

<p><b>DANBURY PUBLIC SCHOOLS</b> Danbury, Connecticut</p>	<p><b>REGULATIONS</b></p>	
<p><b><i>USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs)</i></b></p>	<p>Reviewed: 4/26/06 Revised: 4/14/10</p>	<p>Policy No. 3-704</p>

**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 symptoms, make medical diagnosis, and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visible prompts; and (D) does not require the user to employ any judgment or discretion in its use.

***Predetermined AED Provider*** – that person who is CPR and AED certified by the American Red Cross or the American Heart Association that has a copy of his/her certification on record with the Coordinator of Health Services for the Danbury Public Schools. Only individuals who have completed the required training as specified by state law and regulations will administer the device. Two or more persons in each building that houses an AED, including but not limited to a school nurse will be trained and certified in the use of the AED and will be available during normal school hours.

***Medical Oversight*** – Responsibilities provided by the district medical advisor/designee which include:

- Writing a prescription for the AEDs
- Reviewing and approving guidelines for emergency procedures related to the use of AEDs and CPR
- Evaluation of post event records

***Defibrillator Location***

The AEDs will be strategically placed and readily accessible to predetermined AED providers to maximize rapid utilization. After school hours the AED may be utilized for public access.

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***Requirements for AED Providers***

Predetermined AED providers shall be held accountable for the retrieval, use and return of the AED when it is used.

Predetermined AED providers will maintain certification in cardiopulmonary resuscitation and use of an AED. This training will be provided by the Danbury Board of Education. Written documentation will be submitted to the Coordinator of Health Services yearly. Teachers and other school personnel, who have fulfilled the training requirements of the policy, providing emergency first aid involving the use of the AED, shall be immune from liability if they meet the statutory requirements from immunity.

***Responsibility for Operation, Maintenance and Record Keeping***

The AED device shall be checked monthly by the school nurse and this check will be recorded on the service log (*Appendix 1*). It will be the nurse’s responsibility to verify that the unit is in the proper location, that it has the appropriate equipment and that it is ready for use. If the nurse notes any problems the nurse must contact the Coordinator of Health Services immediately.

In the event of use, the AED shall be wiped clean; electrodes will be replaced and reconnected to the device. The provider shall also notify the Superintendent of Schools, the district Medical Advisor and the Coordinator of Health Services. The AED provider should complete a copy of the AED incident report (*Appendix 2*). The report should be forwarded to the Superintendent of Schools and the Coordinator of Health Services within 24 hours. The Coordinator of Health Services will forward a copy to the District Medical Advisor or Designee.

All AEDs will be registered with the Office of Emergency Medical Services, Connecticut Department of Public Health and local EMS to ensure coordination of services (*Appendix 3*).

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<p><b><i>Event Response and Protocol</i></b></p> <p>In the event of a recognized cardiovascular emergency, the Emergency Medical Service System, 911, will be activated immediately upon discovery of a situation in which the use of an AED is anticipated.</p> <p>An announcement to alert school AED providers to report to a specific location will be made. All Staff members as part of the AED team will respond to assess the scene. CPR will be started immediately by the first responder to arrive and assess the scene. The AED will be brought to the scene by a school nurse or designee and applied as soon as cardiac arrest has been confirmed. An emergency response drill shall be conducted at least twice yearly and recorded on the service log.</p>		
<p align="center"><b><u>Emergency Procedures for Use of the AED at Athletic Events</u></b></p> <p>The Athletic Department will maintain an AED to utilize during athletic practices and after school events. Monthly inventory and maintenance of the AED will be performed by the Athletic Trainer under the direction of the Athletic Director.</p> <p>The Athletic Trainer, site supervisor and all coaching staff will maintain certification in CPR/AED. The Athletic Trainer will maintain the AED with him/her at all times.</p> <p>All coaches will have a cell phone and/or walkie talkie to contact the trainer immediately in the event of a serious injury or cardiovascular event.</p> <p>In the event of a medical emergency, the trainer will be immediately notified to come to the scene with the AED. If indicated CPR will be started immediately while 911 is called.</p> <p>The 911 dispatcher will be made aware of the location and nature of the incident and gates will be opened to provide easy access.</p> <p><i>Attachments: Appendix 1, 2 and 3</i></p>		



**Danbury Public Schools  
Danbury, Connecticut**

**AUTOMATIC EXTERNAL DEFIBRILLATOR  
INCIDENT REPORT**

**Name of person completing report:**

**Date report is being completed:**

**Date of Incident:**

**Time:**

**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.**

**Danbury Public Schools  
Danbury, Connecticut**

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

**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  
410 Capitol Avenue  
MS 12 EMS  
P.O. Box 340308  
Hartford, CT 06134**