Automated External Defibrillators

I. Purpose

The purpose of this regulation is to provide an immediate response at the location of a suspected cardiac arrest on Prince William County Public Schools’ (PWCS) property, for delivery of life support until the arrival of Emergency Medical Services (EMS) personnel for patient care, and/or transport.

II. Definitions (as used in the procedure)

A. Automated External Defibrillator (AED): A device approved by the United States Food and Drug Administration capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia (irregular heart rhythms). The AED determines (without the operator’s intervention or interpretation) whether defibrillation is necessary, automatically charges, and requests delivery of an electrical impulse to the patient’s heart to re-establish normal heart rhythm.

B. Centers for Disease Control (CDC): The CDC is a United States federal agency under the Department of Health and Human Services, headquartered near Atlanta, Georgia.

C. Do Not Resuscitate (DNR): DNR orders do not affect PWCS employees. (See Policy 750.02, “Do Not Resuscitate (DNR) Orders for Students and Staff”)

D. Service Medical Director: A physician with a valid, unrestricted license to practice medicine and/or osteopathy in the Commonwealth of Virginia, who agrees to supervise a defibrillation service, and has completed training in CPR and AED in compliance with the guidelines and regulations for the Virginia Department of Health. The service medical director shall be the Prince William County (PWC) operational medical director.

This procedure was established under the service medical director's authority. The contact information for the service medical director is on file with the Office of Risk Management and Security Services.
III. Procedures

A. Responsibility and Authority:

1. Defibrillation service provided by PWCS shall:
   a. Call 911 immediately in the event of a suspected medical emergency;
   b. Provide AED service to the customer population within their regular operating areas and hours on a continuous basis. This includes a plan for notification of a person trained in CPR and use of an AED in the event of a possible cardiac arrest;
   c. Provide telephone service for the notification of the responsible fire and EMS agency by dialing 911;
   d. Notify the PWC Department of Fire and Rescue of any changes to the location or operating capability of the defibrillation service, such as when continuous service is affected; and
   e. Not withhold or refuse to provide service based on race, religion, age, or national origin of the patient.

2. Each PWCS department and/or school shall be responsible for paying the actual cost for replacement charge-pak unit and electrodes.

3. The defibrillation service record keeper shall be the school nurse (or designee) and shall prepare, maintain records, and maintain reports for all PWCS-owned AEDs, to include:
   a. A roster of certified personnel in their school (minimum of two for each building) and/or a copy of their certification card;
   b. Maintenance records and safety inspections of the AED; and
   c. A record of each AED use on the “Check List of AED Use” (see Attachment I) and document the date charge-pak is replaced.
4. The defibrillation service record keeper shall be responsible for the following:

   a. Reporting any incident via the Chancery Student Management Solutions (SMS) Reporting System within 48 hours;

   b. Checking the AED weekly to confirm availability, that the “OK” light is lit, and documenting this activity on their weekly maintenance log kept on site;

   c. Maintaining records in a safe and secure location to prevent damage or unauthorized disclosure for a period of not less than five years;

   d. Ensuring staff members (minimum of two in each building) receive initial training, retraining, and demonstrates their competency, as required by the Virginia Department of Education; and

   e. Working cooperatively with all departments that maintain AEDs.

B. The Office of Risk Management and Security Services shall:

   1. Conduct annual inspections of each AED unit to ensure:

      a. AED unit is present, the “OK” light is lit, and exterior surfaces are clean and sanitary;

      b. All required records and reports are properly maintained on-site at the school/facility; and

      c. School/facility is maintaining a log, which includes the date of the weekly inspections and evidence that all required supplies and equipment are present with expiration date.
C. The Service Medical Director shall:

1. Establish in conjunction with PWCS staff any rules or regulations, including service protocols, needed to ensure the delivery of proper patient care within the defibrillation service's scope of practice.

2. Periodically conduct a review of the defibrillation service's activity as they relate to patient care to ensure an effective quality assurance program.

3. Cooperate with PWCS to carry out routine quality assurance programs, which relate to the defibrillation service’s activities.

D. General:

1. Schools/facilities shall consult with the Office of Risk Management and Security Services prior to purchase and registration of new AEDs. (See Attachment II)

2. Defibrillation service is limited to CPR and defibrillation. No other emergency medical skills shall be performed.

3. Providers shall not leave a patient unless relieved by a person with equal or greater qualifications.

4. Only provide patient’s medical/personal information to authorized providers for continuing medical care.

5. Providers who deploy and attach the AED to a patient shall report the same into the SMS reporting system and notify the defibrillation service designated record keeper.

6. Replace the charge-pak unit and the two sets of electrodes immediately following an incident.

7. Use plastic bags for disposal of soiled supplies and soiled disposables.

8. Disinfect non-disposable items exposed to patient’s nose or mouth according to CDC guidelines. Use a 10 percent bleach solution to disinfect non-disposable items.
E. Procedures for Purchasing Additional AEDs:

1. Receive approval from appropriate supervisor, complete the “Request for Purchase of Automated External Defibrillators (AEDs)” (see Attachment II) and submit to the Supervisor of School Health Services.

2. Purchaser shall use master agreement contract maintained in the Purchasing Office.

3. Upon receipt of the AED, contact the Office of Risk Management and Security Services for coordination of the final installation and registration.

The Associate Superintendent for Finance and Support Services (or designee) is responsible for implementing and monitoring this regulation.

The Associate Superintendent for Finance and Support Services (or designee) is responsible for reviewing this regulation in 2020.
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<tr>
<th>Date of Incident</th>
<th>Time of Incident</th>
<th>AED Applied</th>
<th>Patient Disposition</th>
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<td>________________</td>
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Date AED Charge-Pak Unit Replaced ________________________________

Date of Incident     ________________  Time of Incident ________________

AED Applied  ☐ Yes   ☐ No

Patient Disposition_____________________________________________________________________

Date AED Charge-Pak Unit Replaced ________________________________

Date of Incident     ________________  Time of Incident ________________

AED Applied  ☐ Yes   ☐ No

Patient Disposition_____________________________________________________________________

Date AED Charge-Pak Unit Replaced ________________________________
REQUEST FOR PURCHASE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

Purchaser shall receive approval from appropriate supervisor, complete this “Request for Purchase of Automated External Defibrillators (AEDs)” form, and submit to the Supervisor of School Health Services.

Purchaser shall use master agreement contract maintained in the Purchasing Office.

Upon receipt of the AED, contact the Office of Risk Management and Security Services for coordination of the final installation and registration.

Date of Request: ______________________

Reason: (Approval required for each purchase.)

☐ Initial Purchase – Location ________________________________

☐ Upgrade Building – Specific Location ________________________________

☐ Athletic Use – Assigned Athletic Trainer Certified (ATC)

   Supervisor of Athletics __________________________ Date ______

   School Principal __________________________ Date ______

   Supervisor of School Health Services __________________________ Date ______

Office of Risk Management and Security Services Use Only

Registration ____________________________________________

Approval ____________________________________________

Comments ____________________________________________

c: Supervisor of School Health Services
   Supervisor of Health, Physical and Driver Education, and Student Activities