Ichabod Crane Central School District

AED's (AUTOMATED EXTERNAL DEFIBRILLATION)

Policy

In order to enhance safety measures for the staff, students, and guests within the Ichabod Crane Central School District, the district has instituted a Public Access Defibrillation program (the "PAD Program"). The following procedures are designed to ensure that the Ichabod Crane Central School District personnel who operate the automated external defibrillators ("AED") are properly trained, that all AED equipment is maintained in good operating condition, and that all New York State laws, rules, and regulations applicable to the program are strictly adhered to by the District.

AED Program Coordinator

The PAD Program Coordinator for the Ichabod Crane Central School District shall be the Nursing Coordinator. The PAD Program Coordinator is responsible for the implementation of each section of this procedure.

Signage

A sign or notice is required to be posted at the main entrance of a facility in which an AED is stored or maintained on a regular basis. The law is silent as to the specifications of the sign or notice used to communicate the location of the AED(s) within the structure. However, it is expected that the sign will be easily legible upon entrance to the structure. If there are multiple entrances that could be considered a main entrance, then a sign or notice must be placed at each of those entrances. The Director of Facilities is responsible for ensuring that the proper signs are placed at the entrance of each school building.

Training

1. All Authorized Personnel (i.e. Administrators, Health Office staff, Athletic staff, and other trained personnel) should successfully complete a training course in the operation of AEDs designed by a nationally recognized organization that is approved by the New York State Department of Health for the purpose of training people in the use of AEDs. The school district shall train an adequate number of employees and administrators to ensure that a trained staff person is present whenever school facilities are used for school-sponsored or school approved curricular, extra-curricular events or activities, and whenever a school-sponsored athletic contest is held at any location.

2. All Authorized Personnel must maintain a file with the District which contains a written certification card or other evidence that they successfully completed an approved AED training course.

3. Only Authorized Persons with a current and effective certification may operate an AED unit.

4. All Authorized Personnel shall be familiar with, and trained to use, the specific model of AED units owned by the District.

Locations

The Ichabod Crane Central School District has 14 AED Units, which are available in the following locations:

High School (4)
1. Lifepak, Gym Entrance Lobby
2. Lifepak, Health Office
3. Lifepak, Science 400 Wing Hallway
4. Lifepak, Nurse Grab-Go Medical Bag

Athletics (3)
1. Lifepak, High School Health Office Closet
2. Lifepak, High School Health Office Closet
3. Lifepak, High School Health Office Closet

Middle School (2)
1. Lifepak, Hallway Library Entrance
2. Lifepak, Cafeteria Hallway

Primary School (2)
1. Lifepak, Hallway next to Room 209
2. Lifepak, Entrance Lobby

Maintenance (2)
1. Lifepak, Maintenance Shop, Mail Room
2. Lifepak, Maintenance Shop, Concession Stand

Transportation (1)
1. Lifepak, Bathroom Lobby

Units are placed in a cabinet. Placement of units varies by building but all units are within the four to five-minute response time as recommended by the New York State Education Department. AED alarm keys shall be maintained by each building health office and the buildings and grounds department.

If the Ichabod Crane Central School District elects to obtain additional AEDs, this policy shall be amended to reflect such additions and the location at which they shall be employed.

Maintenance and Inspection of AED Unit(s)

All AED units shall be kept protected in their cases, as supplied by the manufacturer, and shall be kept in a clean, warm, and dry location at all times when not in use.

Periodic Inspections

Each school's nurse shall be responsible for periodic inspections of the AED in the building. The Athletic Director's designee shall be responsible for monthly inspections of AEDs within the athletic department. All AED inspections shall be documented on the corresponding AED inspection checklist (Appendix 1). Inspections shall include the following:

1) Ensure the cabinet is secure and AED is in place
2) Check the status indicator light
3) Examine the units for defects

4) Ensure the adequacy of the supplies and accessories

Problems noted during the inspection process shall be reported immediately to the Assistant Director of Facilities and Operations. In the event that a unit is found to be defective, arrangements must be made to have a replacement AED unit provided until the AED unit is serviced or repaired and is fully functional again. The monthly inspection forms shall be kept in the with the High School Nurse.

Other Inspections

All AED units must be inspected after each use of the unit.

Maintenance

The Department of Buildings and Grounds and the PAD coordinator are responsible for monitoring and purchasing batteries and pads so that the AED units remain in an operational state.

Fire Drills and Evacuations

In the event of building evacuation, Health Office staff shall be responsible for bringing AED units to the command post.

In the Event of Emergency

The goal is to improve an individual's chance of survival after experiencing sudden cardiac arrest.

Procedure After Onset of Cardiac Event

1. Responder calls for assistance and requests an AED. The responder shall notify the main office of the location and details of the event.

   The responder will assess the safety of the incident scene and take universal precautions as necessary. If the scene is safe and precautions in place, the responder should assess the patient status if:
   a. Patient is alert/conscious: Place person in position of comfort and monitor until EMS arrives.
   b. Patient is unconscious: Initiate CPR protocols if properly trained.

2. Main Office staff, or authorized personnel, will:
   a. Notify emergency services by calling 911, providing any details given.
   b. Alert authorized person if one is not currently at the incident.
   c. Notify Superintendent's Office of the incident and any known details.

3. AED authorized person will (until arrival of EMS):
   a. Report to the location with AED device, assess scene safety and take universal personal precautions.
   b. Assess the patient status. If CPR is in progress, assist in administration and prepare AED unit for use.
   c. Apply AED unit and defibrillate if indicated, following prompts as provided

Contraindications:

PATIENT IS CONSCIOUS
PATIENT IS BREATHING
PATIENT HAS PULSE

d. Continue CPR if warranted and monitor the patient's status until EMS arrives.
e. Authorized personnel will complete the district's AED report prior to the departure of the responding EMS agency.

4. After the incident, authorized personnel will meet and assist in developing a de-escalation plan with the Post-Incident Team if warranted.

After the Arrival of Medical Assistance

1. After the emergency medical service assistance has reached the location of the emergency, the Ichabod Crane Central School District employees who have been attending to the emergency situation shall remain at the scene to assist the emergency medical service personnel.

2. The Ichabod Crane Central School District and the emergency health care provider ("Medical Director") with which the Ichabod Crane Central School District has entered into a collaborative agreement related to this program, must file reports with respect to each incident involving the use of an AED. It is imperative that the information be retrieved after any AED unit's use.

Documentation Requirements

In the event that any AED is used, the following steps are required:

1. The Ichabod Crane Central School District Medical Director must be notified promptly and provided with all relevant data.

2. The employee must prepare an incident report (Appendix 2) to submit the data to the Medical Director.

Emergency Health Care Provider

The Ichabod Crane Central School District has entered into a collaborative agreement with the following medical director:

Dr. Stephen Krizar
Valatie Family Care

If the identity of the Medical Director changes, the Ichabod Crane Central School District shall enter into a collaborative agreement with the new Medical Director and shall submit the new agreement to REMSCO.

Quality Improvement Program

As Required by the NYS Health Department, the Ichabod Crane Central School District will participate in a regionally approved quality improvement program, the details of which can be obtained from the following location:

Regional EMS Council of the Hudson Mohawk Valleys Inc
431 New Karner Road
Albany, NY 12205
(518) 464.5097

Appendix 1

Ichabod Crane Central School District

AED Maintenance Check Sheet for Year of _____

Location of AED: _____

AED Information	Naloxone Information
Manufacturer:	Brand: Lot: Dose: Placement Date: Expiration Date:
Model #: Serial #:	
Pads Expiration Date: Battery Replaced on:	

Date	Cabinet secure	AED in place	Indicator light blinking	Naloxone Secure and all components useable	Signature

Appendix 2

Ichabod Crane Central School District
Automated External Defibrillation (AED)
Incident Report

Name of PAD Provider Organization:_____

_____

Date of Incident:_____/____/_____ Time of Incident:_____:_____ am/pm

Patient's Age:_____ Patient's Sex: ( ) Male ( ) Female

CPR prior to Defibrillation: ( ) Attempted ( ) Not Attempted

Cardiac Arrest: ( ) Not Witnessed ( ) Witnessed by Bystander ( ) Witnessed by AED

Estimated Time (in minutes) from Arrest to: CPR _____:_____ Shock: ( ) Indicated ( ) Not Indicated

Estimated Time (in minutes) from Arrest to 1st shock _____:_____ Number of Shocks:_____

Additional Comments:_____

_____

_____

_____

Patient Outcome at Incident Site:

( ) Return of pulse and breathing
( ) Return of pulse with no breathing
( ) Return of pulse, then loss of pulse
( ) No return of pulse or breathing
( ) Became responsive
( ) Remained unresponsive

Name of AED Operator:_____ Transporting Ambulance:_____

Name of Facility Patient Transported to:_____

Name of Emergency Health Care Provider:_____

_____ _____
Signature of Health Care Provider Date of Report

This report is to be completed **within five (5) business days of use** of an AED.

The completed report must be mailed to:

Regional EMS Council of the Hudson Mohawk Valleys Inc
431 New Karner Road
Albany, NY 12205
(518) 464.5097

The information obtained from this report will be maintained as confidential Quality Assurance information pursuant to Article 30, Section 3004-A and 3006 of the Public Health Law of the State of New York.

	Hudson Mowhawk Valleys Regional EMS Council 33 Airport Center Drive Suite 204 New Windsor, NY 12553

Public Access Defibrillation
Collaborative Agreement

This document shall serve as a collaborative agreement between the _____ , (Hereafter referred to as "Entity Providing PAD") and the Entity Providing PAD's medical director / emergency health care provider. This document shall meet the provisions set forth in Section 3000-B Article 30 of the Public Health Law of the State of New York for the provisions Automated External Defibrillator (AED).

PURPOSE:

Entity Providing PAD is participating in Public Access Defibrillation to insure that as many employees as necessary can be trained in the use of an Automated External Defibrillator (AED). This training will be provided for the acquisition, deployment, and use of an AED(s) within the facility in an effort to reduce the number of deaths associated with sudden cardiac arrest.

MEDICAL DIRECTOR / EMERGENCY HEALTH CARE PROVIDER:

Entity Providing PAD operates under the guidance of a medical director. This shall fulfill the requirements of an "emergency health care provider" as outlined on the New York State Department of Health form 4135 *Notice of Intent to Provide PAD.*

TRAINING:

Entity Providing PAD has adopted the _____*(Hereafter referred to as "Appropriate Training Program")* guidelines for PAD and the training of employees in the use of the AED. All emergency response personnel and any other interested persons MUST successfully complete the required training course. All personnel must complete refresher training in accordance with the guidelines set forth by the training program. The trained employees shall be familiar with the location of the AED and perform regularly scheduled inspections (as recommended by the manufacturer) on the unit.

PROTOCOL FOR USE OF AED:

Entity Providing PAD has adopted the *Appropriate Training Program's* AED Treatment algorithm for the use of the AED(s). The company's AED(s) shall be programmed to prompt the user and deliver counter shocks as outlined by the *Appropriate Training Program's* algorithm.

EMS NOTIFICATION:

Entity Providing PAD will notify the _____, _____ _____ and the _____ County Public Safety Answering Point (Dispatch Center) by mail of the placement and training for public access defibrillation. The_____ _____ County Public Safety Answering Point (Dispatch Center) will also be notified in the time of emergency.

DOCUMENTATION AND QUALITY IMPROVEMENT:

Anytime the AED is used in the resuscitation efforts of a patient, the operator shall complete a written report it shall be photocopied for the company's records and mailed to the REMSCO for data collection. This will be done as soon as possible to allow for further compilation of data as well as review of the incident. The address to return this information is:

Regional EMS Council of the Hudson Mohawk Valleys Inc
431 New Karner Road
Albany, NY 12205
(518) 464.5097

All incidents involving the use of the AED shall be reviewed by the Entity Providing PAD's Medical Director / Emergency Health Care Provider, as well as the Regional EMS Council of the Hudson Mowhawk Valleys (REMSCO) in an effort to continue providing better care to future patients.

SUMMARY:

Entity Providing PAD is participating in Public Access Defibrillation in an effort to provide progressive quality emergency medical care to the employees, students and / or visitors who have experienced cardiac arrest. A number of employees will be trained to the standards of the *Appropriate Training Program* to perform CPR and utilize an AED in accordance with these provisions in an effort to lessen the number of deaths caused by sudden cardiac arrest.

AUTHORIZATION NAMES AND SIGNATURES:

_____ _____

(Print) Entity Providing PAD President / CEO / Director of Operations **Date**

_____ _____

(Sign) Entity Providing PAD President / CEO / Director of Operations **Date**

_____ _____

(Print) Medical Director / EHCP Representative **Date**

_____ _____

(Sign) Medical Director / EHCP Representative **Date**