The board is committed to providing a healthy and safe environment for its students, employees, and visitors. To provide opportunities for assistance to individuals who experience sudden cardiac arrest on school property, the board authorizes the placement of automatic external defibrillators (AEDs) in designated locations in schools and at designated events to be accessed by medical practitioners and other trained persons.

To the extent funding, staff, and training are available, the superintendent is authorized to acquire AEDs for use at designated schools and events. The superintendent is further authorized to develop a program to address access to and training, use, and maintenance of AEDs in the school system. All such AEDs and any program developed must comply with the requirements of state and federal law.

The superintendent, in consultation with medical professionals trained in cardiopulmonary resuscitation (CPR) and AED use, shall develop procedures to implement this policy. Procedures must include information regarding:

1. Medical/healthcare provider oversight: Choice of AED devices will be made in consultation with a physician licensed by the state of North Carolina. Preference will be given to machines that offer both adult and child settings. The type of AED product must be one that is approved by the United States Food and Drug Administration.

2. CPR and AED use training for anticipated responders: Training will be completed in accordance with nationally recognized training programs including those approved and provided by the American Heart Association or American Red Cross. Appropriate records of training will be maintained.

3. Coordination with the emergency medical services (EMS) system: Appropriate local EMS officials must be notified of the location and most recent placement of AEDs within a reasonable period of time of placement.

4. Appropriate device maintenance and testing.

5. Placement of AEDs.

The superintendent or designee shall report to the board on the plan for and actual use of AEDs in the school system. The superintendent shall designate a program coordinator to manage the AED program in the schools.

Nothing in this policy should be construed to require the presence or use of an AED on school property or at school sponsored events, unless otherwise required by law. The board cannot and does not guarantee that an AED or a person trained in its use will be available at any particular school site or school-sponsored event.
The board and its employees expressly reserve all immunities from civil liability which are available to them under state or federal law, including governmental immunity and the statutory immunities set forth in North Carolina General Statutes 90-21.14, 90-21.15 and 115C-375.1 and federal statute 42 U.S.C. 238q.

Legal References: G.S. 90-21.14, -21.15; 115C-375.1; 42 U.S.C. 238q

Cross References: Student Health Services (policy 6120)


Adopted: 02-04-13
Revised: 01-12-15
Tyrrell County School
Automated External Defibrillator Plan

Adopted 01-12-15
Tyrrell county School District
Automated External Defibrillator (AED)

PURPOSE STATEMENT:

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing disturbance in the heart’s electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart’s normal function of pumping blood resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator delivered within a short time of the onset of VF. An AED is used to treat victims who experience SCA. It is only to be applied to victims, who are unconscious, without pulse, signs of circulation and spontaneous breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

The AED is to be used ONLY on cardiopulmonary arrest victims. Before the device is utilized to analyze the patient’s ECG rhythm, the patient must be:

- Unconscious
- No signs of circulation, and
- Not breathing spontaneously

Adult AED units are programmed to administer a sequence of 3 biphasic shocks given at appropriate time intervals per current AHA Guidelines. The energy level for the first three shocks is typically 120 Joules (J), 150 J and 200 J energy; energy levels do vary per AED device (i.e. manufacturers). If more than three shocks are delivered during the resuscitation, subsequent shocks will be 200 J for most AEDs. If a shockable rhythm persists, emergency responders will repeat the shock/CPR sequence per AED instructions in sets of 3 stacked shocks with 1 minute of CPR between each set until “no shock indicated” message is received, the patient converts to a perfusing rhythm, or an advanced life support team arrives on the scene and assumes control.

Tyrrell County School District has adopted this plan to assist trained lay rescuers to be better prepared in the event of a sudden cardiac arrest situation.
AED PLACEMENT

American Heart Association recommends that an AED be available and implementing the first shock within 3 minutes of collapse. This will give the victim a 70% chance of survival. For each minute from the time of collapse, a victim loses 10% chance of survival.

LOCATION OF AEDs:

Columbia Early College High School Office Workroom- Mounted on the wall outside of the nurse’s office

Columbia Early College High School/Middle School Gymnasium- Mounted on the wall in the East hallway directly outside of the gym.

Columbia Middle School- Mounted on the wall in the Teacher’s break room

Tyrrell Elementary School- Mounted on the wall in the nurse’s office

ADDITIONAL RESUSCITATION EQUIPMENT:

On the Columbia Early College High School and Columbia Middle School campuses the AEDs will have one set of defibrillation electrodes connected to the device. Tyrrell Elementary School's AED will have one set of defibrillation electrodes connected to the device and one set of pedi-padz with the AED.
NOTIFICATION OF LOCAL EMS:

The AED program coordinator for Tyrrell County Schools will on/or before the beginning of each school year give written notice of the Automated External Defibrillator Program to the County Emergency Medical Services' staff. A copy of this form will be kept on file by the program coordinator. See Appendix 1a.
TRAINING:

- Training classes should meet the guidelines of a nationally recognized program, such as the American Heart Association or the American Red Cross.

- To meet the need for lay rescuer training, the American Heart Association and the American Red Cross have developed a CPR/AED training course. This course teaches the user how to recognize the warning signs of heart attack and stroke perform the essential CPR skills, and how to use an AED.

- All successful volunteer responders receive an American Heart Association or American Red Cross course completion card with a recommended annual renewal date from the date of issue.

- Trained employees will renew AED and CPR training biannually.

- AED retraining will occur if equipment, policies, or procedures change.

CONTINUED TRAINING:

Classes for the renewal of AED/CPR training will be conducted as needed. The AED program coordinator will contact a certified instructor to set up the training.

Records:
A record of all training will be kept. A copy of this record will be on file with the AED program coordinator and in the Central Office. See appendix 2a for a sample training record.
Emergency Response:

1. Activate external emergency response by directing someone to call 911.
2. Activating internal emergency response system.
   - Trained employees know how to recognize signs of sudden cardiac arrest, start CPR right away, locate and use the defibrillator, and care for the victim until the EMS team arrives.
3. Send someone to direct Emergency Medical Personnel to the victim.
4. Once Emergency Medical Personnel are on the scene, assist them in getting information on victim, loading victim, and giving a report about events leading up to event.
5. After the event, the AED should be inspected and restocked.
6. After the use of the AED, a Use Report form should be filled out. This form is to be kept on file by the AED Program Coordinator and a copy should be sent to the Emergency Medical Agency that responded. See Appendix 3a.

POST-EVENT REVIEW DOCUMENTATION:

Following each AED deployment, a review shall be conducted to learn from the experience. The AED Program Coordinator or designee shall conduct and document the post-event review. All key participants in the event shall participate in the review. Included in the review shall be the identification of actions that went well and the collection of opportunities for improvement as well as critical incident stress debriefing. The debriefing should include response-time evaluation and identifying strategies for improvement.

A summary of the post-event review shall be sent to the AED Program Coordinator. The AED Program Coordinator shall maintain a copy of the post-event review summary.
EQUIPMENT MAINTENANCE:

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:

- The AED Program Coordinator or designee shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. Replace pads, pocket masks and other peripheral supplies that were used.
- Complete the AED Maintenance Checklist and return the AED to a state of readiness.

ROUTINE MAINTENANCE:

The AED will perform a self-diagnostic test that includes a check of battery strength and an evaluation of the internal components once every 24 hours. A volunteer, assigned by the AED Program Coordinator or designee, will perform a monthly AED check following the procedure checklist. The procedure checklist will be initialed at the completion and will be posted with the AED. Maintenance Record will be filled out for each AED and kept on file by the program coordinator. See Appendix 4a.

Supplies:
The AED Program Coordinator will contact the local Emergency Medical Agency to dispose used and/or expired supplies.

Operations Manual
A copy of the Operations Manual will be available at each AED location.
GENERAL RULE-FIRST AID OR EMERGENCY TREATMENT - N.C.G.S. 90-21.14

N.C.G.S. § 90-21.14 discusses first aid or emergency treatment by unpaid individuals and the limiting of their liability for assistance. Any person who renders first aid or emergency treatment to a person who is unconscious, ill or injured, and receives no compensation for that assistance, “shall not be liable for damages for injuries alleged to have been sustained by the person or for damages for the death of the person alleged to have occurred by reason of an act or omission in the rendering of the treatment unless it is established that the injuries were or the death was caused by gross negligence, wanton conduct or intentional wrongdoing on the part of the person rendering the treatment. The immunity conferred in this section also applies to any person who uses an automated external defibrillator (AED) and otherwise meets the requirements of this section." This law does not limit liability of a paid emergency technician or medical professional.

IMMUNITY FOR EMERGENCY TREATMENT USING AUTOMATED EXTERNAL DEFIBRILLATOR - N.C.G.S. 90-21.15

Use of an automated external defibrillator (AED) when attempting to save a life is "first aid or emergency health care treatment" as defined in N.C.G.S. 90-21.14. The following persons are NOT LIABLE for use of an AED when used as such:

1. CPR and AED trainer
2. Responsible party for the AED site where a training program was provided
3. North Carolina licensed physician writing prescription without compensation for AED whether or not required by any federal or state law

GENERAL RULE- VOLUNTEER HEALTH CARE PROFESSIONALS' N.C.G.S. 90-21.16

The following persons who receive no compensation for medical services rendered at facility, center, agency, or clinic, or who neither charges nor receives a fee for medical services rendered to patient referred by local health department or nonprofit community health center at provider's place of employment shall not be liable for injuries or death by reason of act or omission unless caused by gross negligence, wanton conduct, or intentional wrongdoing:

1. Volunteer medical or health care provider at local health department facility or nonprofit community health center, OR
2. Volunteer medical or health care provider rendering services to patient referred by local health department or nonprofit community health center at provider's place of employment, OR
3. Volunteer medical or health care provider serving as medical director of emergency medical services (EMS) agency, OR
4. Retired physicians holding "Limited Volunteer License", OR
5. Volunteer medical or health care provider licensed or certified who provides services
Entities providing such free services shall use due care in selection of volunteer medical or healthcare providers, and entities are not excused for failure to use ordinary care in provision of medical services to its patients.

Services provided by a medical or health care provider who receives no compensation and voluntarily renders such services at facilities of free clinics, local health departments, nonprofit community centers, or as volunteer medical director of emergency medical services (EMS) agency are deemed not to be in the ordinary course of the volunteer medical or health care provider's business or profession.

1. "Nonprofit community health center" is not defined in the statute or case law

2. "Free clinic" is defined as a nonprofit, 501(c)(3) tax-exempt organization organized to provide health care services without charge or for minimum fee to cover administrative costs and that maintains liability insurance covering acts and omissions of free clinic and any liability pursuant to N.C.G.S. . 90-21.16(a).
Written Notice of Automated External Defibrillator Program

Owner: Tyrrell County Schools  Date: August 4, 2014
Contact: Diana Spruill  Title: School Nurse
Phone: 252-796-3881  Address: 486 Elementary Rd.

Location in Facility:

1. Columbia Early College High School and Columbia Middle School Gymnasium- Mounted on the wall in the East Hallway directly outside of the gym.
2. Columbia Early College High School Main Office Workroom- Mounted outside the nurse's office.
3. Tyrrell Elementary School-Mounted on the wall in the nurse's office.
4. Columbia Middle School- Mounted on the wall in the teacher's break room.

AED Manufacturer/ Model: Zoll
AED Manufacturer Representative: Zack Taylor
How to ACCESS AED: AED event recollecting card is available
Times AED is available: During school hours and during athletic events.
Willing to respond offsite if requested? No
Initial meeting date with EMS: August 14, 2008

PLEASE SEND COMPLETED FORM TO YOUR LOCAL EMS AGENCY. RETAIN ONE COPY FOR YOUR RECORDS.
AED TRAINING

The following people are trained in the use of the Automated External Defibrillator. They have completed the recommended American Heart Association Heartsaver AED 4 hour course.

<table>
<thead>
<tr>
<th>AHA INSTRUCTOR, TRAINING AND RENEWAL DATE</th>
<th>PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
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AUTHORIZED AED USERS:

The AEDs may be used by:

- Any trained volunteer responder who has successfully completed an approved CPR/AED training program and has a current successful course completion card. Training documentation must also be on file with the AED program coordinator.

The AED program coordinator will identify all employees of School Response Teams. A list of all trained staff will be kept by the AED program coordinator. A copy of this list will be on file with the program coordinator, main office of each school and the main office of the Board of Education Building.
# Automated External Defibrillator Use Report

**Date:** ________________  **Date of Use:** ________________  **Time of Use:** __________

**AED Model:** _______________________________________________________________________

**How You Were Notified of the Emergency:**  
Personal Contact  Radio  Telephone  Other: ____________________

**What Happened?** (Write on back or attach additional sheet if necessary)

## Patient Information:
- **Name:** _____________________________  
- **Age:** ___________  
- **Sex:** _____________

## Patient Condition on Your Arrival:
- Conscious  Breathing  Pulse  No CPR  
- Unconscious  Not Breathing  No Pulse  CPR in progress

## What Did You Do?
- Established Unresponsiveness  Monitored Patient
- Helped with medication___________________________________________________________
- **Used AED**
  - Shock Needed? Yes  No  
  - Shock Delivered? Yes  No  
  - **Number:** ____________
- Did Pulse Return? Yes  No  
- Did Breathing Return? Yes  No  
- Did Patient Become Conscious? Yes  No
- **Was CPR Necessary?** Yes  No  
- **Was CPR Performed?** Yes  No  
- **Who Performed CPR?** ___________________________________________ ________________
- **Were More Shocks Needed?**
  - Yes  No  
  - **Number:** ____________
  - Did Pulse Return? Yes  No  
  - Did Breathing Return? Yes  No  
  - Did Patient Become Conscious? Yes  No
- **Was CPR Necessary?** Yes  No  
- **Was CPR Performed?** Yes  No  
- **Who Performed CPR?** ________________________________________________________

## Condition on EMS Arrival:
- Conscious  Breathing  Pulse  No CPR  
- Unconscious  Not Breathing  No Pulse  CPR in progress

**Outcome, if known:**  
- Survival  Death

**Could you do this again if needed?** Yes  No  Not Sure  

**Additional Information Attached?** Yes  No

**Names of AED Responders:** ________________________________________________________

**AED Data downloaded/retrieved and provided to medical personnel**  
Yes

**Person and facility receiving data** _______________________________________________  

**AED Contact Personnel:** Please submit one copy of this report to the EMS agency, one copy to your medical director, and keep one copy for your records.
Automated External Defibrillator

Maintenance Record

AED Model Number: ________________________________

Manufacturer Representative: ________________________________
Address: ________________________________
Phone: ________________________________
Fax: ________________________________

AED Inspection Date: ________________________________

Inspector name and title: ________________________________

Found to be in Working Order? Yes  No (Give Details)

Is maintenance or repairs necessary? No  Yes (Give Details)
(Note: Other than replacing battery and replacing AED pads, if this doesn’t get ready status, AED must be serviced at factory)

Special Checks Performed? (See Manufacturer Recommendations)

No  Yes (Give Details)

Date of Next Inspection: ________________________________

Please maintain a log of these inspection records on site.