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 Sudden Cardiac Arrest 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
APPENDICES

A. Defibrillator Location and Equipment Sheet
B. Early Defibrillation Response Protocol and Flow Chart
C. Maintenance Checklist
D. AED Use Reporting Form and AED After Use Maintenance Form
E. Post-Incident Debriefing Form

Appendix A
Defibrillator Location and Equipment Sheet

<table>
<thead>
<tr>
<th>Building / Location</th>
<th>Accessories</th>
<th>Defibrillator Model #</th>
<th>Defibrillator Serial #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonduel Elementary School Hallway by office</td>
<td>Patches for &lt; 8 yr old (&lt;55 lbs) &amp; adult</td>
<td>Philips Heart Start HS1</td>
<td>M5066A</td>
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<tr>
<td>Bonduel Middle School Hallway by office</td>
<td>Adult patches</td>
<td>Philips Heart Start HS1</td>
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<td>Bonduel High School Outside office</td>
<td>Adult patches</td>
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<td>Bonduel High School Fitness Center</td>
<td>Adult patches</td>
<td>Philips Heart Start HS1</td>
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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

Immediately upon arrival:
- Assess scene for safety
- Use standard universal precautions

Assess responsiveness – If unresponsive
- Call 9-1-1
- Call for AED
- Open airway and assess breathing
- Absent? Deliver two (2) rescue breathes
- Assess for signs of circulation
- Absent? Proceed to CPR/defibrillation

- Perform CPR if there is a delay in obtaining or using the defibrillator; otherwise, use defibrillator immediately upon its arrival
- Turn on the defibrillator
- Remove all clothing from chest area
- Dry the chest if it is wet
- Apply defibrillation pads
- Follow voice and text prompts

Allow defibrillator to analyze heart rhythm (automatic)

Shock Advised
- “Clear” patient verbally and visually prior to shock delivery
- Deliver shock
- Defibrillate as advised by defibrillator

NO Shock Advised
- Check for signs of circulation
- Absent? Perform CPR
- Present? Support airway and breathing

Check for signs of circulation
- If circulation absent, perform CPR for two (2) minutes
- Continue sequence of a shock and two (2) minutes of CPR until a “no shock” prompt or external EMS arrives and instructs you to stop.

EMS arrives – Provide information regarding victim: name, known medical problems, allergies, medical rx, and emergency events
# Appendix C

## Maintenance Checklist

### AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

#### MAINTENANCE CHECK LIST

BONDUEL SCHOOL DISTRICT

<table>
<thead>
<tr>
<th>AED LOCATION: ________________________________</th>
<th>SCHOOL YEAR: ________________</th>
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<tr>
<th>MONTH / DATE</th>
<th>YEAR</th>
<th>INITIALS</th>
<th>Verify Battery Installation</th>
<th>Check The Status / Service Indicator Light</th>
<th>Note Absence of Visual / Audible Service Alarm</th>
<th>Inspect Exterior Components &amp; Sockets for Cracks</th>
<th>Two Sets of AED Pads in Sealed Pad Pack &amp; Check Expiration Date on Pad Pkg</th>
<th>Pocket Mask With One-Way Valve - Examination Gloves - Razors - Absorbent Gauze or Hand Towels</th>
<th>Initials:</th>
<th>Inspector's Signature:</th>
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Inspector's Signature: 

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Inspector's Signature:
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:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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Actions that went well:
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Opportunities for improvement:
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Completed by: ___________________________ Date: ________________