

Hitchcock Independent School District

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Superintendent

AUTOMATED EXTERNAL DEFIBRILLATOR IN THE SCHOOL SETTING

2014-2015

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AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) PROGRAM

Public Access Defibrillation

Only devices that are FDA-approved for public access defibrillation shall be used in schools.

Program Coordination

The District Nurse shall administer the automatic external defibrillator (AED) program.

The program coordinator shall provide training to campus nurses and certified athletic trainers, assist in coordinating the program with the local emergency service provider (EMS), ensure the development of appropriate procedures, and provide a case review to the Superintendent if an AED is used.

The medical director for Hitchcock ISD shall function as the medical director for the district AED program, with the understanding that the district's AED program operates under the Hitchcock EMS protocol.

Funding

Public gifts of AEDs may be accepted by the Board for placement at school campuses [see CDC]. AEDs may also be purchased if identified in an approved budget.

The district shall provide ongoing maintenance of equipment.

The program coordinator and the athletic director shall submit a maintenance request in the annual budget. When an AED is no longer serviceable, the item shall be deleted from the campus equipment inventory and forwarded for disposal [See CI].

AEDs that are donated may be disposed of without replacement; those purchased by the district may be replaced as the budget allows.

Training

Campus nurses and/or certified athletic trainers shall conduct campus training and schedule periodic practice of skills learned in the initial training program.

Other personnel may be trained in the use of AEDs in conjunction with annual cardiopulmonary resuscitation (CPR) training.

AED MAINTENANCE AND STORAGE

Maintenance

The District nurse (or certified athletic trainer for the athletic department) shall develop an appropriate maintenance and testing schedule.

Storage

The placement (location) of an AED shall be determined by the building principal or athletic director, in consultation with the program coordinator, and local emergency response personnel shall be informed of placement of each unit.

s/s Carla Vickroy

Carla Vickroy
Interim Superintendent

September 1, 2014

Date

AED / CPR PROTOCOL

I. Scope

This document describes the protocol and procedures of Hitchcock ISD relating to its early defibrillation program utilizing trained responders in CPR and defibrillation therapy in the event of a medical emergency.

II. Purpose

Hitchcock ISD has established a protocol for the use of the AED and to assist in the care of the Sudden Cardiac Arrest (SCA) victim.

III Training Requirements

Any employee that is expected to provide emergency care to a patient of a SCA will be trained in CPR and AED use. This training will conform to the American Heart Association standards or another nationally recognized training organization and will be taught by authorized AED instructors. AED-trained employees will renew CPR and AED training every one to two years (depending on requirement set by their training organization).

It is the policy of Hitchcock ISD that the following employees be trained in the use of CPR/AED: District Nurse and clinic health providers, all coaches, trainers and orchestra/band director, drill team sponsor, cheerleading sponsor and nursery personnel.

AED/CPR Responders

Any individual trained in CPR /AED use and acting in good faith may provide emergency care. The responder, who, in good faith, lends emergency care or assistance without compensation at the place of an emergency or accident and who was acting as a prudent person would have acted under the same circumstances, shall not be liable for any civil damages for acts or omissions performed in good faith.

Program Oversight Team

Position	Phone
District Medical Director	409-772-1444
District Nurse	409-739-6463
Athletic Director	409-316-6544
Safety Director	409-316-6549

Location of AED's

1. Hitchcock Primary School—Outside Main Office

2. Stewart – Hall by Faculty Work Room
3. Crosby – Hall across Principal’s Office, Mooney Gym, & Principal’s Office (for travel)
4. High School – Hall across Principal’s Office & Gym
4. Kids First Head Start – Hall across Faculty Work Room
5. High School Athletic Dept. – Coaches Office Area (for travel)
6. Maintenance Dept. – Entry Area

Indications for AED use

The AED unit should be used only on a patient who is:

1. Unconscious
2. Not breathing or ineffective breathing
3. Has no signs of circulation
4. Over 1 year of age

Procedure During School Hours

Assess Scene Safety

1. Is the scene free of hazards?
2. Rescuer makes sure there are no hazards. Some examples are:
 - a) Electrical Dangers (downed power lines, electrical cords, etc.)
 - b) Chemical Dangers (hazardous gases, liquids or solids, smoke)
 - c) Harmful people (anyone that could potentially harm you)
 - d) Traffic (make sure you are not in the path of traffic)
 - e) Fire, flammable gases such as medical oxygen, cooking gas, etc.
 - f) Wet surfaces (dry surface desirable for AED use)
 - g) Metal surfaces (AED should not be used on a metal surface)

Assess the emergency and determine if the patient is:

- Unconscious
- Not breathing or ineffective breathing
- Has no sign of circulation
- Over 1 year of age

If the above criteria are present:

Activate EMS/911 immediately

Delegate immediately to someone the following:

1. Call 911 / the caller should give the 911 operator the following information: type emergency. CPR/AED initiated, address of facility, location of emergency and the phone number they are calling from. Be prepared to give further information requested by the 911 operator and **DO NOT HANG UP UNTIL DIRECTED BY 911.**
2. Retrieve the AED and/or send someone else with the AED to the scene.

Begin CPR until responder arrives with AED

1. Follow the appropriate CPR protocol of the American Heart Association or the American Red Cross adult/child CPR/AED procedures.
2. Open Airway (A)
3. Check for breathing (B) – if not breathing or if breathing is ineffective give two slow breaths. Observe universal precautions using gloves and ventilation mask, if available. If breathing, place in the recovery position and monitor breathing closely.
4. Check for signs of circulation such as pulse and coughing or movement. (C)
5. If no signs of circulation, a designated responder will apply AED immediately. If AED is not immediately available begin chest compressions and breathing (CPR) until AED arrives.

When responder arrives with AED, press ON/OFF button to release lid (this turns AED on). Follow verbal prompts given by AED.

Apply electrode pads

Note: For a child (1 to 8 years of age or weight less than 55 lbs):

Pediatric electrode pads should be used.

For an adult (over 8 years of age or weight greater than 55lbs):

Adult electrode pads must be used.

1. Open lid (the adult pads should be the standard electrode pads pre-connected in the unit)
2. If the child electrode pads are required, use the child electrode pads that are stored in the zipped area beneath the AED unit. Disconnect the adult pads and connect the child pads.
3. Follow the voice prompts to apply electrode pads.
4. The rescue ready button by the handle of the AED machine will turn green once the pads have been applied appropriately (if light never turns green, check and insure the pads are plugged in correctly.)
5. Apply the AED electrodes with caution if a victim has:
 - a. Nitroglycerin patch on the chest (remove patch carefully, wipe area dry and then apply AED)
 - b. Internal pacemaker (pacemaker may interfere with rhythm analysis: do not place electrodes directly over pacemaker)
 - c. Excessive chest hair (shave chest hair to place the pads securely)
 - d. Wet skin (if victim sweating profusely or wet for some other reason, dry chest before applying pads)

Stand clear of victim and refrain from using cell phones or portable radios while machine evaluates heart rhythm.

While patient is receiving care, office personnel should:

1. Call EMS/911

2. Call the District Nurse (409-739-6463) and Central Athletics (409-316-6544). Explain the emergency.
3. Call the parent/guardian/family of the patient.

Shock Advised (Follow AED prompts)

- A. Clear area, **making sure no one is touching the victim.**
- B. Device will analyze the victim's heart rhythm and advise shock.
- C. After the shock has been delivered, the device will prompt that it is now safe to touch the patient and continue CPR if needed.
- D. If pulse or signs of circulation such as normal breathing and movement are absent, perform CPR for one minute.
- E. Device will countdown one minute of CPR and will automatically evaluate victim's heart rhythm when CPR time is over

No Shock Advised

- A. Device will prompt to check pulse (or breathing and movement and if absent start CPR)
- B. If pulse or signs of circulation such as normal breathing and movement are absent perform CPR for one minute.
- C. If pulse or signs of circulation are present check for normal breathing.
- D. If victim is not breathing normally give rescue breaths according to training.
- E. AED will automatically evaluate victim's heart rhythm after one minute.

Continued Care

- A. If victim regains signs of circulation such as breathing and movement, place them on their side in the recovery position and monitor their breathing closely.
- B. The AED continues to evaluate cycles of heart rhythms, shocks (if advised) and CPR is performed if required until professional help arrives
- C. Victim must be transported to hospital.
- D. Leave AED attached to victim until EMS arrives and disconnects AED.
- E. Turn over care of the victim to EMS personnel. Once they have arrived follow the directions of EMS personnel for further actions.

Procedure For After School Hours

A. Athletic Director /athletic trainer covered events:

- i. Determine unresponsiveness of victim
- ii. Activate system
 - a. Activate EMS/ call 911
 - b. Send runner to retrieve AED and alert athletic staff of emergency
 - c. CPR and AED procedures should be initiated according to American Heart Association/American Red Cross protocol until EMS arrives.
 - d. Follow procedure outlined above.
 - e. Notify victim's family as soon as possible.
 - f. Following the event call the District Nurse at 409-739-6463, leave a message regarding the emergency.

B. Other school events (if AED is available)

- i. Determine unresponsiveness of victim.
- ii. Activate EMS/ call 911 and alert the supervising staff member of the emergency.
- iii. Send someone to retrieve the AED.
- iv. CPR and AED procedures should be initiated.
- v. Follow procedure outline above.
- vi. Following the event call the District Nurse at 409-739-6463 and leave a message regarding the emergency.

After Use

- A. The designated responder will document the event using the HISD AED Incident Report and will forward a copy of the completed form to the District Nurse and the Safety Coordinator within 24 hours of the event.
- B. A copy of the AED Incident report will be forwarded to the District Medical Director within 48 hours of the event by the District Nurse.
- C. The AED will be cleaned after each use.
- D. The CHARGE PAK and all electrode pads (2adult and 1 child) must be replaced to restore the unit. The new adult connector and pads are to be connected to the AED unit, ready for use.
- E. Contents of attached resuscitation kit must be replaced, if used.
- F. Supervisory staff will conduct post-event debriefing.

Physician Oversight

Physician Oversight for Hitchcock ISD will be provided by the District Medical Director. Physician oversight will include the following items:

1. Review and approval of policies and procedures defining the standards of patient care and utilization of the AED.
2. Review of each AED incident report.
3. Provide prescription for AED

Program Coordination

Program coordination for Hitchcock ISD will be provided by the District Nurse, Athletic Director and Safety Director. Program Coordination will include the following items:

1. Coordination of training for staff members.
2. Coordinating equipment and accessory maintenance.
3. Revision of guidelines as required.
4. Monitoring the effectiveness of this system.
5. Communication with the medical director on issues related to medical emergency response program including post event reviews.

Quality Assurance

- A. A HISD AED Incident Report should be completed after each use of an AED.
- B. Each HISD-AED Incident Report is to be reviewed by the Oversight Physician and Program Coordinators.
- C. Appropriate maintenance will be performed on each AED unit (as indicated below)

AED Maintenance

- A. The AED will perform an automatic self-diagnostic test that includes a check of battery strength and an evaluation of the internal components.
- B. A building staff member, assigned by the District Nurse, will perform a monthly AED check following the procedure checklist. The procedure checklist will be posted with the AED.
 - 1. Hitchcock Primary School, Mell Jacobs, Nurse’s Aide
 - 2. Stewart Elementary School—Cheryl Moffett, District Nurse
 - 3. Crosby Middle School—Ginger Williams, Nurse’s Aide
 - 4. Hitchcock High School—Krystal Shaw, Nurse’s Aide and/or Craig Smith, Athletic Director
 - 5. Kids First Head Start—Darlene Blackwell, School Nurse
 - 6. Maintenance Department—Bryan Tacquard, Maintenance Supervisor
- C. If the OK icon is **NOT** present on the readiness display, contact the District Nurse or designee immediately.
 - 1. If the red battery icon is visible the battery needs to be replaced. You may continue to use the AED if needed.
 - 2. If the attention icon (exclamation point inside triangle) is visible the AED needs service. You may attempt to use the AED if needed.
 - 3. If the wrench icon appears the AED is not usable. Continue to provide CPR until another AED is brought to the victim or EMS arrives to take over care.
- D. The CHARGE PAK and Adult and Child electrode pads are to be replaced every two years.

Signature of Oversight Physician

Date

Signature of Program Coordinator

Date

MONTHLY SYSTEM CHECK

LOCATION: _____

Item	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
AED												
Status/indicator green light is on												
Verify battery installation												
Note absence of visual or audible service alarm												
Verify adult AED pads are pre-connected												
Two sets of AED pads in sealed package: 1 adult & 1 child within the expiration date												
Kit Supplies: -gloves -Razor -Trauma scissors -Mouth barrier -Gauze sponges												
Comments												
Your initials												

Inspected by: _____ Initial's: _____

Inspected by: _____ Initial's: _____

Inspected by: _____ Initial's: _____

Notify District Nurse immediately at 409-739-6463 or 409-316-6543 if there is any equipment malfunction or missing supplies.

CPR / AED INCIDENT REPORT

Instructions: All Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) incidents must be reported on this form. Responder must complete this form immediately following event.

Campus Administrator and District Nurse will retain a copy.

Send original to: Maintenance Director/ Safety Coordinator.

Fax a copy to: District Nurse @ 986-5563 within 24 hours.

Fax a copy to: Central Office @ 986-5141 attention Theresa Fails (if an employee) or Jennifer Donovan (if a student) within 24 hours.

Initial report Revision of initial report

Date Reported ____/____/____

Person's name _____ Date of Birth ____/____/____

Address _____ City, State _____ Zip _____ Phone Number _____

Gender _____ Marital Status _____ Responsible party (if minor) _____

Location of Accident: _____

Campus _____ Room # or area _____

Performing regular job: Yes No

Date of event: ____/____/____ Time: _____ A.M./ P.M.

Any known medical history: _____

Specify activity individual was engaged in when incident occurred:

If an employee, work process employee was engaged in when incident occurred:

Summary of event:

Time CPR was initiated: _____ Time CPR stopped: _____

Time AED arrived at the scene: _____ Number of shocks delivered: _____

Patient's condition upon EMT arrival _____

All individuals requiring CPR/AED will need follow-up medical attention.

Name, address and phone number of the hospital the EMT's will be transporting patient to:

Witnesses Name & Phone _____

(Print) Name of person completing form _____ Date _____

For Office Use Only:

Date of Hire: ____/____/____ Rate of Pay: _____ Semi-Monthly Monthly