

WASHINGTON-SARATOGA-WARREN-HAMILTON-ESSEX
BOARD OF COOPERATIVE EDUCATIONAL SERVICES

ADMINISTRATIVE REGULATION

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)

1. **Roles and Responsibilities:**

The Automatic External Defibrillator (AED) will enable voluntary responders in the WSWHE BOCES to deliver early defibrillation to victims in the first critical moments after a sudden cardiac arrest. Voluntary responders' use of the AED should not replace the care provided by Emergency Medical Service (EMS) providers, but it is meant to provide a lifesaving bridge during the first few critical minutes it takes for the advanced life support providers to arrive. Upon arrival of EMS the victim's care should be transferred.

Medical Director: A school physician will serve as the BOCES medical director for the AED program. The medical director has authority over the entire AED program and its participants. The responsibilities include the establishment and maintenance of the policies and procedures. The medical director also ensures quality assurance, compliance to protocols, and proper training.

AED Coordinator: The Assistant Superintendent for Administrative Services will serve as the AED Coordinator and is the primary liaison between the BOCES AED program and the medical director. The AED Coordinator is responsible for organizing training and re-training programs. The AED Coordinator is also responsible for the forwarding of incident data to the medical director for review and for holding post-incident debriefing sessions for any responder involved. The Superintendent of Buildings and Grounds is responsible for the maintenance of the equipment and securing the necessary supplies.

Authorized Voluntary Responders: A list of trained and certified voluntary responders will be maintained in the office of the AED Coordinator. Each building will also have a list of certified voluntary responders assigned to the building.

Training and Certifying Voluntary Responders: A certified EMS trainer will provide the appropriate Cardiopulmonary Resuscitation (CPR) and AED training to certify BOCES staff as AED responders. Any other persons, not trained to use an AED will be considered as a "Good Samaritan" at the time of the emergency. A refresher will be offered annually for all AED responders.

2. **Emergency Response:**

Should a person appear to be in sudden cardiac arrest, staff should **IMMEDIATELY** call 911 and solicit assistance from the building nurse and/or a trained voluntary responder. The building nurse and/or the trained voluntary responder will then take control of the emergency until EMS arrives. The protocol for assisting an unconscious victim, and AED treatment will be followed as required.

Initial protocol for unconscious victims

- Upon arrival, assess for scene safety
- Assess patient for unresponsiveness
- Call 911, activate building emergency plan,
- Request an AED available in the building
- Building secretary will announce "Code Blue" and the location of the emergency

- All certified voluntary AED personnel should respond
- Assess breathing
- If breathing absent, responder should immediately begin delivering 30 chest compressions.
- Continue with the CPR sequence of 30 compressions and 2 breaths until AED arrival or someone of equal or greater training takes over the patient care.

Begin AED treatment

- As soon as the AED is available, turn on the AED and follow the prompts.
- Shave chest with disposable razor if indicated. Discard razor in a safe manner.
- Wipe chest if it is wet.
- Apply defibrillation pads to bare chest. Make sure that the AED pads are placed in their proper location and that they are making good contact with the patient's chest. Do not place the AED pads over the nipple, medication patches, or implantable devices.
- Deliver a shock to the patient when advised by the AED after first clearing the patient area.
- Administer additional shocks as prompted by the AED until the AED advises no shock.
- When advised by the AED, check the patient's airway, breathing, and initiate CPR as indicated.
- Continue to perform CPR until otherwise prompted by the AED or EMS personnel.
- Continue to follow the AED prompts until EMS arrives.

When EMS arrives

- AED voluntary responders working on the victim should document and communicate important information to the EMS provider such as:
 - Victim's name
 - Known medical problems, allergies or medical history
 - Time the victim was found
 - Initial and current condition of the victim
 - Information from the AED's screen:
 - Number of shocks delivered
 - Length of time defibrillator has been used
 - Assist as requested by EMS providers

3. Post-Use Procedure:

The building nurse and trained voluntary responders will document the event and complete the documentation no more than twenty-four (24) hours following the event. Complete all areas on the AED Incident Report, and give all documentation to the AED Coordinator within one school day. The AED Coordinator will notify the AED Medical Director.

Remove the data card from the AED. Give the data card to the AED Coordinator within one school day for evaluation. For assistance with data card information retrieval, call SaraMed at 888-411-0183.

SaraMed will be contacted to check the AED and replace any used supplies as soon as possible following the event so that the AED may be returned to service. Perform a battery insertion test on the AED after each use or in the event of a battery change to ensure proper AED operation prior to return to service. Battery insertion test is accomplished by removing battery and re-inserting. Follow on-screen prompts throughout self-test. Clean the AED if needed.

The AED Coordinator should conduct an incident debriefing meeting, and complete an incident follow-up report for the Medical Director.

4. **Installation**

Each unit's location will be determined by the Safety Team of each facility. A list of certified voluntary responders, protocol for AED use and appropriate inventory will be displayed.

5. **Maintenance**

Daily maintenance:

- Check the status indicator. Verify indicating readiness for use. Notify AED Coordinator if a fault is detected.
- Ensure all supplies, accessories and spares are present and in operating condition.

Monthly:

- Check supplies, accessories and spares for expiration dates and damage.
- Inspect the exterior and connector for signs of damage.

After each patient use:

- Inspect the exterior and connector for dirt or contamination.
- Check supplies, accessories and spares for expiration dates and damage.
- Check operation of the Heartstream AED by removing and re-installing the battery and running a battery insertion test.
- Remove PC data card and replace it with a spare. Apply a patient ID label to the used PC card and deliver to the AED Coordinator.

6. **AED Inventory:**

- AED
- (1) installed battery and (1) spare
- (1) carrying case
- (1) razor
- (2) pairs of gloves
- (2) sets of electrodes
- (1) installed PC data card
- CPR Mask
- (1) pair of scissors
- 4"x4" gauze

7. **Location of Devices**

Instructional Facilities

- (2) Southern Adirondack Education Center
- (3) Myers Education Center
- (1) Sanford Street Teaching & Learning Center
- (1) Adult & Continuing Education – 90 & 11 South Street
- (1) Saratoga Equine Center

Administrative Facilities

- (1) Gick Road Facility
- (1) Burgoyne Avenue Offices

**TO: Northeastern New York EMS Program Agency, LTD
375 Bay Rd., Suite 202
Queensbury, NY 12804**

**SUBJECT: Quality Assurance Report
Post-Use of an Automated External Defibrillator (AED) by a Public Access
Defibrillation Provider**

PAD PROVIDER: WSWHE BOCES
1153 Burgoyne Avenue, Suite 2
Fort Edward, NY 12828

Date of Incident: _____ Time of Incident: _____
Patient Age: _____ Patient Sex: _____ M _____ F
CPR prior to defibrillation: _____ Attempted _____ Not Attempted
Cardiac Arrest: _____ Not witnessed
_____ Witnessed by bystanders
_____ Witnessed by AED operator

Estimated time from arrest to CPR: _____
_____ AED indicated shock _____ AED indicated no shock

Estimated time from arrest to first shock: _____

Number of shocks delivered: _____

Comments: _____

Patient outcome at incident site:

_____ Return of spontaneous circulation
_____ Return of spontaneous, then cessation of spontaneous circulation
_____ Never achieved return of spontaneous circulation

Name of AED operator: _____

Name of transporting ambulance service: _____

Name of facility patient was transported to: _____

Name of emergency healthcare provider: _____

Signature: _____