

Policy Information

Series 4000 - Non-Instructional/Business Operation

Public Access Defibrillation (PAD) Program, including REGS FRMS

Policy # 4551, 5.5.1

POLICY

2002

4551

Non-Instructional/Business Operations

Subject: PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAM

The purpose of the Genesee Valley BOCES Public Access Defibrillation (PAD) Program is to provide proper and timely use of Automated External Defibrillators (AEDs) so as to reduce the potential for cardiac arrest fatalities at BOCES instructional locations.

The New York State Department of Health, pursuant to Chapter 552 of the Laws of 1998, authorizes the appropriate use of Public Access Defibrillation in community facilities including schools. In an effort to provide for the appropriate intervention of an individual who has experienced a sudden cardiac arrest or arrhythmia while on BOCES property or while attending an off-site BOCES “instructional” event (as defined by State Education Department Regulations), the BOCES authorizes appropriate use of AEDs.

The BOCES will develop appropriate practices and protocols for the implementation of a PAD program. The BOCES will acquire and maintain appropriate AED equipment and provide appropriate training for BOCES personnel. Only authorized, appropriately trained personnel shall use this equipment.

Board Approved
1/21/03

2003 R - 4551
Administrative Regulations

Subject: PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAM

Early access defibrillation is a significant survival factor for victims of sudden cardiac arrest. The Genesee Valley BOCES has agreed to implement a Public Access Defibrillator (PAD) program, whereby portable Automated External Defibrillators (AEDs) are acquired and staff trained in their use. The program will be evaluated on an ongoing basis and may result in the acquisition and deployment of additional AED units. The following administrative regulations have been adopted to assist in the management of the PAD Program.

I. Physician Oversight Collaborative Agreement

PAD Program Oversight will be provided by:

Dr. Eric Davis (585-273-3961)

Emergency Medical Service (EMS) Medical Director

Monroe-Livingston Regional EMS Council

Office of Pre-Hospital Care, Strong Memorial Hospital

601 Elmwood Avenue, Rochester, NY 14692.

Oversight by the above named Emergency Health Care Provider (EHCP) includes program review and guidance in the following areas:

User attendance at approved AED training programs.

Approval of AED devices used at our sites.

Development and review of written protocols to include the following elements:

Training requirements for AED users.

Procedures to be used for 911 notification for ambulance dispatch.

Location of AEDs.

Procedures for use of AED devices used at our sites.

Maintenance and regular checking of equipment.

Documentation requirements for each AED use – including completion of written

PAD event form to be faxed or mailed to Medical Director's office.

Participation in a regional Quality Improvement Program.

Written notice to local 911 center concerning availability of AED devices at our sites.

Application and other required paperwork for forwarding to Regional EMS Council.

II. Program Administration

The BOCES Health and Safety Specialist will serve as PAD Program Coordinator to administer the Program, in cooperation with the Emergency Health Care Provider (EMS Medical Director). The program coordinator will be responsible for ensuring that the elements of the physician oversight collaboration agreement are developed and implemented. The program coordinator will work with a designated site/building contact person to enable timely and effective program implementation.

III. Location of AED Units

The BOCES has 10 AED units (stored in alarmed, wall-mount cabinets) at the following sites:

Batavia: Area Occupational Ctr., 8250 State St. Rd., Batavia, NY 14020 (5 units)

Building A: Main hallway (by Main Office) and Nurse's Office

Building B: Rm. B-108-classroom, northeast corner beside door

Building C: Main Office (hall outside Rm. C-105)

Admin. Bldg: First floor stairway

LeRoy: Administrative Services Ctr., 80 Munson St., LeRoy, NY 14482 (1 unit)

Main Lobby

Leicester: Leicester Academy, 3 Mt. Morris Rd., Leicester, NY 14481 (1 unit)

First floor Conference Rm. by Main Office

Mt. Morris: May Occupational Ctr., Lackawanna Ave., Mt. Morris, NY 14510 (3 units)

May Ctr.: Mail Room (by Boiler Room) and Nurse's Office

White House: Main entry area

Instructional requirements may necessitate the temporary relocation of one of the units at the Batavia or Mt. Morris sites (on or off site usage).

IV. Training

Only BOCES employees who are properly trained to use AEDs in accordance with NY State laws shall be authorized to use BOCES AEDs. All such personnel must successfully complete a training course in CPR (Cardio Pulmonary Resuscitation) and in AED operation designed by a nationally recognized organization approved by the NYS Department of Health (e.g., American Red Cross, American Heart Association).

All such authorized personnel must maintain on file with the BOCES a copy of a written certification card or other written evidence satisfactory to the BOCES, establishing each person's completion of the approved CPR/AED training courses. All certifications must be current under the standards of the organization granting course approval.

The District will provide ongoing training and certification in CPR/AED for its authorized personnel on at least an annual basis.

All authorized personnel shall be familiar with and trained to use the specific model of AED units owned by the BOCES.

All AED/CPR volunteer staff will be asked to sign an AED Volunteer Form, and will be appointed by the Board on an annual basis.

All aforementioned records will be kept by the PAD Program Coordinator.

V. Emergency Medical Response Plan Activation:

Generally, the plans follow this outline:

Internal Notification:

(Details vary, based on location and time of day. Plans for the individual locations will be reviewed periodically and amended as needed.):

First person on scene notifies Main Office by any means available (telephone, radio or runner).

Main office obtains relevant information (location, victim condition, etc.) and makes general emergency announcement (e.g., "Code Blue at [location]") to staff via P.A. system, radio or runners.

All available trained AED/CPR/First-Aid staff report to emergency scene.

AED bag is brought to scene by closest trained responder or via main office runner.

"911" Notification:

Once notified of emergency, main office staff will call "9-911" to initiate action by public safety agencies.

Caller should give 911 operator the following information: *Type* emergency, Facility address and Location of emergency, Phone number they are calling from, and any other information as requested by 911 staff.

Main office staff will arrange to have someone meet emergency service personnel at main entrance.

Types of Medical Emergency:

Cardiac Arrest: AED Use indicated *only* if patient Unconscious, Not-breathing, No signs of circulation *and* patient is at least 8 years old / 55 pounds.

Other Medical Emergencies – Provide only the patient care that is consistent with responders training.

VI. Post-Incident Activities

These steps should be completed as soon after the incident as possible:

- A. Any person who has used an AED device must complete an AED Event, a copy of which is forwarded to the collaborating Emergency Health Care Provider (EHCP). This will usually be done by first notifying the BOCES PAD Program Coordinator.
- B. Ensure AED readiness for next usage:
 - Replace Powerheart electrodes by connecting to the Powerheart.
 - Replace pocket mask and other supplies used.
 - Check expiration date on the electrode.
 - Place one of the electrode expiration date stickers on outside of the Powerheart (so it can be viewed without opening the lid).
 - Check the battery gauge to assure sufficient battery life.
 - Close lid of Powerheart and view the status indicator to ensure it is GREEN.
- C. Retrieve AED rescue data and forward to Oversight Physician, as needed.

VII. Quality Improvement:

An AED Event Form (AED Use Report) must be completed for each use of the *Powerheart* AED. The PAD Program Coordinator and the Oversight Physician shall review this form. Additionally, the rescue data will be downloaded from the *Powerheart* AED to a computer via "RescueLink" software. This data shall also be reviewed by the program coordinator and the oversight physician. Ideally, the AED Use Report and the rescue data should be submitted to the oversight physician within forty-eight hours. Plan improvements decided upon as a result of such information review shall be implemented as soon as possible. The program coordinator will file all such records, as appropriate.

VIII. Maintenance:

The Cardiac Science *Powerheart* AED performs self-checks on a daily and monthly basis. However, as per manufacturer's recommendation, scheduled daily, monthly and annual checks are required in order to ensure that the device is operating

properly and is ready for use. Forms have been developed for use in checking and documenting the readiness of the AED devices. The scheduled daily and monthly checks will be performed by the site/building Operations and Maintenance staff, under the direction of the PAD Program Coordinator. Annual checks, re-supply of equipment, and the filing of completed forms are the responsibility of the PAD Program Coordinator.

IX. Protocol Review:

This protocol will be reviewed and updated at least annually and as necessary to reflect changes in equipment, procedures, regulations, etc.

AED Event/Use Report (must be completed for all uses of AED)

[Please forward ASAP to PAD Program Coordinator (585-344-7591, fax: -7909) GV-BOCES, 80 Munson St., LeRoy, NY 14482]

AED Event/Use Report: Genesee Valley BOCES

Date: _____ Time of Incident _____

Site of Incident: _____

Patient Name: _____

Patient Address: _____

Patient Age: _____ Gender: Male Female

Witnessed Arrest: Yes No

Breathing upon arrival of designated responders: Yes No

Pulse upon arrival of designated responders: Yes No

Bystander CPR: Yes D No D Cardiac Arrest after Arrival: Yes No

Estimated Time from arrest to CPR: _____

Estimated Time from arrest to 1st AED shock: _____

Number of Shocks administered to patient: _____

Patient outcome at incident scene (circle all that are applicable):

Regained Pulse Became Responsive

Did NOT Regain Pulse Remained Unconscious

Other: _____

Name of Transport Ambulance Service: _____

Hospital Transported to: _____

Comments: _____

AED User's Name: _____

User's Signature: _____

AUTOMATED EXTERNAL DEFIBRILLATOR VOLUNTEER FORM

I volunteer to be trained in the operation and use of the BOCES' automated external defibrillator equipment by an approved training provider and to provide the District Superintendent or his/her designee with satisfactory proof of this training. I agree to receive periodic refresher training and/or retraining in the operation and use of said automated external defibrillator equipment as the Board of Education deems appropriate. I certify that I have read and understand the Board of Education Policy and Regulation concerning the operation and use of the BOCES' automated external defibrillator equipment and agree to comply with the same. I further agree to render emergency automated external defibrillator service as set forth in the BOCES' policies, procedures and regulations. I have received no compensation or consideration of any kind in exchange for this agreement to provide said automated external defibrillator care.

Print Name/Title

Administrator

Employee's Signature

Administrator's Signature

Date

Date

[Please forward completed form to GV BOCES Public Access Defibrillator Coordinator (LeRoy Services Center)]
