

**Series 1000
Community/Charter School Operations**

POLICY REGARDING AUTOMATIC EXTERNAL DEFIBRILLATORS

[Note: The school is not required to have automatic external defibrillators or provide training to employees if federal, state or private funding is not made available for the purchase of an automatic external defibrillator and for the training of school personnel. The school may accept a donation of an automatic external defibrillator that meets the standards established by the United States Food and Drug Administration and is in compliance with the device manufacturer's maintenance schedule. The school may also accept gifts, grants and donations, including in-kind donations designated for the purchase of an automatic external defibrillator and for the costs incurred to inspect and maintain such device and train staff in the use of such device. Conn. Gen. Stat. § 10-212d (d).]

In order to assist individuals who may experience sudden cardiac arrest or a similar life-threatening emergency during the school's normal operational hours, during school-sponsored athletic practices and athletic events taking place on school grounds, and during school sponsored events not occurring during the normal operational hours of the school, **ISAAC** maintains automatic external defibrillators and school personnel trained in the operation of such automatic external defibrillators and the use of cardiopulmonary resuscitation. It is the policy of **ISAAC** to support the use of these automatic external defibrillators and trained school personnel during medically appropriate circumstances.

Requirements concerning the use and maintenance of AEDs are set forth in the accompanying Administrative Regulations as may be supplemented by or amended by the Administration from time to time.

For purposes of this policy and the accompanying regulations, an AED is a device that:

- 1) is used to administer an electric shock through the chest wall to the heart;
- 2) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary apply therapy;
- 3) guides the user through the process of using the device by audible or visual prompts; and
- 4) does not require the user to employ any discretion or judgment in its use.

Legal References:

Connecticut General Statutes

§ 19a-175 Definitions

§ 52-557b Good Samaritan Law

§ 10-212d Availability of Automatic External Defibrillators in Schools

Regulations of Connecticut State Agencies
Department of Public Health § 19a-179-1 et seq.

ADOPTED: 9/12/12
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10/1/2012
9/6/16

ADMINISTRATIVE REGULATIONS 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.

AED certified person— a person who is certified in the operation of automatic external defibrillators and the use of cardiopulmonary resuscitation, and has a copy of his/her certification on record with **ISAAC**.

II. Defibrillator Location

1. **ISAAC** will have defibrillators and at least one AED certified person in the school building.
2. The AEDs will be strategically placed and readily accessible to maximize rapid utilization.
3. **[Include if the school has only one AED, rather than a separate portable AED for the Athletic Department or other school-sponsored events occurring after the school's normal operational hours]**. After school hours, the AED may be moved from its designated location by an AED-certified athletic trainer/coach/or other designated school staff member to support athletic department activities on school grounds or other school sponsored activities. A visible sign must be left in the place of the AED with the phone number and the location of the individual having possession of the AED. The AED must be returned to its designated location upon completion of the supported activity.

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 **[Executive Director]** or designee immediately to report the problem.

2. After performing an AED check, the nurse shall indicate on the AED service log (Appendix III) 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) training, or scheduling training, for all charter school employees who require such training or would like to receive such training;
 - f) maintaining a list of AED certified persons;
 - g) maintaining all records concerning incidents involving the use of an AED;
 - h) maintaining of copies of the certifications signed by the AED certified persons (Appendix IV);
 - i) reporting the need for revising the AED policy and administrative regulations to the [**Executive Director**] or designee.

IV. Training for AED certified persons

ISAAC will provide initial training or refresher training 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) Other designated faculty and staff at the 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 a AED certified person. **[Note: Additional staff members may be required to receive training if the School has received State or Federal or private funds designated for the purchase of AEDs and for training employees on the use of AEDs and in CPR. For additional information, see Conn. Gen. Stat. § 10-212d]**

V. Procedures for Use of an AED

1. To the extent practicable, AEDs should be retrieved and used by AED certified persons or other trained emergency medical services personnel. In the event no AED certified person or other trained emergency medical services personnel is available or present, an AED may be used by any individual in order to provide emergency care to an individual who may be in cardiac arrest or who may be experiencing a similar life-threatening emergency.

2. AEDs may only be used in medically appropriate circumstances.
3. In the event of use, 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 immediately be reported to the school nurse.

APPENDIX II

**ISAAC
AUTOMATIC EXTERNAL DEFIBRILLATOR
INCIDENT REPORT**

Name of person completing report: _____

Date report is being completed: _____ Date of incident: _____

Name of individual on whom AED was used: _____

Age of individual on whom AED was used: _____

Known status of Individual: _____ Student

_____ Parent of Student

_____ Other, Explain _____

Describe incident:

List series of events from the beginning of the emergency until its conclusion:

Signature of person completing form: _____

Please forward to the School Nurse no later than 48 hours after the incident.

APPENDIX III

**ISAAC
AUTOMATIC EXTERNAL DEFIBRILLATOR SERVICE LOG**

APPENDIX IV

CERTIFICATION OF UNDERSTANDING AND AGREEMENT

To: **[Executive Director]**

From: _____

I, _____, hereby certify that I have completed the training provided by the ISAAC concerning the operation of an automatic external defibrillator and the use of cardiopulmonary resuscitation. I further certify that I have read, understand, and agree to comply with the ISAAC Policy Regarding Automatic External Defibrillators and the accompanying Administrative Regulations.

Sincerely,

[Executive Director]
