

# AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROCEDURE MANUAL TEMPLATE



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# STATE REQUIREMENTS

R.S. 40:1137.3 is the Louisiana law that outlines the responsibilities of persons in possession of AEDs. This law puts in place guidelines for maintenance, medical oversight, training for staff, development of emergency plans, sharing of information about onsite AEDs with emergency responders, and what to do in the event an AED is used. This law also contains specific guidelines for primary and secondary schools in Louisiana. Below are the highlights of R.S. 40:1137.7 that are specific for LEAs.

LEA requirements are listed below and must ensure the following are implemented when the LEA is in possession of an AED:

- The AED is maintained and tested according to the manufacturer's guidelines.
- A licensed physician or advanced practice nurse (nurse practitioner) who is authorized to prescribe is involved in the possessor's program to ensure compliance with the requirements for training, EMS notification, and maintenance.
- Expected AED users receive appropriate training in CPR and AED use from a nationally recognized course in CPR and AED use.
- Expected AED users are persons designated by the possessor (school) to render emergency care.
- EMS system (911) is activated as soon as possible when an individual renders emergency care to a victim in cardiac arrest by using an AED.
- After an AED is used in an event, the possessor will report it to their designated licensed physician or advanced practice registered nurse (nurse practitioner).
- Any possessor of an AED will report to their local EMS such as a 911 service, local ambulance service, or fire department of the acquisition, onsite location in their building, and the type of AED (brand).

For elementary, middle, and high schools the law also outlines the following:

- Must have a "cardiac emergency response plan" prepared by each principal jointly with local emergency responders.
- The plan shall focus on prevention of loss of life and include:
  - o Establishing a cardiac emergency response team
  - o Activating the team in response to a sudden cardiac arrest
  - Implementing AED placement and routine maintenance within the school
  - o Maintaining ongoing staff training in CPR and AED use
  - o Practicing using drills
  - o Integrating local EMS with the plan
  - o Annual review and evaluation of plan

In accordance with state	law, either a licensed physician or a lice	ensed nurse practitioner must oversee any
entity's automated extern	nal defibrillator program. Medical overs	sight of the
	School Board Automated Ext	ternal Defibrillator Program will be
provided by	with the	He/she can be reached at
PROGRAM COORDINAT	OR	
The school district should	d designate an AED Program Coordinate	or. The designee for this school district
will be	He/she can be rea	ached at

**MEDICAL OVERSIGHT** 

### **AED PLACEMENT AND MAINTENANCE**

# **LOCATION OF AEDS IN SCHOOLS**

As per R.S. 40:1137.3, "each elementary, middle, and high school shall have an AED on its premises in an easily accessible location." Schools will have at least one AED on site. The location of the AEDs at each school will be determined by the Principal. It is recommended that an AED is located in an area where the incidence of sudden cardiac arrest may be higher, such as a gym or it can be located in the office area. Keep in mind, if the device is locked, that the key must be accessible to staff in the event of an emergency. The AED must be kept out of reach of children but accessible to any staff member in the event of an emergency. Familiarize staff with the location of all AEDs in the school. If an alarm cabinet is used for storage of the AED, it must also be maintained monthly to ensure the alarm goes off when the cabinet door is opened. For AEDs that will travel with student athletes to away games, ensure that these are also checked monthly by either the athletic director or another designee. Remember that at least one AED should remain on site at each school.

### MONTHLY MAINTENANCE CHECKLIST

A monthly maintenance checklist will be performed on all AEDs and AED alarm cabinets. The school shall designate one person at the school site who will be responsible for checking the devices and maintaining an AED maintenance log. See manufacturer's recommendation on how to check the AED device.

AED AND AED ALARM CABINET MONTHLY CHECK LOG SCHOOL: AED SERIAL NUMBER **AED SERIAL NUMBER AED SERIAL NUMBER** LOCATION LOCATION LOCATION POWERS ON/Pads Exp. POWERS ON/Pads Exp. ALARM ON DATE: **INITIALS** DATE: **INITIALS** DATE: **INITIALS** AUG SEPT OCT NOV DEC JAN FEB MAR APR MAY **AED SERIAL NUMBER AED SERIAL NUMBER** AED SERIAL NUMBER LOCATION LOCATION LOCATION POWERS ON/Pads Exp. POWERS ON/Pads Exp. **ALARM ON** DATE: INITIALS DATE: INITIALS DATE: **INITIALS** AUG SEPT OCT NOV DEC JAN FEB MAR

Trou	blesh	ooting:

APR MAY

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AED AND AED ALARM CABINET MONTHLY CHECK LOG SCHOOL:

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	DATE:	INITIALS	DATE:	INITIALS	DATE:	INITIALS
AUG						
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OCT						
NOV DEC						
JAN						
FEB						
MAR						
APR						
MAY						
	ALARM CABIN LOCATION	ET	ALARM CABIN	IET	ALARM CAE	BINET
'	POWERS ON/P	ads Exp.	POWERS ON/F	Pads Exp.	ALARM ON	
	DATE:	INITIALS	DATE:	INITIALS	DATE:	INITIALS
AUG						
SEPT						
OCT						
FEB						
MAR						
APR						
MAY						
MAR APR						

Troubleshooting:

\_\_\_\_\_

# TROUBLESHOOTING/STAFF TRAINING

### TROUBLESHOOTING OF THE AED

Any problems noted with the AED device will be reported immediately to the Principal. The Principal or principal's designee will refer to the AED manufacturer's maintenance manual for troubleshooting. If the device still does not work after troubleshooting, the Principal will notify the Program Coordinator. The Program Coordinator will contact the manufacturer for further assistance.

If the alarm cabinet does not work, replace the batteries. If the device still does not work, the Principal will notify the Program Coordinator. Any trouble shooting of the AED or the Alarm cabinet must be documented on the monthly maintenance log.

## STAFF TRAINING

Only staff trained in CPR and the use of the AED will be allowed to use the AED in an emergency situation. All staff will be encouraged to take a CPR course either by the American Heart Association or by the American Red Cross which are "nationally recognized courses in CPR and AED use" (R.S. 40:1137.3 Section 3 (a). These courses must be renewed every two years and is the responsibility of the employee who is the expected AED user to maintain a current status. The Principal at the school may require that staff take a CPR course due to assigned job duties.

# **USING AN AED IN AN EMERGENCY**

### **EMERGENCY RESPONSE PLAN**

An emergency can occur anywhere in a school, on the baseball field or football field, in the classroom or the cafeteria. No matter where the emergency occurs, staff must be prepared to act in a timely manner. In the event of an emergency, a plan must be in place at all schools and staff identified to be on the cardiac emergency response team. These team members should be trained in CPR and be prepared to respond in an emergency. A team should consist of three or more people.

Cardiac Emergency Response Team Members:

1.	
2.	

The following plan can be utilized at all area schools and must be shared and reviewed annually with local EMS.

\_\_\_\_\_SCHOOL CARDIAC EMERGENCY RESPONSE PLAN

In the event a student or adult collapses in the classroom and is unresponsive, the following steps should be taken:

- 1) Using either the phone in the room or a cell phone, someone should call 911.
  - a) Confirm the location of the victim.
  - b) Confirm the situation with the 911 operator.
- 2) Use a second phone or send a student to the adjacent room to call the front office and notify the principal.
  - a) The front office should overhead page for the First Responder Team to respond to the affected classroom.
  - b) The principal's office will also send someone with the Automated External Defibrillator (AED) to the classroom.
  - c) Someone should be placed outside to direct EMS to the proper location.
- 3) Assess the victim: airway, breathing and circulation
- 4) Initiate CPR, if needed, while the AED is brought to the scene.
- 5) Upon arrival, place the AED near the victim's head, close to the AED operator
- 6) Prepare to use the AED.
  - a) Make sure power is on.
  - b) Bare and prepare the chest for AED use.
  - c) Attach the AED to the victim, considering appropriate use of pediatric or adult pads.
  - d) Stop CPR while the device analyzes the heart rhythm.
  - e) Follow the device prompts for further action. If a shock is indicated, be sure all rescuers and bystanders are "clear" before the shock is administered.
  - f) If no shock is indicated, follow prompts to reassess and continue CPR.
- 7) Upon arrival, EMS shall take charge of the situation.
  - a) Provide victim information: name, age, known medical problems, and time of incident.
  - b) Provide information as to current condition and number of shocks administered.

\*If the victim has suffered any trauma or a fall, the victim should not be moved unless the scene is unsafe.

\*Prior to EMS arrival, someone in the administrative office should get the victim's emergency contact information from their file.

### POST EVENT PROCEDURES

Send completed post event form to the Program Coordinator. The Program Coordinator will send the report to the physician or advanced practice nurse overseeing the AED program for the schools.

Putting the AED back into service after it is used in a medical emergency is very important. Make sure the following is done as soon as possible to get the AED in working order:

- Check and replenish supplies as appropriate (includes pads, towel, and gloves)
- Clean and disinfect the device. May wipe down with an antiseptic cleaner or you may use one part bleach to 9 parts water solution to wipe down the device. Leave solution on for at least 10 minutes then wipe dry to kill all germs.
- Check the battery and replace if needed.
- Check the device and housing for cracks or other damage.
- Return the AED to its designated place.

For any questions on any of these procedures contact the Program Coordinator.

# **POST EVENT FORM**

PATIENT NAME:				
ADDRESS:				
AGE:	DATE OF BIRTH:			
DATE:	Time of incident:			
Location of incident:				
Time of arrival at patient's side:				
WAS THE COLLAPSE OF THE PA	TIENT WITNESSED? Yes / NO			
SIGNS OF TRAUMA? Yes / No	, ,			
CPR PERFORMED? Yes / No	BY WHOM?			
POSITION PATIENT FOUND? (I.e.	lying, sitting)			
SHOCK GIVEN BY AED Yes / No If Yes, HOW MANY?				
TIME OF ARRIVAL OF EMS:				
AED Problems? Yes / No If YES,	explain:			
SIGNATURE OF PERSON COMPL	ETING REPORT DATE			

SEND COPY OF COMPLETED REPORT TO PROGRAM COORDINATOR

# **MEDICAL OVERSEER SIGNATURE FORM**

l,	, have read the Automated
(Please print) External Defibrillator Procedure Manual for contents.	Schools and agree with its
contente.	
Signature	Date