

## Students

### First Aid/Emergency Medical Care- Regulation

#### Illness

#### Use of Automatic External Defibrillators (AEDs)

##### I. Definitions:

Automatic External Defibrillator (AED) - means a device that: (A) is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiological signals, make medical diagnosis, and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use.

Predetermined AED Provider - that person who is CPR and AED certified and has a copy of his/her certification on record with the Brookfield Public Schools.

##### II. Defibrillator Location

1. The Brookfield Public Schools will have at least one defibrillator in each Brookfield Public School building.
2. The AEDs will be strategically placed and readily accessible to predetermined AED Providers to maximize rapid utilization.

##### III. Requirements for Predetermined AED Providers

1. Predetermined AED Providers shall be held accountable for the retrieval, use and return of the AED when it is used.
2. On an annual basis, a predetermined AED Provider shall certify in writing that he/she has read the Brookfield Public Schools AED policy and administrative regulations, and provide such certification and a copy of AED training completion documentation to the Superintendent of Schools or designee.

##### IV. Responsibility for Operation, Maintenance and Record-Keeping

1. The school nurse at each building in which an AED is installed will check the defibrillator(s) in the building monthly. It will be that nurse's responsibility to verify that the unit is in the proper location, that it has all the appropriate equipment (battery, mask, case, emergency pack), that it is ready for use, and that it has performed its self-diagnostic evaluation. If the nurse notes any discrepancies, or the AED's self-diagnostic test has identified any problems, the nurse must document and report the discrepancy or problem to the Superintendent of Schools or designee immediately.

## Students

### First Aid/Emergency Medical Care

#### Illness (continued)

Use of Automatic External Defibrillators (AEDs) (continued)

#### IV. Responsibility for Operation, Maintenance and Record-Keeping (continued)

2. After performing an AED check, the nurse shall make note on an AED service log (Appendix IV) indicating that the unit has been inspected and that it was found to be "In-Service" or "Out-of-Service."

The Superintendent of Schools or designee shall be responsible for the following:

- a) AED service checks during the school nurses' contracted school year.
- b) The replacement of equipment and supplies for the AED.
- c) The repair and service of the AED.
- d) All record keeping for the equipment during the contracted school year.
- e) Training Records of Predetermined AED Providers which include:
  - CPR certification
  - AED certification
- f) Maintaining a list of predetermined and properly certified AED providers approved by the Superintendent of Schools and/or the AED school Medical Advisor.
- g) Incident record keeping.
- h) Copies of the certifications signed by Predetermined AED Providers regarding understanding of and agreement to comply with Brookfield Board of Education AED policies and procedures (Appendix III).
- i) Providing/scheduling opportunities for CPR and AED training ~~re:~~ regarding certification for all Brookfield Board of Education school nurses.
- j) Assisting the school district with proper in-house training for other individuals designated by the district.
- k) Reporting the need for revising the policy and administrative regulations.
- l) Assisting Predetermined AED Providers in other appropriate ways as needed.
- m) Registering the AEDs in accordance with state law.

## Students

### First Aid/Emergency Medical Care

#### Illness (continued)

#### Use of Automatic External Defibrillators (AEDs) (continued)

##### v. Procedures for Use

1. Only Predetermined AED Providers shall be permitted to have access to AEDs.
2. Predetermined AED Providers accessing the AEDs shall maintain control of such equipment at all times.
3. Prior to returning an AED to its location, the Predetermined AED Provider shall ensure that the AED is functional. Any problems with the AED shall be immediately reported to the Superintendent of Schools or designee.
4. The Predetermined AED Provider must sign his/her name (as soon as practicable under the circumstances) and determine its service status upon removing it from its designated location and upon returning it. (Appendix I)
5. Predetermined AED Providers may only use AEDs in medically appropriate circumstances, in accordance with their training.
6. In the event of use, the Predetermined AED Provider shall, if possible, immediately notify the building nurse, the Superintendent of Schools, the District Medical Adviser, or designate another individual to do so.
7. Each time an AED is used, the AED Provider should complete a copy of the AED incident report. (Appendix II). The report must be forwarded to the Superintendent of Schools, no later than 48 hours after the incident. The Superintendent of Schools will forward a copy to the District's Medical Advisor.

Regulation approved:5/3/06

Brookfield Public Schools  
Brookfield, Connecticut

## Appendix I

BROOKFIELD PUBLIC SCHOOLS  
 Brookfield, Connecticut  
 AUTOMATIC EXTERNAL DEFIBRILLATOR LOG

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School/Location

A Predetermined AED Provider who is CPR and AED certified and has a copy of his/her certification on record with the Brookfield Public Schools can retrieve, use and return this AED. Please complete the necessary information below:

Location within school	Retrieved (Date & Time)	In-Service	*Out-Of-Service	Returned (Date & Time)	In-Service	*Out-Of-Service	AED Provider Signature

\*If out-of-service, immediately contact the Superintendent of Schools.

**Appendix II****BROOKFIELD PUBLICSCHOOLS**  
Brookfield, Connecticut**AUTOMATIC EXTERNAL DEFIBRILLATOR  
INCIDENT REPORT**

School/Location: \_\_\_\_\_

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

Date report is being completed: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name of patient on which AED was applied: \_\_\_\_\_ Age: \_\_\_\_\_

Known status of patient:

☐ Student☐ Parent of Student

Other, explain:

\_\_\_\_\_

Describe incident:

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List series of events from the start of the emergency until its conclusion:

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Your Signature: \_\_\_\_\_

Please forward to the Superintendent of Schools no later than 48 hours after the incident.

**BROOKFIELD PUBLIC SCHOOLS**  
**Brookfield, Connecticut**

**CERTIFICATION OF COMPLIANCE WITH AED  
POLICIES AND PROCEDURES**

I, \_\_\_\_\_ have read the Brookfield Public Schools Automatic External Defibrillation Program Policy and Administrative Regulations. 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 AED's available in the Brookfield Public Schools, I have a concern or a question, I will ask the CPR Instructor or school nurse-for clarification. I agree to follow the terms and conditions set forth in the policy and administrative regulations.

CPR Instructor/ School Nurse \_\_\_\_\_ Date \_\_\_\_\_

## Appendix IV

**BROOKFIELD PUBLIC SCHOOLS**  
Brookfield, Connecticut**AUTOMATIC EXTERNAL DEFIBRILLATOR  
SERVICE LOG**

School/Location: \_\_\_\_\_

<b>Location within school</b>	<b>Date</b>	<b>Inspected and In- Service</b>	<b>Inspected and Out-of-Service</b>	<b>Signature of Nurse</b>

Once per month the school nurse will inspect the AED(s) . During July and August it will be inspected by the head custodian of each school. If the AED is out-of service or does not have the appropriate equipment, the school nurse will contact the Superintendent of Schools or designee immediately.

**Appendix V****BROOKFIELD PUBLIC SCHOOLS  
Brookfield, Connecticut****AED AGENCY NOTIFICATION LETTER****To: Office of Emergency Medical Services****From: Brookfield Public School System**

We would like to notify you and your department about a Public Access Defibrillator Program in the Brookfield Public School District. Our Medical Director for the AED program is Dr. Robert Mascia. He works directly with the Superintendent of Schools regarding the implementation and management of the AED program. We have Automatic External Defibrillators in every school building. The defibrillators are strategically placed and readily accessible to Predetermined AED Providers to maximize rapid utilization. The AED is available during school hours and after school hours during on site school activities. Each school nurse has received training in the use of the AED. A list of Predetermined AED Providers is available in each school nurse's office. The Predetermined AED Providers are school nurses and any other person who has received AED training (American Heart, American Red Cross, or an equivalent training), has a completion card on file with the school nurse, has received and read the Brookfield Public Schools policy and administrative regulations and certified in writing his/her agreement to comply with same.

Sincerely,

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Brookfield Nurse Coordinator

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Date

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Superintendent of Schools

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Date



## Appendix VI

BROOKFIELD PUBLIC SCHOOLS  
Brookfield, ConnecticutState of Connecticut  
Department of Public Health  
Office of Emergency Medical Service  
(860) 509-7975

Registry # \_\_\_\_\_

PSAP # \_\_\_\_\_

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) REGISTRY FORM  
(Required by Public Act 98-62- Please print or type- Use one form per AED)

Name of Owner : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

AED Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_

Name of Prescribing Physician : \_\_\_\_\_

If AED is situated at a fixed location, please include town, street address, building name or number and floor location. Note: Be as specific as possible. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_If AED will not be in a fixed location, please describe how and where it will be deployed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail completed form to:

State of Connecticut  
Department of Public Health  
OEMS - AED REGISTRY  
410 Capitol Avenue MS #12-EMS  
P.O. Box 340308  
Hartford, CT 06134-0308