/her name (as soon as practicable under the circumstances) and determine its service status upon removing it from its designated location and upon returning it. (Appendix I)
5. Predetermined AED Providers may only use AEDs in medically appropriate circumstances, in accordance with their training.
6. In the event of use, the Predetermined AED Provider shall, if possible, immediately notify the building nurse, the Superintendent of Schools, the District Medical Advisor, and the Director of Pupil Services, or designate another individual to do so.
7. Each time an AED is used, the AED Provider should complete a copy of the AED incident report. (Appendix II). The report should be forwarded to the Superintendent of Schools, (860) 848-0589 no later than 48 hours after the incident. The Superintendent of Schools will forward a copy to the District's Medical Advisor.

**MONTVILLE PUBLIC SCHOOLS
Montville, Connecticut**

AUTOMATIC EXTERNAL DEFIBRILLATOR LOG

A Predetermined AED Provider who is CPR and AED certified and has a copy of his/her certification on record with the Montville Public Schools can retrieve, use and return this AED. Please complete the necessary information below:

| Retrieved (Date & Time) | In- Service | *Out-of- Service | Returned (Date & Time) | In- Service | *Out-of- Service | AED Provider Signature |
|--|------------------------|-----------------------------|---------------------------------------|------------------------|-----------------------------|-------------------------------|
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***If out-of-service, immediately contact the Superintendent of Schools.**

MONTVILLE PUBLIC SCHOOLS
Montville, Connecticut
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 Superintendent of Schools no later than 48 hours after the incident.

MONTVILLE PUBLIC SCHOOLS
Montville, Connecticut

CERTIFICATION OF COMPLIANCE WITH AED
POLICIES AND PROCEDURES

I, _____, have read the Montville Public Schools Automatic External Defibrillation Program Policy and Administrative Procedures. 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 anytime while functioning as an AED Provider using the AEDs available in the Montville Public Schools, I have a concern or a question, I will ask the Superintendent of Schools or designee for clarification. I agree to follow the terms and conditions set forth in the policy and administrative procedures.

AED Provider Signature

Date

School Nurse

Date

Superintendent of Schools

Date

MONTVILLE PUBLIC SCHOOLS
Montville, Connecticut

AUTOMATIC EXTERNAL DEFIBRILLATOR
SERVICE LOG

| Date | Inspected and In-Service | Inspected and Out-of-Service | Signature of Nurse |
|------|--------------------------|------------------------------|--------------------|
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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 Superintendent of Schools or designee immediately.

MONTVILLE PUBLIC SCHOOLS
Montville, Connecticut

AED AGENCY NOTIFICATION LETTER

To: Office of Emergency Medical Services

From: Montville Public School System

We would like to notify you and your department about a Public Access Defibrillator Program in the Montville Public School District. Our Medical Director for the AED program is Dr. He/she works directly with the Superintendent of Schools 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 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 Predetermined AED Providers is available in each school nurse's office, the principal's office and in the office of the Superintendent of Schools. The Predetermined AED Providers are school nurses and any other person who has received AED training (American Heart, American Red Cross, or an equivalent training), has a completion card on file with the Superintendent of Schools of the Montville Public Schools, has received and read the Montville Public Schools policy and administrative procedures 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

Superintendent of Schools

**MONTVILLE PUBLIC SCHOOLS
Montville, Connecticut**

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

Registry # _____

PSAP # _____

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) REGISTRY FORM

(Required by Public Act 98-62 – Please print or type – Use one form per AED)

Name of Owner _____

Mailing Address _____

Name of Contact Person _____

Telephone # _____ Fax # _____

AED Manufacturer _____ Model _____ Serial # _____

Name of Prescribing Physician _____

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. _____

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