

POLICY: EBBAA  
Approved: September, 2002  
Reviewed: January, 2003  
Revised: February 23, 2004

## **DEFIBRILLATOR**

### **POLICY**

It is the policy of the School District of Hartford Jt. #1 that AED trained and certified staff (AED Responders) be assigned to respond to cardiac-related medical calls, whenever possible, in conjunction with the Hartford Fire & Rescue Unit.

### **PURPOSE**

The purpose of this policy is to establish a uniform procedure for responding to medical emergencies wherein a victim/patient may require defibrillation in a pre-hospital setting. Guidelines and automated external defibrillator protocols will be addressed in this policy.

### **DISCUSSION**

Early defibrillation is a proven lifesaver. An AED Responder can be a crucial element in the emergency medical response system. Due to their ever-present availability and proximity within the facility, AED responders can respond in an expedient manner to medical emergencies, and can provide life-saving emergency care prior to a rescue squad's arrival.

### **DEFINITIONS**

Ventricular Fibrillation – A condition in which the heart suddenly goes into a very abnormal electrical rhythm that virtually stops blood flow to all parts of the body.

Automated External Defibrillator (AED) – A device capable of recognizing the presence or absence of ventricular fibrillation; determining, without operator intervention, whether defibrillation should be administered; and enabling the operator, on command, to administer defibrillation.

Pre-Hospital Setting – means a location at which emergency care is administered to a victim/patient prior to the victim's/patient's arrival at a hospital.

Program Medical Director – A licensed physician who is designated to be responsible for the medical control, direction, and supervision of the District's defibrillation program. The Program Medical Director for the department is John Selthafner, M.D.

Program Coordinator – The person designated by the Program Medical Director to be responsible for day-to-day oversight and record keeping of the District's AED Program. This person shall also assist in the coordination of required training. The Program Coordinator for the District is Mr. Al Davies.

Protocol – A written statement of guidelines, approved by the Program Medical Director, which lists and describes the appropriate steps to be followed in assessing and treating the victim/patient.

## **PROCEDURES**

- A. Equipment – Central Middle School, Lincoln Elementary School, and Rossman Elementary School will each have 1 LIFEPAK 500 Automated External Defibrillator unit available for use.
- B. Training – All appropriate staff members will be minimally trained to the American Heart Association (AHA) “Heart Saver AED” level. Staff members shall receive recertification training following AHA guidelines.
- C. Communication AED Responder’s Responsibilities:
  1. Upon receiving a call for medical assistance, the AED Responder shall be alert for factors that may indicate/involve a cardiac problem. These factors include, but are not limited to:
    - a. History of cardiac problems
    - b. Chest pain or tightness in chest
    - c. Radiating pain, especially in the left arm
    - d. Strokes reported by bystanders
    - e. Unconsciousness
    - f. Unexplained falls with altered mental state or loss of consciousness
    - g. Collapse after exertion
    - h. Dizziness in patient over age 35
    - i. Difficulty breathing
    - j. Erratic pulse or heart rate
    - k. Drowning
    - l. Electrocutation
    - m. Asphyxiation
  2. In the event the staff suspects that the AED unit is not functioning properly, he/she shall remove it from service, and notify his/her immediate supervisor, if available, as to what is the identified problem.
  3. In addition to daily inspections, the assigned AED responder is designated to inspect the defibrillator at least once each month. This monthly inspection shall include the necessary steps per manufacturer recommendation as outlined in the Medtronic Physio-Control LIFEPAK 500 Operating Instruction Manual.

4. Upon arrival at the scene of a medical emergency where an AED unit will be used, the AED Responder will follow the AED Protocol (See Appendix "A") without deviation, and begin AED intervention and defibrillation, if applicable.
5. The AED Responder shall be responsible for documenting the basic information regarding AED intervention by filling out an AED Run Sheet.
6. Upon arrival of Hartford Fire & Rescue Personnel (EMS Unit), the AED Responder will transfer care over to the EMS unit. The AED Responder shall provide the EMS unit with basic information regarding the immediate circumstances relative to the victim/patient, and provide the EMS unit with a copy of the AED Run Sheet.
7. The AED Provider who utilized his/her AED unit on the call shall be responsible to bring the AED unit used to the Emergency Room of Aurora Medical Center Hartford, 1032 E. Sumner Street so that the data stored in the AED unit may be downloaded. A copy of the "AED Run Sheet" form shall be left at the hospital for the Program Medical Director and/or Program Coordinator's review.

## APPENDIX A

### The 5-Step AED Treatment Protocol

#### 1. POWER ON the AED first.

- Open carrying case or top of AED; turn AED **ON**.
  - *POWER ON* allows voice and visual prompts from the AED to guide the operator.
  - *POWER ON* may occur automatically in some AEDs by opening the lid.

#### 2. ATTACH the AED to the patient.

- **Attach** the AED connecting **cables** to the **AED**.
  - *May be preconnected in some AEDs.*
- **Attach** the AED connecting **cables** to the adhesive chest electrode **pads**.
  - *May be preconnected.*
- **Attach** adhesive **pads** to patient's bare **chest** after peeling off backing.
  - *Stop chest compressions while placing AED electrode pads.*

#### 3. ANALYZE the rhythm.

- **Clear** the patient before and during analysis; check that no one is touching the patient, including the person doing rescue breathing.
- **Press** the **ANALYZE** button to start rhythm analysis (*some brands of AEDs do not require this step*).

#### 4. "Shock Sequence" (if indicated):

- **"Clear."** Clear patient once more before pushing the **SHOCK** button.
- **"SHOCK."** Press the **SHOCK** button to deliver the shock (*patient may display muscle contractions*).
- **"Clear."** Clear the patient again before each analysis and shock.
- **"ANALYZE."**
- **"Clear."** Clear the patient again before each analysis and shock.
- **"SHOCK."** Press the **SHOCK** button up to 2 more times if AED signals "*shock indicated*."

#### 5. "No Shock Indicated" Sequence:

Check **pulse**:

- If **pulse**: check **breathing**.
  - If *inadequate breathing*: assist with rescue breathing (1 breath every 5 seconds).
  - If *adequate breathing*: place the victim in the recovery position.
- If no **pulse**: resume CPR for 1 minute; then **recheck** pulse.
- If no **pulse** after 1 minute, reanalyze rhythm: AED will indicate either "*shock indicated*" (go to step 4) or "*no shock indicated*" (repeat step 5).

Policy EBBAA

**SCHOOL DISTRICT OF HARTFORD JT. #1  
AED RUN SHEET**

SCHOOL: CENTRAL ( )      LINCOLN ( )      ROSSMAN ( )

PATIENT'S PRIMARY COMPLAINT:

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**PATIENT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

**CPR/AED INFORMATION**

BYSTANDER CPR: YES \_\_\_ NO \_\_\_ CPR STARTED AT: \_\_\_\_\_ AM/PM

STARTED BY WHOM: \_\_\_\_\_ (HPD, HFD, EMS, F.R.)

FIRST SHOCK AT: \_\_\_\_\_ AM/PM TOTAL SHOCKS GIVEN: \_\_\_\_\_

**EMS INFORMATION**

EMS ARRIVAL: \_\_\_\_\_ AM/PM

REPORT GIVEN TO: \_\_\_\_\_ (EMS IN CHARGE)