

**COLUMBUS COUNTY SCHOOLS  
AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)  
ADMINISTRATIVE PROCEDURES**

Use of the AED is authorized for emergency response personnel trained and certified in CPR and the use of the AED.

**PURPOSE**

An AED is used to treat victims who experience Sudden Cardiac Arrest (SCA). It is only to be applied to victims, who are unconscious and without a pulse, signs of circulation and normal breathing. The AED will analyze the heart rhythm, charge to the appropriate energy level, and deliver a shock if indicated by the heart rhythm.

**PROCEDURE AFTER ONSET OF CARDIAC EVENT**

1. Observer notifies the office of a person experiencing a cardiac event providing location and pertinent details. (After office hours, the observer will notify emergency services directly by calling 911). Observer will assess the safety of the incident scene and take universal precautions as necessary. If the scene is safe and precautions in place:
  - a. **Assess the victim:** airway, breathing, and circulation.
  - b. **Victim alert/conscious:** place person in position of comfort and monitor until EMS arrives.
  - c. **Victim unconscious:** initiate CPR, if required, while the AED is brought to the victim's side.
2. Office staff will:
  - a. Notify emergency services by calling 911, providing any details given.
  - b. Alert the AED Team of the incident over the intercom by stating, **"AED Team report to location"**
  - c. Notify a School Administrator of the incident and known details.
  - d. Designate an individual to direct EMS to the victim's location.
3. AED Team will (until arrival of EMS):
  - a. Transport the AED to the location of the victim, assess scene safety and take universal precautions.
  - b. Assess the victim's status: airway, breathing, and circulation.
  - c. Place the AED near the victim's head. If needed, open the AED and follow the machine prompts for further action. If a shock is indicated, be sure all rescuers are "CLEAR" before shock administered.
  - d. **DO NOT USE AED IF:**
    - (1) Victim is conscious
    - (2) Victim is breathing
    - (3) Victim has a pulse
    - (4) Victim weighs less than 55 pounds
    - (5) Scene conditions are not viable (wet)
  - e. Continued CPR is warranted or monitor victim's status until EMS arrives.
  - f. Upon arrival, EMS shall take charge of the victim. AED team will provide victim information (name, age, known medical problems, time of incident) and victim's current condition and number of shocks administered.

- g. One AED Team member will complete the Columbus County Schools AED incident report form and forward it to the Columbus County Schools Superintendent/Assistant Superintendent **within three (3) business days** of the incident.
4. Critical Event Stress Debriefing will be conducted by the Columbus County Schools Incident Stress Management Debriefing Teams as soon as possible, if needed.

### **THE MEDICAL DIRECTOR**

The Medical Director's duties and responsibilities shall include, but not be limited to, the following:

1. General oversight of the Columbus County Schools AED program.
2. Providing medical consultation and expertise as it pertains to the AED program.
3. Developing and/or approving protocols for the use of the AED and other medical equipment.
4. Approving the AED training program.
5. Reviewing incidents involving the use of the AED.
6. Ensuring program compliance with Columbus County Emergency Medical response protocols, policies, procedures, and training.

### **AED PROGRAM COORDINATOR/SECURITY/SAFETY DIRECTOR**

The AED Program Coordinator/Security/Safety Director shall manage both system wide and site-based components of the AED program. The duties and responsibilities of the AED Program Coordinator shall include, but not be limited to, the following:

1. Communication with the Medical Director, AED site coordinators, AED response team members (as necessary), and EMS regarding the AED program.
2. Participate in case reviews, data collection, and other quality assurance activities.
3. Participate in the maintenance of the system-wide AED emergency response plan and procedures.
4. Ensure compliance with the Board's policies and procedures for the AED program.
5. Ensure compliance with state and local regulations regarding AED use.
6. Conduct post-event check procedures and ensuring that any AED used will be brought back into use as soon as possible after an AED incident.

### **AED TRAINING COORDINATOR/NURSE SUPERVISOR**

The AED training coordinator shall oversee the system-wide implementation of a training program designed to instruct Columbus County Schools personnel in the provision of AED emergency health care in response to a sudden cardiac arrest incident.

The duties and responsibilities of the AED Training Coordinator shall include, but not be limited to, the following:

1. Coordinate training in the American Red Cross or American Heart Association CPR, First Aid, and AED emergency medical care that meets all necessary requirements.
2. Ensure that all AED training is conducted by trainers with current American Red Cross or American Heart Association CPR/First Aid/AED Instructor certifications.
3. Maintain a list of trained AED responders as submitted by the designated School Administrator.

### **AED SITE COORDINATOR/SCHOOL ADMINISTRATOR**

1. Ensure that there are at least three trained and certified AED Response Team Members at the site and designation of an AED Response Team Member to do the monthly inspection and maintenance check.
2. Ensure the monthly inspection and maintenance log are maintained in the Principal's/Site Coordinator's office for a period of five years.
3. Develop and maintain school/site-based emergency response plans and procedures.
4. Ensure compliance with the policies and procedures of Columbus County Schools AED program.

### **INSPECTION/MAINTENANCE**

An AED Response Team Member, designated by the AED Site Coordinator, will perform a monthly AED check according to the AED Inspection/Maintenance Log. The log will be initialed at the completion of the monthly check and will be maintained in the Principal's/Site Coordinator's office for a period of five years.

Post-Incident Inspection/Maintenance will include completing the log, replacing equipment, and contacting the AED Program Coordinator for replacement of the CHARGE-PAK and electrodes.

**COLUMBUS COUNTY SCHOOLS  
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)  
INSPECTION/MAINTENANCE LOG**

<b>School/Site:</b>															
<b>Location:</b>															
<b>DATE</b>															
<b>TIME</b>															
<b>R-Routine P-Post Use</b>															

**INVENTORY ITEMS**

Storage cabinet intact															
Cabinet alarm functioning properly															
AED exterior intact															
Battery installed and functioning															
Spare battery available															
AED self-test performed															
Two sets of electrodes (within expiration date)															
Mouth barrier device (2)															
Disposable razor															
Scissors															
Non-Latex gloves (1 pair medium/1 pair large)															
Towel/Wipe-All															
CCS AED Incident Report Forms (2)															
Pen															
<b>Inspector's initials</b>															

<b>Inspector's Initials</b>	<b>Inspector's Printed Name</b>	<b>Inspector's Signature</b>

<b>AED Replacement Supplies Received By:</b>	<b>AED Replacement Supplies Received:</b>	<b>Date New Supplies Received:</b>	<b>Date of Disposal of Expired Supplies:</b>

**CORRECTIVE ACTION(S)**  
(What was required and when it was completed)

<b>DATE</b>	<b>DETAILS</b>	<b>INITIALS</b>

To be maintained in the principal/site director's office.

**Columbus County Schools****Automated External Defibrillation (AED)****Incident Report**

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ AM/PM

School Name: \_\_\_\_\_

Incident location on campus (which building, where in building, field, playground, etc.):  
\_\_\_\_\_**Patient Information:**☐ Student    ☐ Staff    ☐ Other \_\_\_\_\_ (specify)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_Male \_\_Female

**Incident Information:**

Cardiac Arrest: \_\_\_\_Not witnessed    \_\_\_\_ Witnessed by bystander    \_\_\_\_ Witnessed by AED person

CPR prior to defibrillation: \_\_\_\_Attempted    \_\_\_\_ Not attempted

Estimated time (in minutes) from arrest to CPR: \_\_\_\_\_ AED Shock: \_\_\_\_Indicated    \_\_\_\_Not Indicated

Estimated time (in minutes) from arrest to 1<sup>st</sup> AED shock: \_\_\_\_\_ Number of shocks: \_\_\_\_\_Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Patient outcome at incident site (prior to transport by EMS):

\_\_Return of pulse and breathing

\_\_No return of pulse or breathing

\_\_Return of pulse with no breathing

\_\_Return of pulse, then loss of pulse

\_\_Became responsive

\_\_Remained unresponsive

Name of AED operator: \_\_\_\_\_ Transporting ambulance: \_\_\_\_\_

Facility patient was transported to: \_\_\_\_\_

**Complete both sides of this form.**

Emergency care providers:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**This report is to be completed and sent to the CCS Superintendent/Assistant Superintendent within 3 business days of AED use.**