

PLAN REVIEW	
<i>Reviewer</i>	<i>Date</i>
Lee Carlson	5/13/2014
Eileen Kirk	3/5/2015
Shane Carlson	2/15/2018
Shane Carlson	9/17/2019
Shane Carlson	7/20/2020

Contact:

John Willey
(507) 967-2242

Automatic External Defibrillator (AED) Procedure Plan

Note: If AED is not immediately available, perform CPR until AED arrives on the scene. Use of the AED is authorized for emergency response personnel trained in CPR and use of the AED.

Purpose:

To provide trained employees of the Hutchinson school district with uniform guidelines to follow when responding to sudden cardiac arrest incidents and in intervening with an AED.

School Hours:

Staff members will:

1. Assess scene safety. Rescuers are volunteers and are not expected to place themselves at risk in order to provide aid to others, instead the scene or environment around a victim must be made safe prior to attempts to assist.
2. Determine responsiveness.
3. Notify the office of the location of the victim:
 - a. Office: (507) 967-2242

Office personnel will:

1. Call 911; tell the EMT's which school door to enter.
2. Assign someone to retrieve the AED and meet first Response Team member at the scene.
3. Make copy of Health record for EMT's.
4. Call parents/family of victim.



First Response Team will:

Respond to the scene of the victim, assess the victim, and if needed, begin CPR until the AED arrives.

1.
 - a. Check for signs of Circulation - (C). Signs include: pulse, coughing, or movement.
 - b. Check for Breathing - (B). Observe Universal precautions using gloves and ventilation mask, if available. If breathing, place in the recovery position and monitor breathing closely.
 - c. Open the Airway - (A).
 - d. If no signs of circulation, apply AED immediately. If AED is not immediately available, begin chest compressions and breathing (CPR) until AED arrives. Give 30 compressions and 2 breaths at a rate of 100 compressions per minute for five cycles or until the AED unit advises you to stop CPR.

Note: if rescuer is alone and the victim is a child under eight years old or 55 pounds and has no known cardiac condition, perform one minute of infant/child CPR prior to activating the emergency response system. If the child is age one to eight use the Child AED electrodes as indicated by the teddy bear on the leads.

2. Turn on AED.
3. Apply electrode pads (according to the diagram on back of electrode pads) to victim's bare chest:
 - a. Peel electrode pads one at a time, from the backing or liner.
 - b. Shave or clip hair if it is so excessive it prevents a good contact between electrode pads and skin.
 - c. Wipe chest clean and dry if victim's chest is dirty or wet.
 - d. Press electrode pads firmly to skin.
4. Stand clear of victim while machine evaluates victim's heart rhythm.
5. Refrain from using portable radios or cell phones within four feet of victim while AED is evaluating heart rhythm.

SHOCK ADVISED:

1. Clear area, making sure no one is touching the victim.
2. Push **SHOCK** button when prompted.
3. Device will analyze the victim's heart rhythm and shock up to three times.
4. After three (3) shocks, device will prompt to check pulse (or for breathing and movement) and if absent, start CPR.
5. If pulse or signs of circulation such as normal breathing and movement are absent, perform CPR for one minute.
6. Device will countdown one minute of CPR and will automatically evaluate victim's heart rhythm when CPR time is over.



NO SHOCK ADVISED:

1. Device will prompt to check pulse (or breathing and movement) and if absent, start CPR.
2. If pulse or signs of circulation such a normal breathing and movement are absent, perform CPR for one minute.
3. If pulse or signs of circulation are present, check for normal breathing.
4. If victim is not breathing normally, give rescue breaths according to training.
5. AED will automatically evaluate victim's heart rhythm after one minute.
6. 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.
7. Continue cycles of hearth rhythm evaluations, shocks (if advised) and CPR until professional (EMT) help arrives.
8. Victim must be transported to hospital.
9. Leave AED attached to victim until EMS arrives and disconnects AED.
10. Turn over care of victim to EMS personnel. Once they have arrived, follow the directions of the EMS personnel for further actions.

Teachers will:

1. Keep students in their rooms until the "All Clear" is announced.
2. Cover the First Response Team member's students.

Principal or designee will:

1. Come to the scene and perform crowd control.
2. Assist with EMT arriving to proper site.

After school hours:

School supervisor-covered events:

1. Determine unresponsiveness.
2. Activate system:
 - a. Public or cellular phone, dial 911.
 - b. Alert supervising staff member of emergency by sending a runner.
3. The supervisor, or designee, will retrieve AED.
4. If a CPR and/or AED trained individual is available, CPR and AED procedures should be initiated until EMS arrives.
5. Follow procedure outlined above. See School Hours section starting with First Response Team will.



Other non-school events:

1. Determine unresponsiveness.
2. Activate system:
 - a. Public or cellular phone, Dial 911.
3. The non-school event supervisor, or a designee, will retrieve the AED.
4. If a CPR and/or AED trained individual is available, CPR and AED procedures should be initiated until EMS arrives.
5. Follow procedure outlined above. See School Hours section starting First Response Team will.

AFTER USE:

1. A copy of the AED use information will be sent within 48 hours (weekdays) of the emergency to: George Berndt
 - a. AED coordinator
3. The volunteer responder will document the events using the school district accident form and will forward a copy of completed form to AED Program Coordinator or designee on the next business day.
4. AED will be wiped clean according to policy.
5. Electrode pads and other items used shall be replaced in the unit by designated person.
6. Critical Event Stress Debriefing will be conducted by school administration.

Authorizing Physicians

Signature: _____ Date: _____

Print or type
name: _____ Phone: _____

