



## Automated External Defibrillator (AED) Protocol

### Scope

The purpose of this procedure is to provide employees of the Greater Victoria School District (GVSD) with uniform guidelines for responding to sudden cardiac arrest (SCA) incidents and intervening with an Automated External Defibrillator (AED).

AEDs in school/district sites are intended primarily for use by staff with CPR/ First Aid training certifications provided by the St. John's Ambulance or other authorized agencies as approved by Work Safe BC. AED's will also be accessible to members of the general public under the *Good Samaritan Act of British Columbia*; persons are not liable for rendering emergency care including the use of an AED.

### Exemption of Liability

Neither the care provider, owner, or orientators to their use, will be held civilly liable for their acts or omissions in rendering good faith emergency care to someone who appears to be in cardiac arrest.

### AED Response Plan and Procedures

The purpose of this procedure is to provide employees of the GVSD with uniform guidelines for responding to cardiac arrest incidents and intervening with an AED. The AED will provide easy to follow step by step audible instruction once initiated and will not deliver current if a pulse is present.

**NOTE:** If the AED is not immediately available, perform CPR until the AED arrives on the scene.

### AED Procedure

Perform standard first aid on the patient. If no pulse is present and AED is not yet available, begin CPR as per first aid training.

Once AED is available

1. Turn ON the AED.
2. Remove all clothing from the patient's chest area.
3. Apply electrode pads (according to the diagram on the back of the electrode pads) to the patient's bare chest:
  - Peel electrode pads, one at a time, from the backing or liner.
  - Press electrode pads firmly to the skin.

**NOTE:** If the patient is under eight years old or less than 25kg (55 lbs.), remove pre-connected adult defibrillation pads, connect the Infant/Child Reduced Energy Defibrillation Electrode pads, if available, to the AED and proceed. Do not delay therapy to determine precise age or weight of

the child. If in doubt, defibrillate with pre-connected defibrillation electrode pads ensuring that they do not touch when applied.

4. Follow the AED visual and voice prompts.
5. When advised by the AED, initiate/resume CPR. Continue to perform CPR until otherwise promoted by the AED or EMS personnel upon arrival.
6. If the patient recovers consciousness or starts moving, place the patient in the recovery position and leave the AED attached.

## Failure of the AED

In the unlikely event that the AED does not operate properly, the responder shall continue with basic life support measures, including CPR, until a more highly trained medical authority arrives on the scene.

## AED Roles and Responsibilities

The success of the AED Program depends on the effective collaboration of team members across the District. The following include the specific responsibilities of team members:

### AED Program Coordinator (Occupational Health and Safety Advisor)

- Oversee the use of the AED, including familiarization and awareness events, protocol reviews, and post-event reviews.
- Assess each potential building for the optimal location for storage of the AED. The location should be easily identified and secure, yet easily accessible to adults.
- Notify the local EMS agency of the existence, location, and type of AED at school/district sites.
- Ensure school/district site administration is orientated to the correct use of the AED.
- Notify the district CIRT lead should the AED be utilized on anyone.

### School Administrator

- Make all staff aware of any students with existing conditions where AED may be required.
- Maintain (on file) a specifications/technical information sheet for each approved AED model in a school/site.
- Identify the location of the AED and review its location with staff.
- Ensure staff members are provided orientation to the correct use of the AED on a yearly basis.
- Immediately notify the AED Program Coordinator should the AED be utilized on anyone.
- Immediately notify the parents if the AED is utilized on a student.



### **Joint Occupational Health and Safety Committees**

- Ensure that the AED equipment is inspected monthly parallel to any manufacturer requirement and included in regular facility inspections.
- Complete the AED Maintenance Log quarterly.
- Report any concerns to the AED Program Coordinator and school/site administration.
- Assure that all equipment stock levels are maintained.
- Shall maintain a log of maintenance and inspection with the AED.

### **Employees, Students and Other Members of the GVSD Community**

- In the event of a cardiac emergency, first call 9-1-1.
- Report any tampering of the AED to the school/site administration.
- Not in any way tamper with the AED, except for the sole purpose of responding to cardiac emergencies.

### **Post-Incident Procedures**

1. The responder will document the event using the Post-Incident Report Form and will provide the completed form to the school/site administration who will forward the form to AED Program Coordinator on the next business day.
2. A First Aid record will be filled out by the school First Aid Attendant.
3. The AED will be wiped clean according to device instructions.
4. Electrode pads must be replaced and reconnected to the device.
5. Notify the district CIRT lead after AED use.
6. Critical Incidence Debriefing will be conducted by the school/site critical incidents team.
7. Complete the online SPP form(s)

### **Incident Confidentiality**

The AED Post-Incident Report is confidential and shall not be altered once it is completed.

School based JOHS committees should be notified after each AED use.



## AED Post-Incident Report Form

This form must be completed for every incident necessitating AED use, submitting via email within 24 hours of use to the AED Program Coordinator (HR Occupational Health and Safety Advisor).

Patient's Last Name	Patient's First Name	Date of Incident:
Patient's Address		Name of person applying AED:
Exact Location of Incident: (include building name, room #):		
Incident Address:		Assistant:
Time of Incident: AM  PM	AED Serial Number:	Assistant:
Estimated time from patient's collapse until CPR begun:		Estimated total time of CPR until application of AED:
Was Cardiac Arrest Witnessed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	By Whom:	Time:
Was CPR Started? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	By Whom:	Time:
EMS Unit Receiving Person:	Time of Transport: AM PM	Location of Transport(hospital):
Description of Incident:		
Report Completed By:		
AED Program Coordinator Reviewed:		Date:

## AED Maintenance Log

The following checklist shall be completed quarterly by the school's joint health and safety committee who shall conduct and document a system check that includes the inspection of AED kit supplies, AED battery life, and AED operation and status. Inspection and maintenance records shall be retained by the school with the equipment. All equipment maintenance shall be performed according to the AED manufacturer's user manual and operating instructions.

The AED Program Coordinator will conduct an annual assessment of the AED program to include review of records, equipment operation, and maintenance records.

Date of Inspection: \_\_\_\_\_ AED Location (name of school): \_\_\_\_\_

Inspection Performed by (Employee Name (s)): \_\_\_\_\_

Criteria	Yes/No	Corrective Action/Comments
Visible placement	<input type="checkbox"/> Y <input type="checkbox"/> N	
Placement is unobstructed	<input type="checkbox"/> Y <input type="checkbox"/> N	
Check the status/service light indicator	<input type="checkbox"/> Y <input type="checkbox"/> N	
Check battery is present	<input type="checkbox"/> Y <input type="checkbox"/> N	
Verify date of last battery maintenance and check	<input type="checkbox"/> Y <input type="checkbox"/> N	
Check presence of two sets of AED pads in sealed package	<input type="checkbox"/> Y <input type="checkbox"/> N	
Check expiration date on pad packages	<input type="checkbox"/> Y <input type="checkbox"/> N	
Check housing or cabinet access	<input type="checkbox"/> Y <input type="checkbox"/> N	