



## **AUTOMATIC EXTERNAL DEFIBRILLATOR**

### Statement

In order to assist individuals who may experience Cardiac Arrest on school property, the Torrington Board of Education has acquired external defibrillator(s) for use in certain school building(s). It is the policy of the Board of Education to support the use of the automatic external defibrillator personnel on school property.

The Superintendent or his/her designee shall be responsible for developing administrative regulations in furtherance of the Automatic External Defibrillator (AED) policy, in conformity with the provisions of applicable statutes and regulations.

### Legal References:

Connecticut State Statute 19A-197

Dept. of Educ. 34 C.F.R. Part 99 (May 9, 1980 45 FR 30802) regs. implementing FERPA enacted as part of 438 of General Educ. provisions act (20 U.S.C. 1232g)-parent and student privacy and other rights with respect to educational records, as amended 11/21/96.

Public Law 94-553, The Copyright Act of 1976, 17 U.S.C. 101 et. seq.

### Administrative Regulations

#### 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 physiological 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.

Sudden Cardiac Arrest (SCA) a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart's normal function of pumping blood usually resulting in sudden death. Generally, the most effective treatment of this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time at the onset of VF.

Predetermined AED Provider a District employee who is cardiopulmonary resuscitation (CPR) and AED certified and has a current copy of his/her certification and/or updated training on record with the Torrington Public Schools.

District personnel who have fulfilled the training requirements of this policy, providing emergency first aid involving the use of an AED, shall be immune from liability if they meet the statutory requirements for immunity, which include a course in first aid, CPR and training in the use of AEDs provided in accordance with the standards of the American Red Cross or the American Heart Association.

## II. AED Equipment and Location

1. Any AED device purchased or received as a gift for placement in District Facilities must meet the definition outlined above (Section I).
2. The Torrington Public Schools will have defibrillators in school buildings designated by the Torrington Board of Education.
3. The AED will be strategically placed and readily accessible to Predetermined AED Providers to maximize rapid utilization. The location will be determined by the School Medical Advisor, the school nurse and the school administrator with input from the local EMS provider.
4. Each AED within the District will be registered with the Town's Office of Emergency Medical Service (EMS) Provider and with the Connecticut Office of Emergency Medical Services. (appendix I &II). A report shall be forwarded to the local EMS provider and the District's Medical Advisor for medical review each time an AED is activated.

## III. Requirements for Predetermined AED Providers

1. The District will provide on-site training opportunities for staff members determined to be Predetermined AED Providers. American Red Cross or American Heart Association instructors certified in CPR/First Aid/AED will do the training. Initial and annual refresher training is required by the Connecticut Department of Public Health.
2. On an annual basis, a Predetermined AED Provider shall certify in writing that he/she has read the Torrington Public Schools AED policy and administrative regulations, and provide such certification and a copy of AED training completion documentation to the Coordinator of School Health Services who will retain a copy and forward the original to Human Resources. (Appendix III)

## IV. Medical Control

The district's Medical Advisor is the medical advisor of the AED program. He/She has ongoing responsibility for:

1. Providing medical direction for use of the AED

2. Writing a prescription for AED
3. Reviewing and approving guidelines for emergency procedures related to the use of AED and CPR
4. Evaluating post-event review forms and digital files downloaded from the AED
5. Review and sign the AED incident report (Appendix IV) and forward it to the Coordinator of School Health Services.

#### V. Responsibility for Operation, Maintenance, and Record-Keeping

1. The school nurse at each building in which an AED is installed will check the defibrillator in the building on a regular basis, according to the manufacturer's recommendations. 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 Coordinator of School Health Services or designee immediately.
2. After performing an AED check, the nurse shall make a note on an AED service log (Appendix V) indicating that the unit has been inspected and that it was found to be "In-Service" or "Out of Service".
3. The Coordinator of School Health Services or designee shall be responsible for the following:
  - a) AED service checks during the school nurses' contracted school year. The principal is responsible during the summer break.
  - 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 contracted school year.
  - e) Training records of Predetermined AED Providers
  - f) Maintaining a list of predetermined and properly certified AED providers approved by the Coordinator of School Health Services and/or the AED School Medical Advisor.
  - g) Incident recordkeeping
  - h) Copies of the certification signed by Predetermined AED Providers regarding understanding of and agreement to comply with Torrington Board of Education AED policies and procedures.

- i) Providing opportunities for CPR and AED training recertification for all Torrington Board of Education school nurses.
- j) Assisting the school district with proper in-house training for other individuals designated by the district.
- k) Reporting the need for revising the policy and administrative regulations to appropriate Torrington Public School Administrators.
- l) Registering the AEDs in accordance with state law.

#### VI. Predetermined AED Provider Responsibilities

- 1. Activating internal emergency response system and providing prompt basic life support including AED and first aid according to training and experience.
- 2. Understanding and complying with requirements of this policy and regulation.
- 3. Following the detailed procedures and guidelines of the AED program.
- 4. Accepting accountability and responsibility for the retrieval, use and return of the AED when it is used

#### VII. School Nurse Responsibilities

- 1. Receiving emergency medical calls from internal locations
- 2. Using an established 911 checklist to assess emergency and determine appropriate level of response
- 3. Contacting the external community 911 response team (EMS) if required [**Note: The 911 system must be activated each time an AED is used**]
- 4. Deploying AED trained employees to medical emergency locations
- 5. Assigning someone to meet responding EMS aid vehicle and directing EMS personnel to site of medical emergency
- 6. Complete all follow-up activities as outlined in AED Protocols

#### Legal References:

Dept. of Educ. 34 C.F.R. Part 99 (May 9, 1980 45 FR 30802) regs. implementing FERPA enacted as part of 438 of General Educ. provisions act (20 U.S.C. 1232g)-parent and student privacy and other rights with respect to educational records, as amended 11/21/96.

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**APPENDICES**

**AUTOMATIC EXTERNAL DEFIBRILLATOR POLICY**

**ADMINISTRATIVE REGULATIONS**

Appendix I.....Agency Notification Letter

Appendix II.....Registry Form

Appendix III.....Certification of Compliance with Policies and Procedures

Appendix IV.....Incident Report

Appendix V.....Service Log

## APPENDIX I

### AED AGENCY NOTIFICATION LETTER

To: Office of Emergency Medical Services

From: The Torrington Public School System

We would like to notify you and your department about a Public Access Defibrillator Program in the Torrington Public School District. Our Medical Director for the AED program is Dr. Anne Milanese. She works directly with the Coordinator of School Health Services regarding the implementation and management of the Automatic External Defibrillators' (AED) program. We have AED's in certain school buildings. Available AEDs are strategically placed and readily accessible to Predetermined AED Providers to maximize rapid utilization. The AED is available during school hours and after school hours during on-site school activities. Each school nurse has received training in the use of the AED. A list of Predetermined AED Providers is available in each school nurse's office, the principal's office and in the office of the Coordinator of School Health Services. The Predetermined AED Providers are school nurses and any other District employee who is AED and CPR certified (American Heart, American Red Cross or an equivalent training), has a completion card on file with the Head School Nurse of the Torrington Public Schools, has received and read the Torrington Public Schools policy and administrative regulations, and has certified in writing his/her agreement to comply with same. Enclosed is/are the AED Registry Form(s).

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,

Director of Student Services

**APPENDIX II**

Registry #

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

PASP#

*AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)*

*REGISTRY FORM*

(Required by Public Act 98-62 – 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 Health

OEMS – AED REGISTRY

410 Capitol Avenue MS#12-EMS

P.O. Box 340308

### APENDIX III

#### CERTIFICATION OF COMPLIANCE WITH AED POLICIES AND PROCEDURES

I, , have read the Torrington 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. If at anytime I have a concern or question while functioning as a Predetermined AED Provider using the AEDs available in the Torrington Public Schools, I will ask the Coordinator of School Health Services or designee for clarification. I agree to follow the terms and conditions set forth in the policy and administrative regulations and certify that I have successfully completed all training and/or retraining necessary to operate as a Predetermined AED Provider.

Predetermined AED Provider Signature Date

School Nurse Date



**APPENDIX IV**

**TORRINGTON PUBLIC SCHOOLS**

Automatic External Defibrillator

**INCIDENT REPORT**

Name of person completing report:

Date Report is being completed: Date of Incident:

Name of patient on whom AED was applied:

Aged:

Known status of patient: Student

Staff Member

Parent of Student

Other, explain

Describe incident:

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

Your Signature:

Date

**Please forward a copy of the Incident Report to the Coordinator of School Health Services within 48 hours after the Incident.**

**APPENDIX V**

**TORRINGTON PUBLIC SCHOOLS**  
**AUTOMATIC EXTERNAL DEFIBRILLATOR**

<b>SERVICE LOG Date</b>	<b>Inspected and In- Service</b>	<b>Inspected and Out- of-Service</b>	<b>Signature of Nurse</b>

Policy 2004: Automatic External Defibrillator – Adopted March 19, 2008; Combined with 2004R on September 15, 2010. Policy 2004R: Automatic External Defibrillator Regulations; Adopted August 19, 1998; Policy Number Changed to 1004 on September 22, 2021 with BOE Approval.