

**Automatic External Defibrillator (AED)**

The Manchester Public Schools and the town of Manchester strives to provide a safe environment in school and town facilities for students, staff, parents, and community members as they work, learn, and recreate in school and town facilities. In order to assist individuals who may experience cardiac arrest on town and school property, the Manchester Board of Education and the Manchester Health Department supports the use of automatic external defibrillators (AEDs) by trained personnel on town and school property.

**Legal References**

Connecticut General Statutes

19a-175. Definitions

19a-197. Automatic external defibrillators

19a-197b. Training standards for the use of automatic external defibrillators

Public Act 09-94 An Act Concerning the Availability of Automatic External Defibrillators in Schools

Public Act 09-59 An Act Concerning Automatic External Defibrillators

52-557b. "Good Samaritan Law". Immunity from liability for emergency medical assistance, first aid or medication by injection. (as revised by Public Act 03-211)

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

Adopted: May 24, 2010

**Automatic External Defibrillator Policy**

**Administrative Guidelines (1)**

I. Definitions:

- A. **Automatic External Defibrillator (AED)**-means a device that: is used to administer an electric shock through the chest wall to the heart; contains internal decision making electronics, microcomputers and/or special software that allows it to interpret physiological signals, make medical diagnosis, and, if necessary, apply therapy; guides the user through the process of using the device by audible or visual prompts; and does not employ the user to use any discretion or judgment in its use.
- B. **Predetermined Employee AED Responder (PEAR)**- town employee or contracted individual who is certified and has a copy of his or her certification on record with the AED Program Coordinator at the Manchester Health Department.
- C. **AED Program Coordinator** – Health Department designee appointed to routinely monitor and document that the requirements are being met and insure CPR/AED training for employees in all town and school buildings is current.
- D. **Designated Workplace Site Coordinator** – select town employee who will monitor and document routine maintenance checks on the AED in their building as recommended by the manufacturer of the AED.

II. Personnel Authorized to Use AEDs on Town and School Property:

AEDs located within school and town facilities may be used by a paid or volunteer firefighter or police officer, a lifeguard, and emergency medical personnel who have been trained in the use of an AED in accordance with the standards set forth by the American Red Cross or the American Heart Association.

Employees of the Town of Manchester and the Board of Education, currently trained in cardiopulmonary resuscitation (CPR) and use of an AEDs by the American Red Cross or American Heart Association, shall be authorized by the Manchester Health Department and the Manchester Public Schools to use AEDs installed in town and school buildings. Board of Education employees need to complete additional training on the requirements of this policy and its attendant regulations.

Properly trained and authorized town and school personnel shall only use AEDs in medically appropriate circumstances and in accordance with their training. Although a Board of Education or town employee may be trained and authorized to use an AED, that person is not required to render emergency medical assistance with an AED; unless, such requirement is part of the individual's job description. The school nurse's job description does require emergency medical assistance to be rendered.

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A person trained in the use of an automatic external defibrillator, in accordance set forth by the American Red Cross and American Heart Association, who voluntarily and gratuitously and other than in the ordinary course of such a person's employment or practice, renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency care, which may constitute ordinary negligence. This immunity does not apply to acts of omissions constituting gross, willful or wanton negligence.

III. Requirements for Predetermined AED Responders:

- A. Predetermined Employee AED Responders (PEARS) shall be accountable for retrieval, use, and return of the AED when it is used.
- B. On an annual basis, a PEAR shall certify in writing that he or she has read the AED policy and administrative regulations.
- C. Predetermined PEARS shall annually take and pass a Blood Borne Pathogen Course.
- D. Designated AED Site Coordinator/Responder shall monitor and document routine maintenance checks on the AED in their building as recommended by the manufacturer of the AED under the supervision of the AED Program Coordinator.
- E. Managers and Administrators of these PEARS will support and allow their employees the necessary time to take the required American Heart Association and Red Cross CPR/AED certification and re-certification courses.

IV. Defibrillator Location:

- A. The Manchester Public Schools will have AEDs in approved locations in school building designated by the AED Program Coordinator in collaboration with the Superintendent of Schools, the School Medical Director, the Coordinator of School Health and the Building Administrator. Locations will be determined, as AEDs are made available.
- B. Manchester will have AEDs in town building and recreational areas designated by the AED Program Coordinator in collaboration with the Manchester Fire – Rescue – EMS, BOE Representatives and Recreation Department Personnel and Health Department Medical Advisor.

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**Administrative Guidelines (3)**

- B. The AEDs will be strategically placed and readily accessible to Predetermined AED Responders to maximize rapid utilization.

V. Responsibilities for Operation, Maintenance, and Record-Keeping:

The Town of Manchester Health Department AED Program Coordinator shall develop programs for the maintenance of the AEDs and the training of town employees authorized to use AEDs. Such regulations shall comply with all applicable state statutes and laws and manufacturers guidelines.

The Town of Manchester Health Department AED Program Coordinator shall ensure that all AEDs located on town and school property are registered at the Health Department.

The Superintendent of Schools or designee in consultation with the School Medical Director, the Coordinator of School Health, and the Building Administrator shall approve the location of AEDs at the Manchester High School and other school building, as AEDs are made available to the school system. The Manager of each town building with the Fire Department liaison and the Health Department AED Program Coordinator shall approve the location of AEDs in town buildings. AEDs shall be located to be readily accessible during the school and work day as well as during after hour events on school and town property that are open to the public.

- A. The Town of Manchester Health Department AED Program Coordinator shall be responsible for the following:

- a. AED service checks
- b. The placement of equipment and supplies for the AED
- c. All record keeping for the equipment is up to date
- d. Maintaining a list of predetermined list of AED providers which include
  - i. CPR Certification
  - ii. AED Certification
  - iii. Blood Borne Pathogen Training
- e. Maintaining a list of Predetermined and properly certified AED Responders.
- f. Incident Record Keeping
- g. Providing/scheduling for CPR/AED and Bloodborne Pathogen training
- h. Updating policy and administrative regulations annually and reviewing changes with the Superintendent of Schools or designee

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**Administrative Guidelines (4)**

- i. Assisting Predetermined AED Responders in any appropriate ways as determined by the administration
- B. The Coordinator of School Health Services, or designee, shall be responsible for the following:
  - a. Repair and servicing of AED units on school property.
  - b. Providing and scheduling CPR/AED and Bloodborne Pathogen training for school employees.
  - c. Updating policy and Administrative regulations annually.
  - d. Assisting Predetermined AED responders in any appropriate ways as determined by the Superintendent of Schools.
- C. The designated Site Coordinator at each town or school building in which an AED is installed will be responsible to:
  - a. Check the defibrillator on a regular basis as defined by the AED manufacture's guidelines. After performing an AED check, the site coordinator shall make note on the AED service log indicating the unit has been inspected and that it is found to be "Inservice" or "Out-of-Service".
  - b. Verify that the unit is in the proper location, that it has all the appropriate equipment (mask, Adult and Pediatric electrodes, razor, gloves and gauze).
  - c. Be sure appropriate forms (Appendix I - Appendix IV) are in place.
  - d. Verify the AED is ready for use and that it has performed its self-diagnostic evaluation. If the site coordinator notes any problems he/she will contact the AED Program Coordinator at the Manchester Health Department (860) 647-3173.
  - e. Copies of certification signed by Predetermined AED Responders regarding understanding of agreement to comply with Manchester's AED policies and procedures

**VI. Procedures for AED Use:**

- 1. Only appropriately, trained PEARs and trained first responders may use the AED.

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2. In the event of an unresponsive individual on the grounds of or in any Manchester town buildings, the main office in that building is to be notified if possible.

3. The Emergency Medical Services of the “911” system are to be called immediately. Note: in school buildings, one must dial 9 then, 911.

4. After determining the area is safe and after confirming the following symptoms, the AED can be placed:

- a. Victim is unconscious
- b. Victim is not breathing – (Open air way)
- c. Victim has no pulse and or shows no signs of circulation such as normal breathing, coughing or movement

C. If AED is not present begin CPR until AED arrives

D. When AED is present:

- a. Turn it on
- b. Follow the voice prompts
- c. Apply electrodes to bare chest (shave chest hair if needed for good contact of electrodes). If chest is dirty or wet wipe the chest dry. Do not place electrode directly on implanted pacemaker device. Stand clear of victim while AED analyzes rhythm.
- d. If shock is advised:
  - Clear area making sure no one is touching victim and press shock button
  - AED will analyze and shock up to 3 times
  - After 3 shocks, AED will prompt to check pulse & breathing. If absent,
  - Start CPR
  - AED will count one minute of CPR, then prompt rescuers to stop CPR and
  - Get clear so device can analyze rhythm again

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- e. If no shock advised:
- AED will prompt to check pulse and breathing, and if absent start CPR
  - After one minute of CPR, AED will prompt rescuer to stop CPR and get clear of victim so rhythm can be analyzed
  - Continue cycles of CPR and analyses, following AED prompt until EMS arrives and relieves rescuers.

**After AED Use Procedure:**

1. The emergency medical responders (EMS) will download the AED, keep a copy and send one copy to the Health Department for AED quality assurance records.
2. Each time an AED is used the PEAR shall complete a copy of the AED Incident Report (Appendix II). The Incident Report shall be faxed to the Health Department AED Program Coordinator (860) 647- 3188 no later than 48 hours after the incident. The AED Program Coordinator will forward a copy to the Health Department Medical Advisor.
3. Prior to returning the AED, the PEAR shall ensure that the AED is functional. Any problems with the AED should be immediately reported to the Coordinator of School Health at 860-647-3324 or Health Department AED Program Coordinator at 860-647-3188. The PEAR must sign his or her name (as soon as practical under the circumstances) and determine its service status upon removing it from its designated location and upon returning it. (Appendix I).
4. In the event of use, the PEAR shall if possible immediately notify the Coordinator of School Health at 860-647-3324 and/or Health Department AED Program Coordinator at 860-647-3173 who in turn will notify the Director of Health, Health Department Medical Advisor and the Town Manager, or the School Medical Director, School Superintendent if on school property.
5. The Site Coordinator will be responsible for insuring the manufacturer suggestions for cleaning and maintenance of the AED after an incident and to replace depleted supplies.



**Personnel**  
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**Appendix II**

**Town of Manchester  
Manchester Public Schools**

**AUTOMATIC EXTERNAL DEFIBRILLATOR  
INCIDENT REPORT**

Name of person completing report: \_\_\_\_\_

Location of the incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Time of the Incident : \_\_\_\_\_

Name of patient on which AED was applied \_\_\_\_\_ Age \_\_\_\_\_  
(if known)

Known status of patient

\_\_\_\_\_ Employee of Town or Manchester Public Schools

\_\_\_\_\_ Student

\_\_\_\_\_ Visitor to the building/grounds

\_\_\_\_\_ Other, explain \_\_\_\_\_

Describe incident:

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Patient status when transported from the scene:

\_\_\_\_\_ Awake and alert

\_\_\_\_\_ Unresponsive, breathing with a pulse

\_\_\_\_\_ Unresponsive, not breathing with a pulse

\_\_\_\_\_ Unresponsive with no breathing and no pulse

Name and telephone numbers of all responders to this incident

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Signature of person completing this report: \_\_\_\_\_

Date of the report: \_\_\_\_\_

Please fax to the Coordinator of School Health Services at 860-647-3485 AND  
fax to the Manchester Health Department at 860-647-3173

APPENDIX III

**Town of Manchester  
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**CERTIFICATION OF COMPLIANCE WITH AED  
POLICIES AND PROCEDURES**

I, \_\_\_\_\_ have read the Town of Manchester/Manchester Public Schools Automatic External Defibrillation Program and Administrative Guidelines. 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, while functioning as an AED Provider using the AEDs available, I have a concern or a question, I will ask the Coordinator of School Health Services or designee, or Manchester AED Program Coordinator the terms and conditions set forth in the policy and administrative regulations.

\_\_\_\_\_  
AED Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site AED Coordinator

\_\_\_\_\_  
Date

Original: Kept by Site Coordinator  
Copy sent to: Coordinator of School Health Services or the AED Program Coordinator

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**Appendix IV**

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**Defibrillator User's Checklist**

Year:	Month																		
Serial Number:	Date																		
Location:	Initials																		
Instruction and Recommended Corrective Action																			
Check defibrillator for damage or foreign substances. If it appears that unit was tampered with, immediately notify: Program Coordinator																			
<input type="checkbox"/> is visible on readiness display. If not, refer to Troubleshooting Table.																			
Note date electrode pads expire: _____ If date is passed notify: Program Coordinator																			
Extra set of electrode pads stored with AED (optional). Expiration date: _____ If missing notify: Program Coordinator																			
Infant/child electrode pads* stored with AED (optional). Expiration date: _____ If missing notify: Program Coordinator																			
Resuscitation Kit containing: disposable gloves, face mask, trauma scissors and razor stored with AED. If kit or items missing notify: Program Coordinator																			
Other resuscitation equipment stored with AED: _____ _____ _____ If missing notify: Program Coordinator																			

NOTE: If corrective action is needed, leave box unchecked and complete troubleshooting log.

