

Automated External Defibrillator (AED)

The purpose of this procedure is to assist employees and volunteers trained and willing to use an AED in the event such use is necessary. This policy does not create any implied or express guarantee, or obligation to use an AED, nor does it create an expectation that either an AED or a trained employee will be present and able to use an AED, even if a condition arose that made the use of an AED beneficial. If an AED is used, this procedure will be followed.

The district will place AEDs in the following locations: All secondary schools, Harry Lang Stadium, Clover Park High School pool, Student Services Center and the Auxiliary Services Center. All employees required to have a first aid/CPR certificate will be provided an initial training course approved by the Washington State Department of Health in the use of AEDs. Employees trained in the use of an AED will be held to the standards of Substitute House Bill 2998 and the Good Samaritan Act (RCW 4.24.300, RCW 4.24.310).

If an event occurs requiring the use of an AED, trained staff will:

- Call 9-1-1 immediately;
- Follow Cardio-Pulmonary Resuscitation (CPR) procedures as required by the situation; and
- Retrieve and use the AED as the situation and training dictate.

PRE-PLACEMENT AND USE

1. Approved Equipment

- a. All AEDs purchased for placement in district facilities must meet the requirements of, and be approved, by the Pierce County Emergency Medical Services.
- b. To the extent possible, the brand of AED used should be the same throughout district facilities to provide consistency in training and operation.
- c. Equipment Documentation: The district will maintain on file the specifications/technical information sheet for each approved AED purchased. Information is available upon request from the Risk Management office. Complete 3412-F4 annually and keep inside the AED box and in building safety plan.
- d. It is important that all schools in the district maintain and update any equipment locations with the Risk Management office if devices are physically moved for any reason.
- e. The Risk Management office will notify West Pierce Fire and Rescue, Joint Base Lewis-McChord Fire and Rescue, Joint Base Lewis-McChord Police and Lakewood Police Department of the existence and location of all AEDs.

2. Procurement and Funding

- a. All AED systems will be centrally procured and funded by the Risk Management office to ensure uniformity and maximization of district funds. As systems require replacement, facilities should contact the Risk Management Office early to ensure the swiftest replacement.

- b. All requests for new systems should be forwarded to the Risk Management office including proposed location(s) for placement and facility AED/First Aid Manager point of contact in advance.

3. Training

- a. The district AED program follows the state approved medical direction provided by the Washington State Department of Health and the American Heart Association.
- b. Selected staff will be provided an initial training approved by the Washington State Department of Health in the use of AEDs. A copy of an employee's training certificate will be placed in the training section of their Human Resources personnel file.
- c. Upon acquiring the defibrillator, medical direction in using CPR and using the AED will be obtained from a licensed physician.
- d. AED use is included in the First Aid/CPR/AED training offered by the district. This course includes demonstrating proficiency in adult CPR, and the following:
 - 1) Safe and effective use of the AED device; and
 - 2) Common troubleshooting techniques for proficiency.
- e. Re-training of district employees and volunteers certified in AED/CPR skills is required every two years.
- f. Employees receiving AED use training include:
 - 1) District nurses
 - 2) Athletic/Activities directors and coaches
 - 3) Custodians
 - 4) Bus drivers and aides
 - 5) Maintenance and operation mechanics and supervisors
 - 6) Special education staff
 - 7) Additional staff may be trained as identified by building administrators.
- g. Employees should use the AED only to the extent their training and the medical situation requires.

4. Accessibility, Availability and Security

- a. AEDs are designed as a life-saving tool. If parts are missing or the equipment is vandalized or missing, the results could be devastating. In addition to life safety, this equipment is an expensive asset that should be protected from theft and abuse. AEDs will be made available for access by installing them in alarmed wall cabinets.
- b. During business hours, the AED will be housed in a designated location. Ideally, the AED will be placed near a phone and where the maximum number of persons can see the location. Staff should be able to access the device outside of business hours.
- c. Outside of business hours, the AED should not be moved unless required for an identified emergency. Separate devices should be procured for mobile use (i.e. school sporting events where devices are too far away from practical use).
- d. Community members and individuals using district facilities on a contractual basis are not guaranteed access to the AED or AED-trained personnel, and should be aware of such when signing their facility use contract.
- e. Manufacturers of AEDs offer various types of cabinets with several alarm options. In addition to installing the equipment in a secure alarmed cabinet, keep a daily inspection sheet to verify someone from your building has checked to see the AED and its equipment are stored and safe.

- f. If a portable AED is utilized, the device must be in a portable bag that protects the equipment from damage. Initiate a “check-out” sheet where authorized users check out the portable AED bag and equipment from a secure storage area. The “checkout” sheet must clearly designate where the equipment is to be taken and temporarily stored in a pre-designated place so individuals who need the AED in an emergency know where to locate it.
- g. A copy of all appendix items will be maintained inside the storage cabinet for each device to ensure ease of access and inspection as required.

OPERATIONAL PERIOD

5. Building/Facility AED Coordinator Responsibilities

- c. Conduct prescribed inspections and security checks as outlined in 3412-F1 and according to the manufacturer’s requirements.
- d. Ensure all discrepancies with AEDs are reported to the Risk Manager as soon as discovered.
- e. Ensure staff (and students as appropriate) are aware of the device locations and specific requirements for accessibility and notification requirements post-event.

6. Routine Inspection and Maintenance

- f. Each AED will be inspected for signs of tapering and/or missing parts monthly. Most AEDs perform periodic self-diagnosis, including a check of battery strength and an evaluation of internal components. This self-diagnostic is important to a regular inspection program.
- g. A schedule for maintenance of the AED will be dictated by each product manufacturer. The Director of Maintenance and Operations will provide the designated employee the schedule to follow. It is imperative that this schedule be followed closely to reduce the risk of system failure at a critical moment.
- h. The Director of Maintenance and Operations will designate an employee who will be responsible for checking the AED, including monitoring battery and maintenance indicators, and will immediately contact the Risk Management office if the device needs service or if supplies are missing or will soon expire.
- i. This periodic maintenance and monthly inspection of the AEDs will be recorded on the enclosed inspection form (3412-F1) and placed with the device for record keeping. If equipment defects are found, a copy of the form will be forwarded to the Risk Management office for repair and or replacement.
- j. Risk Management will ensure an annual districtwide comprehensive maintenance and technical inspection is completed in accordance with the manufacturer’s requirements. This comprehensive inspection and technical maintenance should be completed during the summer months to ensure the school year begins with all systems 100% operational. A service contract with a reputable expert in these systems should be considered best practice.

POST EVENT

7. Event Data

Immediately following the incident, the user of the AED will contact Risk Management. Risk Management will report the event and contact the Pierce County Emergency Medical Services to retrieve the data from the AED.

- k. The AED user will document the name of the fire/rescue responder and forward it and a copy of the District Incident Report (3412-F2) to the Risk Management office no later than the next business day.

8. Return of AED to Operational Service:

- l. As soon as possible after the event, the Risk Manager or designee will complete an inspection form (3412-F1) to ensure the AED is able to be returned to operational condition.
- m. This will include replacement of any used single-use items stored with the AED (charged battery pack, electrodes-two sets and accessory pouch supplies).

9. Critical Event Stress Debriefing:

- n. The Risk Management Office may arrange an informal debriefing at the request of the facility manager for district employees and community members regarding the incident.

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Revised: