

SPRAGUE SCHOOL DISTRICT

Baltic, Connecticut

ADMINISTRATIVE REGULATIONS REGARDING
AUTOMATIC EXTERNAL DEFIBRILLATORS**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 physiologic 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 — a person who is CPR and AED certified, and has a copy of his/her certification on record with the Sprague Public Schools.

II. Defibrillator Location

1. The Sprague Public Schools will have defibrillators in school buildings designated by the Sprague Board of Education.
2. The AEDs will be strategically placed and readily accessible to Predetermined AED Providers to maximize rapid utilization.
3. Contracted and other community activities utilizing school facilities are not guaranteed access to the AED as part of standard rental contracts.
4. Each AED within the District will be registered with the Baltic Fire Department and with the Connecticut Office of Emergency Medical Services through the use of Appendix VI of these Regulations.

III. Responsibility for Operation, Maintenance and Record-Keeping

1. 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. 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 School Nurse Supervisor or designee immediately.

COMMUNITY/BOARD OPERATIONS

2. After performing an AED check, the nurse shall indicate on the AED service log (Appendix IV) that the unit has been inspected and that it was found to be "In-Service" or "Out-of-Service".
3. The School Nurse or his/her designee shall be responsible for the following:
 - a) AED service checks during the 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 school year;
 - e) providing/scheduling training for all Board employees who require such training or would like to receive such training;
 - f) maintaining a list of all staff who are CPR/AED certified.
 - g) keeping all records concerning incidents involving the use of an AED;
 - h) maintaining copies of the certifications signed by CRP/AED certified providers regarding understanding of and agreement to comply with Sprague Board of Education AED policies and procedures (Appendix III);
 - i) reporting the need for revising the AED policy and administrative regulations to the Special Education Director and/or Superintendent;
 - j) assisting CPR/AED certified staff 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 Sprague 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;
- 2) Staff who work in the Athletic Department, including all athletic trainers, head coaches and the Athletic Director;
- 3) All building administrators; and
- 4) Volunteers from the faculty and staff at each school.

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 CPR/AED certified staff.

On an annual basis, Patrice Houle RN (Predetermined AED Provider) shall certify in writing that he/she has read the Sprague Public Schools AED policy and administrative regulations, and provide such certification and a copy of AED training completion documentation to the Superintendent. (Appendix III)

V. Procedures for Use of an AED

1. To the extent practicable, AEDs should be retrieved and used by CPR/AED certified staff or other trained emergency medical services personnel. In the event no CPR/AED certified staff 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: Connecticut General Statutes 52-557b Good Samaritan Law)
2. AEDs may only be used in medically appropriate circumstances.
3. In the event of use, the CPR/AED certified staff using the AED, or the school's Principal or his/her designee, shall, if possible, immediately notify the building nurse, the School Nurse Supervisor, the Superintendent of Schools, and the District Medical Adviser.
4. In the event of use, the CPR/AED certified staff 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 School Nurse Supervisor no later than 48 hours after the incident. The School Nurse Supervisor will forward a copy to the District's Medical Adviser.
5. In the event of use, the School Nurse Supervisor, or the school's nurse, shall promptly thereafter complete an AED check and 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. Any problems with the AED shall be immediately reported to the School Nurse supervisor or designee.

Policy Adopted: Nov. 2, 2011

APPENDIX III

CERTIFICATION OF COMPLIANCE WITH AED POLICIES AND PROCEDURES

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

Patrice Houle, RN, School Nurse Supervisor

Date: _____

APPENDIX V

AED AGENCY NOTIFICATION LETTER

To: Baltic Fire Chief

From: Sprague Public Schools

We would like to notify you and your department about a Public Access Defibrillator Program in the Sprague Public Schools District. Our Medical Director for the AED program is Ramindra Walia MD. S/He works directly with the school nurse supervisor 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 CPR/AED certified staff is available in each school nurse's office, the principal's office and in the office of the school nurse supervisor. The CPR/AED certified staff 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 school nurse supervisor of the Sprague Public Schools, has received and read the Sprague 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,

Superintendent

School Nurse Supervisor

APPENDIX VI

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 Avenue MS#12-EMS
P.O. Box 340308
Hartford, CT 06134-0308