

**POLICY****DATED: June 17, 2013**

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**Use of Automated External Defibrillator(s)**

## Purpose:

To provide guidance in the management or administration of a school-based AED program.

Sudden Cardiac Arrest (SCA) is 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).

An AED is used to treat victims who experience SCA. It is only applied to victims who are unconscious, without pulse, signs of circulation and normal breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

## Scope

This Policy is in compliance with N.J.S.A. 2A:62A-25 through 27.

## Procedure

## A. Health/Safety Officer Responsibilities

The Health Safety Officer of the AED Program is the Certified School Nurse and the School Physician. The Health Safety Officer of the AED Program is responsible for:

1. Selecting the members of the Medical Emergency Response Team (MERT).
2. Notifying the local EMS providers about the existence of the AED program and the location of the AED(s).
3. Maintaining records of the team members.
4. Notifying the School Business Administrator of needed equipment and accessory maintenance.
5. Making revisions of the policies and procedures as needed in consultation with the School Nurse and the school physician.
6. Monitoring the effectiveness of the system.
7. Giving the Superintendent, School Nurse and staff a list of CPR and AED Certified Staff.
8. Semi-Annual Medical Emergency Drills – Each member must know their responsibility - there should be 2 or 3 extra members to fill in any member absence

## B. School Physician Responsibilities:

The school physician is responsible for:

1. Providing medical direction for the use of the AED.

2. Writing an annual prescription for the AED.
3. Reviewing and approving guidelines for emergency procedures related to the use of AED(s) and CPR.
4. Review and evaluation of post-event forms and digital files downloaded from the AED.

C. Authorized AED Users

The AED Users are responsible for:

1. Receiving approval from the Health Safety Officer to be an authorized AED user and an approved member of MERT.
2. Successfully complete all required training to be a MERT member including Successfully completing an approved CPR and AED training program within the past two years and possessing a current successful course completion card.

D. Initial Training

MERT Members:

1. Must complete training adequate to provide CPR and AED. AED training must be a course approved by the State Department of Health-Office of Emergency Medical Services as required by law. MERT members will also be trained in universal precautions against Bloodborne pathogens. The members shall be offered Hepatitis B vaccination as required by law. The Health Safety Officer shall maintain training records for the MERT members.
2. MERT members will renew their CPR and AED training every two years.

E. Medical Emergency Response Team (MERT) Responsibilities

Members of the MERT are responsible for:

1. Call 911 while activating the internal emergency response system and providing prompt basic life support including AED and first aid according to training and experience.
2. A member(s) of the MERT is responsible for responding directly to the location of the emergency and, if necessary, perform CPR until the AED arrives.
3. A member(s) of the MERT is responsible for bringing to the location of the emergency the AED, and any other first aid supplies according to the members training and experience.
4. A member(s) of the MERT is responsible for meeting the responding EMS personnel and directing them to the scene of the medical emergency.

F. Secretary/Office Personnel or Principal Responsibilities

The Secretary/Office Personnel or Principal is responsible for:

1. Receiving emergency medical calls from internal locations.
2. Contacting the local community 911 for medical assistance.
2. Contacting and activating the designated Medical Emergency Response Team (MERT) members and deploy them to the location of the emergency.
4. Call the child's parent or staff member's emergency contact person
5. Call the Superintendent's office
5. Call the AED Company to download the event data from the AED  
LIFEPACK CR Plus – 800-442-1142 – Ask for technical support  
TEAMLIFE – 732-946-4243 (AED in GYM & Cafeteria)  
Call both companies every 6 months to verify the phone numbers are correct.

#### Equipment

- A. Approved Equipment – Refer to Emergency directions on AED cabinet back wall  
The Automated External Defibrillators (AEDs) Powerheart G3 and the Lifepack have been approved for this program. Both AEDs conform to the state standards. Each contain a kit containing trauma shears, razor, gloves, face barrier mask, incident report and a pen.
  1. The AED will be brought to all medical emergencies when the victim displays any of the following symptoms:
    - (a) Victim is unresponsive;
    - (b) Victim is not breathing, or is breathing ineffectively;
    - (c) Victim has no signs of circulation such as pulse and coughing, or movement. The AED will be placed on the victim only after the above symptoms of cardiac arrest are confirmed by MERT.

Outside groups using our school building have permission to utilize the AED's for medical emergencies provided they follow the guidelines in the Board of Education's Use of Facilities Policy (1330).

Any persons) using our building within the guidelines of our Use of Facilities Policy may use our AED but said person must hold a current AED certification.

#### Locations of Automated External Defibrillators (AEDs)

1. Cafeteria – inside main (hallway) entrance on left side on wall
2. Nurses office – Open hallway door on the right side wall
3. Gymnasium – inside main (hallway) entrance on left side on wall

#### Documentation

- A. Medical Response Documentation
  1. Internal Post Event Documentation:
 

It is important to document each use of the medical emergency response system. A member of the MERT team shall submit a written record detailing the event in which the AED was used.
  2. External Post Event Documentation:

Medical emergencies involving the use of the AED require special

documentation. Any and all patient information generated during AED use must be collected into the patient's confidential medical file. A copy of the AED use information shall be presented to the School Physician of the AED program within 72 hours of the emergency. At a minimum, event information supplied shall include any recorded data, and all electronic files captured by the AED.

B. Monthly System Check

Once each calendar month the Health Safety Officer or designee shall conduct and document a system check. These records shall be retained on the file. The monthly system check shall include no less than the following elements:

1. AEDs are at their assigned locations
2. AED electrodes will not expire within the next two months
3. AED battery will not expire within the next two months
4. AED status indicator reads "OK" and
5. Make sure response kit is attached to AED

C. Annual System Assessment

Once each calendar year the Health Safety Officer, in consultation with the school physician, shall conduct and document a system readiness review. This shall include no less than the following elements:

1. Training records (copy of the current CPR certification)
2. MERT members must have re-certification every 2 years
3. Equipment, operational and maintenance records
4. Physician Medical Authorization records
5. Team Life will be in charge of annual on site maintenance and
6. Annual documentation of equipment expiration and training expiration will be provided by the Health Safety Officer

Forms for the Medical Emergency Response Team and floor plans showing AED Locations are included in the documentation for this policy

Dated: January 26, 2005

Updated: June 17, 2013

## Legal References

<input type="checkbox"/>	Monitored
<input checked="" type="checkbox"/>	Mandated
<input checked="" type="checkbox"/>	Other Reasons

### CHAPTER 51

AN ACT concerning sudden cardiac events and schools and supplementing Title 18A of the New Jersey Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey*:

C.18A:40-41a Schools required to have automated external defibrillator.

1. a. Notwithstanding the provisions of any law, rule, or regulation to the contrary, beginning on September 1, 2014, the board of education of a public school district and the governing board or chief school administrator of a nonpublic school that includes any of the grades kindergarten through 12 shall ensure that:

(1) each public or nonpublic school has an automated external defibrillator, as defined in section 2 of P.L.1999, c.34 (C.2A:62A-24), which is made available in an unlocked location on school property with an appropriate identifying sign. The defibrillator shall be accessible during the school day and any other time when a school-sponsored athletic event or team practice is taking place in which pupils of the district or nonpublic school are participating. The defibrillator shall be within reasonable proximity of the school athletic field or gymnasium, as applicable;

(2) a team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer, who is present during the athletic event or team practice, is trained in cardio-pulmonary resuscitation and the use of the defibrillator in accordance with the provisions of section 3 of P.L.1999, c.34 (C.2A:62A-25). A school district or nonpublic school shall be deemed to be in compliance with this requirement if a State-certified emergency services provider or other certified first responder is on site at the event or practice; and

(3) each defibrillator is tested and maintained according to the manufacturer's operational guidelines and notification is provided to the appropriate first aid, ambulance, or rescue squad or other appropriate emergency medical services provider regarding the defibrillator, the type acquired, and its location in accordance with section 3 of P.L.1999, c.34 (C.2A:62A-25).

b. A school district or nonpublic school and its employees shall be immune from civil liability in the acquisition and use of defibrillators pursuant to the provisions of section 5 of P.L.1999, c.34 (C.2A:62A-27).

C.18A:40-41b Emergency action plan.

2. a. The board of education of a public school district and the governing body or chief school administrator of a nonpublic school that includes any of the grades kindergarten through 12 shall establish and implement an emergency action plan for responding to a sudden

cardiac event including, but not limited to, an event in which the use of an automated external defibrillator may be necessary.

b. The emergency action plan shall be consistent with the provisions of section 1 of this act and also, at minimum, include the following:

(1) a list of no less than five school employees, team coaches, or licensed athletic trainers who hold current certifications from the American Red Cross, American Heart Association, or other training program recognized by the Department of Health and Senior Services, in cardio-pulmonary resuscitation and in the use of a defibrillator. The list shall be updated, as necessary, at least once in each semester of the school year; and

(2) detailed procedures on responding to a sudden cardiac event including, but not limited to, the identification of the persons in the school who will be responsible for: responding to the person experiencing the sudden cardiac event, calling 911, starting cardio-pulmonary resuscitation, retrieving and using the defibrillator, and assisting emergency responders in getting to the individual experiencing the sudden cardiac event.

C.18A:40-41c Rules, Regulations.

3. The State Board of Education, in consultation with the Commissioner of Health and Senior Services, and in accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations as may be necessary to implement the provisions of this act.

This act shall take effect immediately.

Approved September 19, 2012.

N.J.S.A. 18A:1-1	General Mandatory powers and duties
N.J.S.A. 18A:20-1	Employment of Medical inspectors, Optometrists and nurses; salaries; terms; rules
N.J.S.A. 18A:40-4	Examination of pupils; health records
N.J.S.A. 2A:6A-27	Immunity from civil liability for user of Defibrillator
N.J.S.C. 6:29-1.1 Et seq.	Health, safety and physical education

See particularly:

N.J.A.C. 13:37-62:21 U.S.C. s360(k)

Possible Cross References:

1330	Use of School Facilities
3516	School Safety
5141	Health

Recorder's Name: \_\_\_\_\_

### Estell Manor Board of Education AED Incident Report

Name of Victim: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Approximate Age of Victim: \_\_\_\_\_

Victim's Known Medical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one:                     Student  
                                   Bd of Ed Employee  
                                   Other

Circumstances of how victim was found:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who called "911": \_\_\_\_\_

Who Used AED: \_\_\_\_\_ How many Shocks were delivered? \_\_\_\_\_

Approximate time victim was placed in care of Emergency Medical Services: \_\_\_\_\_

Victim transported to which hospital: \_\_\_\_\_

Family Notified:     Yes  No

Name of one notified: \_\_\_\_\_ Phone of one notified : \_\_\_\_\_

Other Information:

\_\_\_\_\_  
\_\_\_\_\_

Signature of AED User: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)





AED MONTHLY MAINTENANCE CHECKLIST

YEAR _____												
MODEL NAME / NO.						SERIAL NO:						
LOCATION:												
Date:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Placement viable, unobstructed												
Wall cabinet alarm working properly												
Clean, no contamination noted												
Inspect exterior components for damage												
Status indicator: light / self test pass												
Visual / audible evicse alarm checked												
Verify battery installation & exp date												
AED pads present & in good condition												
*Adult pads (in date)												
*Child pads (in date)												
Pocket Mask available												
Ancillary supplies:												
*scissors												
*gloves												
*razor												
*absorbent towel												
Alarm Key is present												
Inspected by:												
Remarks, Problems, Corrective Actions:												

Signature / initials \_\_\_\_\_  
 Signature / initials \_\_\_\_\_  
 Signature / initials \_\_\_\_\_

This Checklist is designed to help you ensure that your AED will always be ready when you need it most. If you have any questions please refer to the User's Manual for more information and proper maintenance procedures.