Students

First Aid/Emergency Medical Care

Illness

Use of Automatic External Defibrillators (AEDs)

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.

AED Monitor – is a full-time, permanent employee of the Middletown Board of Education whose regular place of work lies within the school, or other BOE occupied building, in which he/she has been designated to oversee the location and operability of AED(s) placed in his/her school.

AED Provider - that person who is CPR and AED certified and has a copy of his/her certification on record with the Middletown Public Schools.

II. Defibrillator Location

1. The Middletown Public Schools will have defibrillators in each school building.

2. The AEDs will be readily accessible to school staff trained in its use, and in cardiopulmonary resuscitation, to maximize rapid utilization.

III. AED Providers

1. On an annual basis, school staff trained in AED use and CPR shall certify in writing that he/she has read the Middletown Public Schools AED policy and administrative regulations, and provide such certification and a copy of AED and CPR training completion documentation to the Superintendent of Schools or designee.

IV. Responsibility for Operation, Maintenance and Record-Keeping

1. A designated AED monitor at each building in which an AED is installed will check the defibrillator in the building on a regular basis. It will be the AED monitor’s responsibility to verify that the unit is in the proper location, that it has all the appropriate operational components, that it is ready for use, and that it is routinely maintained, at least but not limited to, in accordance to manufacturer’s recommended instructions.
Students

First Aid/Emergency Medical Care

Illness

Use of Automatic External Defibrillators (AEDs) (continued)

IV. Responsibility for Operation, Maintenance and Record-Keeping (continued)

1. The Superintendent of Schools or designee shall be responsible for the following:
   
a) Designation of AED Monitors for purposes of ensuring routine AED maintenance and AED operability
   
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 AED Providers which include:
      ▪ CPR certification
      ▪ AED certification
   
f) Maintaining a list of properly certified AED providers approved by the Superintendent of Schools and/or the AED school Medical Advisor.
   
g) Incident record keeping.
   
h) Copies of the certifications signed by AED Providers regarding understanding of and agreement to comply with Middletown Board of Education AED policies and procedures (Appendix III).
   
i) Providing/scheduling opportunities for CPR and AED training recertification for all Middletown Board of Education school nurses, athletics personnel, and other volunteer staff.
   
j) Reviewing and updating AED policies and administrative regulations as needed.
   
k) Registering the AEDs in accordance with state law (Appendix VI).
Students

First Aid/Emergency Medical Care

Illness (continued)

Use of Automatic External Defibrillators (AEDs) (continued)

V. Procedures for Use

1. AED Monitors will be provided with a list of AED Providers for the school in which they maintain AED(s).

2. The AED Providers will be given the name and contact information for the AED monitor in their school as well as the location of each AED in which they may deploy.

2. In the event the AED needs to be deployed for use, AED Providers may retrieve, and shall maintain control of, or know whereabouts of, such equipment at all times. AED providers deploying AEDs will communicate with the AED Monitor regarding the deployment and whereabouts of said AED.

3. Prior to returning an AED to its location, the AED Monitor shall ensure that the AED is intact, contains all essential components for use, and is functional. The AED Monitor will complete the AED log and report any problems with the AED to the Superintendent of Schools or designee.

4. The AED Provider will communicate use and location of a deployed AED by him/her to the AED Monitor, and must sign his/her name (as soon as practicable under the circumstances) on an AED log. (Appendix I)

5. AED Providers may only use AEDs in medically appropriate circumstances, in accordance with their training.

6. In the event of use, the AED Provider shall, if possible, immediately notify the building nurse, the Superintendent of Schools, the District Medical Adviser, and the Director of Pupil Services, or designate another individual to do so.

7. Each time an AED is used, the AED Provider should complete a copy of the AED incident report. (Appendix II). The report should be forwarded to the Superintendent of Schools, (860) 643-1569 no later than 48 hours after the incident. The Superintendent of Schools will forward a copy to the District’s Medical Advisor.

VI. Emergency Action Response Plans

1. Each school within the District shall develop an emergency action response plan.
Students

First Aid/Emergency Medical Care

Illness (continued)

Use of Automatic External Defibrillators (AEDs)

Emergency Action Response Plans (continued)

2. Whenever a school District facility is used for a school-sponsored or school-approved curricular or extracurricular event and whenever a school-sponsored athletic contest is held at any location, the Principal or designee responsible for such school facility or athletic contest shall ensure that AED equipment is provided on-site and that there is present during such event, activity, or contest at least one staff person who is trained in accordance with applicable Connecticut statutes in the use of an AED. School-sponsored or school-approved curricular or extracurricular events or activities mean events or activities of the District that are, respectively, associated with its instructional curriculum or otherwise offered to its students. A school-sponsored athletic contest means an interscholastic or intramural activity of instruction, practice, or competition.

3. Where a school-sponsored competitive athletic event is held at a site other than a District facility, the Principal or his/her designee shall assure that AED equipment is provided on-site by the sponsoring or host District and that at least one staff person who is appropriately trained is present during such athletic event.

4. Each middle school and high school shall maintain the AED in a central location within the building and ensure its availability for those athletic events in which the District school is the home team and for any practice or intramural athletic events that occur at the school.

5. The District requires that the athletic trainer, coach, other designated staff member, or a first aid, ambulance or rescue squad member is available to respond as necessary at school sporting events in which the District school is the home team, or at any team practice or intramural athletic events that occur at the school.
Appendix I

Middletown Public Schools
Middletown, Connecticut

AUTOMATIC EXTERNAL DEFIBRILLATOR
INCIDENT REPORT

Name of AED Provider completing report: ________________________________________

Date of report: ___________________________  Date of Incident: ___________________

Name of patient on which AED was applied: ________________________________ Age _____

Known status of patient:

☐  Student   ☐  Parent of Student   ☐  Other, explain: ______________________________

Describe conditions leading to retrieval of AED: ________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

List series of AED Provider actions from first observations of the emergency until its conclusion
(what did you observe and how did you respond to the observation(s)): __________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

AED User/Reporter Signature: _________________________________  Date: ________________

Please forward to the Superintendent of Schools no later than 48 hours after the incident.

(Revised: March 2016-mfe)
CERTIFICATION OF COMPLIANCE WITH AED POLICIES AND PROCEDURES

I, ___________________________ have read the Middletown 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 any time, while functioning as an AED Provider using the AEDs available in the Middletown Public Schools, I have a concern or a question, I will ask the Superintendent of Schools or designee for clarification. I agree to follow the terms and conditions set forth in the policy and administrative regulations.

____________________________________________________  ______________________
AED Provider Signature                                      Date

____________________________________________________  ______________________
School Nurse                                             Date

____________________________________________________  ______________________
Superintendent of Schools                                   Date
## AUTOMATIC EXTERNAL DEFIBRILLATOR SERVICE LOG

<table>
<thead>
<tr>
<th>Date (Month, day, year)</th>
<th>AED is in proper location (initial)</th>
<th>Operational components are present and intact (initial)</th>
<th>AED is In-Service (initial)</th>
<th>AED is Out-of-Service. Central Office has been notified (initial)</th>
<th>Signature of AED Monitor</th>
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Once per month, or more often, the AED Monitor will inspect the AED. The AED Monitor will contact the Superintendent of Schools, or designee, immediately if the AED is out-of-service, does not have the appropriate components, or there is a change in location of the AED.
To: Office of Emergency Medical Services

From: Middletown Public School System

We would like to notify you and your department about a Public Access Defibrillator Program in the Middletown Public School District. Our Medical Director for the AED program is _______________________. He/She works directly with the Superintendent of Schools regarding the implementation and management of the AED program. We have Automatic External Defibrillators in certain school buildings. The defibrillators 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 Superintendent of Schools. The Predetermined AED Providers are school nurses and any other person who has received AED and CPR training (American Heart, American Red Cross, or an equivalent training), has a completion card on file with the Superintendent of Schools of the Middletown Public Schools, has received and read the Middletown Public Schools policy and administrative regulations and certified in writing his/her agreement to comply with same.

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 Pupil Services

________________________________
Superintendent of Schools
Middletown Public Schools  
Middletown, Connecticut

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

Registry # ____________  
PSAP # ____________

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) REGISTRY FORM  
(Required by Public Act 98-62 – Please print or type – Use one form per AED)

Name of Owner ____________________________________________________________

Mailing Address __________________________________________________________________

Name of Contact Person __________________________________________________________

Telephone # ______________________ Fax # ________________________________

AED Manufacturer __________________________________ Model ____________ Serial # ____________

Name of Prescribing Physician __________________________________________________________________

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. __________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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 Public Health  
OEMS – AED REGISTRY  
410 Capitol Avenue MS #12-EMS  
P.O. Box 340308  
Hartford, CT 06134-0308