

**EMERGENCY MEDICAL RESPONSE ACTION PLAN
FOR AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)
IN THE SCHOOL SETTING**

Introduction:

The School District of Bonduel shall utilize Automated External Defibrillator(s) (AED's) in response to a **S**udden **C**ardiac **A**rrest in the school setting. It is only to be applied to victims who are unconscious, without pulse, without signs of circulation, and without 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.

Purpose:

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

Training:

Any school district employee who is expected to provide emergency care will be trained in Cardiopulmonary Resuscitation (CPR) and AED use according to the American Heart Association or the American Red Cross standards.

AED Response:

- 1.) Conduct an initial assessment of the patient and environment.
- 2.) Assess breathing.
- 3.) Assess circulation.
- 4.) Begin treatment with the AED and/or CPR.
- 5.) Actions to take when the EMS arrives.

Storage and Accessibility:

The location should be readily identified and secure, yet easily accessible for adults.

Maintenance:

A designated employee shall regularly check the AED using a written maintenance plan per the manufacturer's recommendations.

Post-incident Procedure:

- 1.) A designated employee should
 - a. check the AED for damage, contamination, or missing parts.
 - b. restock / replace supplies immediately.
 - c. download the data from the internal memory to a PC.
 - d. return the defibrillator to its designated area for future use.
 - e. maintain patient confidentiality in accordance with state and federal regulations.
- 2.) Complete an AED Use Reporting Form.
- 3.) Conduct a debriefing meeting with key participants and document.

LEGAL REF.:

Wisconsin Statutes 895.48(4)(a)
146.50 (8g)
121.02 (1)(g)

Approved: 8/25/04

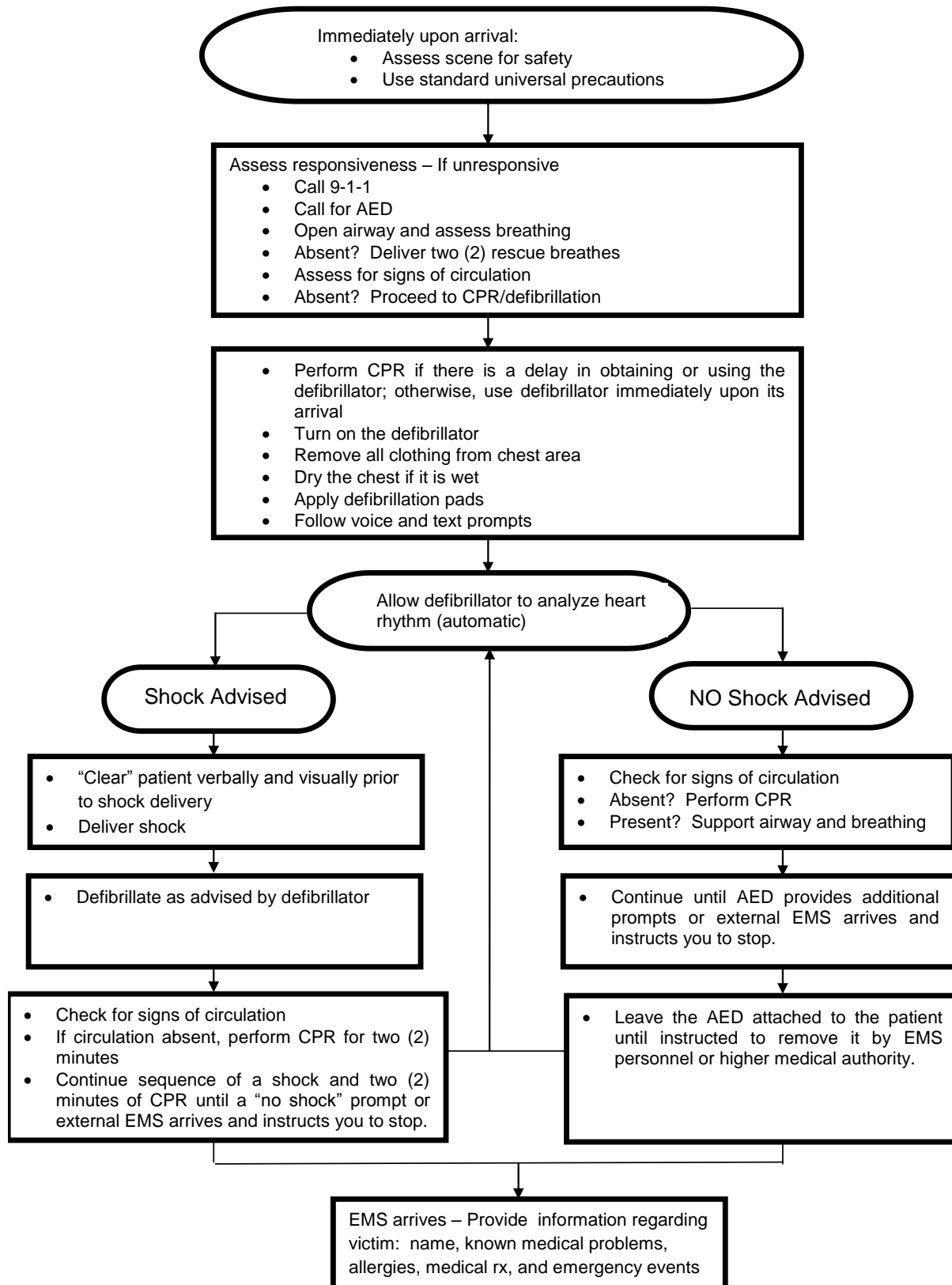
Revised: 7/20/15

Appendix B

Early Defibrillation Response Protocol and Flow Chart

- 1.) Conduct an initial assessment of the patient and environment.
 - a. Assess the scene for safety.
 - b. Use standard universal precautions.
 - c. Assess patient for unresponsiveness.
 - d. If unresponsive, activate EMS;
 - i. Call 911
 - ii. Call for AED
- 2.) Assess breathing.
 - a. Open airway.
 - b. Look, listen and feel for breathing.
 - c. If breathing is absent, deliver two rescue breaths.
- 3.) Assess circulation.
 - a. If signs of circulation are absent, provide CPR if trained. Continue CPR until the AED arrives.
- 4.) Begin treatment with the AED.
 - a. As soon as the AED is available, turn on the AED and follow prompts.
 - b. Remove all clothing from the chest area. Dry the chest if it is wet. Shave chest if excessive hair. If medication patches are present on patient's chest, remove with gloved hand and wipe the skin clean with a cloth. Avoid placing pads directly over nipple area, implanted pacemakers or internal defibrillators.
 - c. Apply defibrillation pads following the symbols on the pads.
 - d. Make sure the patient area is clear, and then deliver a shock to the patient when advised by the AED.
 - e. When advised by the AED, initiate / resume CPR.
 - f. Continue to perform CPR until otherwise prompted by the AED or EMS personnel.
- 5.) Actions to take when the EMS arrives.
 - a. Provide important information to the EMS providers.
 - i. Victim's name
 - ii. Known medical problems, allergies, or medical history.
 - iii. Time the victim was found, condition and vital signs if obtained.
 - iv. Type and time of intervention(s) provided, to include the number of shocks delivered and length of time the defibrillator was used.
 - v. Patient response to interventions and information from the AED screen.
 - vi. Any other pertinent information.

Early Defibrillation Response Protocol Flow Chart



Appendix C
Maintenance Checklist

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

MAINTENANCE CHECK LIST

BONDUEL SCHOOL DISTRICT

AED LOCATION: _____

SCHOOL YEAR: _____

MONTH / DATE	YEAR	INITIALS	Verify Battery Installation	Check The Status / Service Indicator Light	Note Absence of Visual / Audible Service Alarm	Inspect Exterior Components & Sockets for Cracks	Two Sets of AED Pads in Sealed Pkg/ Pad Pack & Check Expiration Date on Pad Pkgs	Pocket Mask With One-Way Valve - Examination Gloves - Razors - Absorbent Gauze or Hand Towels
AUGUST _____,	20_____							
SEPTEMBER _____,	20_____							
OCTOBER _____,	20_____							
NOVEMBER _____,	20_____							
DECEMBER _____,	20_____							
JANUARY _____,	20_____							
FEBRUARY _____,	20_____							
MARCH _____,	20_____							
APRIL _____,	20_____							
MAY _____,	20_____							
JUNE _____,	20_____							
JULY _____,	20_____							
Inspector's Signature:			Initials:					
Inspector's Signature:			Initials:					
Inspector's Signature:			Initials:					

Appendix D1
AED Use Reporting Form

Incident Details

Incident Date: _____ Incident ID: _____

Incident Time: _____

Site of Incident: _____

Shocks Delivered: _____ Device ID: _____

Device Type: _____

Patient Details

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Age: _____ Gender: _____

Witnessed arrest: yes ___ no ___

Breathing upon arrival of EMS responders: yes ___ no ___

Pulse upon arrival of EMS responders: yes ___ no ___

Additional Information

Defibrillator Operator: _____

Comments:

Report Completed By: _____ Date: _____

Appendix D2
AED After Use Maintenance Form

- Check the defibrillator visually for damage or missing parts.

- Check expiration date on the pad package and replace pads.

- Replace pocket mask and other supplies used.

- Check the battery fuel gauge to assure sufficient battery life.

- Retrieve rescue data (if applicable)

- Return the defibrillator to its designated area for future use.

Conducted by: _____ Date: _____

APPENDIX E
Post-Incident Debriefing Form

List of participants present during event:

Actions that went well:

Opportunities for improvement:

Completed by: _____ Date: _____