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AUTOMATED EXTERNAL DEFIBRILLATORS (A.E.D.)

Background

The Division is committed to ensuring a safe and healthy environment for students, staff and others at division properties and will support the use of Automated External Defibrillators (AED) on its premises to be used in emergency situations by trained individuals.

AEDs are a safe, easy-to-use, portable device that can deliver an electric shock to a person in cardiac arrest, if needed to start their heart. They are self-directing and will give the user verbal step-by-step instructions, providing life-saving medical treatment to a person in cardiac arrest. These user-friendly devices require no special training and will only deliver a shock when necessary. The device is smart – it will only administer and electrical shock to a heart that needs it. Using an AED cannot harm a person, it can only help them.

It is widely accepted that the use of AED programs will increase survival rates in workplaces and communities with situations of sudden cardiac arrest. An AED is considered the most effective treatment for sudden cardiac arrest. Early defibrillation alternating with CPR is paramount to increase success for victims of sudden cardiac arrest. Defibrillation within the first 3 to 5 minutes of cardiac arrest will dramatically increase survival rates.

Purpose

The purpose of this Administrative Procedure is to provide guidance regarding the management and administration of the Division's AED program.

Policy Statement

Grande Prairie Public School Division (the "Division") supports the acceptance of donated and purchased Automated External Defibrillators (AEDs) and the installation of these AEDs within the facilities owned, operated or managed by the Division.

The Division recognizes that its facilities are used extensively by the public in addition to regular school use. The Division recognizes the importance of taking appropriate action whenever a medical emergency threatens the safety, health or welfare of a student, staff or community member, and that as such, the Division has made a decision to maintain AEDs on its premises, to be used in emergency situations.

Definitions

AED – Automated External Defibrillator, a device that delivers a therapeutic dose of electrical energy to the chest through electrical pads during a cardiac arrest.

Organization – Grande Prairie Public School Division (GPPSD)

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Department – Part of a larger organization with a specific responsibility (Example: finance, Transportation)

Facility – A commercial, institutional building or resource (*Example: school, central office, maintenance shop, work vehicle*)

User Site – Actual location of where the AED is located (requires a designated name)

Site Coordinator – Person responsible for the regular checking, reporting and maintenance of one or several AEDs on their site.

Team Coordinator – Person who can monitor several sites and their site coordinators within their department (Example: Principal)

Lead Coordinator – Person who can monitor all devices, sites and coordinators in their organization. The Lead Coordinator is the Division Safety Coordinator.

Designate for the Superintendent of Schools is the Safety Coordinator.

Certifying Organizations – means training agencies as approved by <u>Alberta Workplace Health</u> and <u>Safety List</u> of available training agencies.

Procedures

1. AED Instrument

- 1.1. The selection of the best AED model for our organization will depend on a variety of factors, such as budget, storage, and training.
- 1.2. In order to reduce the confusion of different types of AEDs available, the Division has opted to utilize the Zoll Plus AED. This is not an endorsement of one manufacturer over another. Bulk purchasing of supplies may result in cost savings.

2. Location of AEDs

- 2.1. The Division authorizes the placement and use of AEDs in facilities owned, operated or managed by the Division.
- 2.2. Prior to placement of an AED in a facility owned, operated or managed by the Division, the Principal (or designate) or site supervisor of the facility shall obtain prior consent for the placement of the AED from the Lead Coordinator.
- 2.3. Placement assessment shall be completed. Consider the following:
 - While there is no single "formula" to determine the appropriate number, placement, and access system for AEDs, there are several major elements that should be considered. However, all considerations are based upon (1) an

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optimal response time of 3 minutes or less and (2) assessing the level of risk in a facility's environment.

Factors that should be considered include:

- **Response Time:** The optimal response time is 3 minutes or less. This interval begins from the moment a person is identified as needing emergency care to when the AED is at the side of the victim. Survival rates decrease by 7 to 10 percent for every minute that defibrillation is delayed.
- Visitors: Facilities that host large numbers of visitors are more likely to experience an event, and an appraisal of the demographics of visitors should be included in an assessment.
- **Specialty Areas:** Facilities where strenuous work is conducted are more likely to experience an event. Additionally, specialty areas within facilities such as exercise and work out rooms should be considered to have a higher risk of an event than areas where there is minimal physical activity.
- Physical Layout of Facility: Response time should be calculated based upon how long it will take for a person with an AED walking at a rapid pace to reach a victim. Large facilities and buildings with unusual designs, elevators, and campuses with several separate buildings, and physical impediments all present unique challenges
- 2.4. Installation of AED and cabinet will be completed by Division Maintenance staff.
- 2.5. Following installation, the Lead Coordinator will inspect and record the AED location on the facility maps. These facility maps are part of our Emergency Preparedness Program, available online to all Division employees.
- 2.6. Location of the AED will be made known to facility employees by way of email and the monthly Health and Safety meetings.
- 2.7. The Lead Coordinator will register the AED and site coordinator with Alberta Health Services Heart Safe Community Registry
- 2.8. Characteristics of Proper AED Placemen.
 - There are several elements that contribute to proper placement of AEDs. The major elements are:
 - An easily accessible position (e.g., placed at a height so those shorter or disabled individuals can reach and remove, unobstructed access, etc.) 48" from the floor to the handle of the AED.
 - A secure location that prevents or minimizes the potential for tampering, theft, and/or misuse, and precludes access by unauthorized users. Facilities should take additional steps to assure that an AED has not been stolen or improperly removed.
 - A location that is well marked, publicized, and known among trained staff.
 Periodic "tours" of locations are recommended.

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- A nearby telephone that can be used to call backup, security, EMS, or 911 to be sure that additional help is dispatched
- Protocols should clearly address procedures for activating local EMS
 personnel. These protocols should include notification of EMS personnel of the
 quantity, brands, and locations of AEDs within the facility. This information will
 enhance dispatch and the EMS responder protocol, enabling proper planning
 and scene management once EMS personnel arrive at the victim's side.
- Equipment stored in a manner in which the removal of the AED automatically notifies people in the area and/or a central control center is ideal.
- Where automatic notification of the opening of an AED storage cabinet or removal of an AED from a cabinet is not implemented, emphasis should be placed on notification procedures and equipment placement in close proximity to a telephone
- Signage on or above the AED must state that the AED is for use in medical emergencies only.

3. Maintenance and Testing

- 3.1. Following placement in a facility, if the AED is removed from the facility, the Principal (or designate) or site supervisor of that facility shall forthwith advise the Site and Lead Coordinator of its removal.
- 3.2. Where a second AED is part of a first responder / first aid kit that is taken outside the school building there is no need to report it being removed. Reporting is only required in this case, if the AED is used to provide first aid. Advise the Lead Coordinator, complete record of first aid and report in Hour Zero.
- 3.3. When a facility is authorized to install one or more AEDs in its premises, the Division shall:
 - 3.3.1. Ensure the AED is approved by Health Canada and meets its guidelines, and is compliant with any applicable legislation or guidelines of other regulatory bodies;
 - 3.3.2. Establish procedures for the monitoring and maintenance of the AED in accordance with the manufacturer's specification, industry practice and applicable legislation; and
 - 3.3.3. Establish procedures for training staff regarding the proper and safe use of AEDs, including periodical upgrading or refresher training.
- 3.4. When a facility is authorized to install one or more AEDs in its premises, the Principal (or designate) or site supervisor of that facility shall:
 - 3.4.1. Each school / facility shall appoint a staff member to be the Site AED Coordinator, to ensure inspections are conducted and recorded;

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- 3.4.2. Notify the Lead Coordinator of AED and its location(s) in the facility, or of its removal from the facility, as well as who the Site Coordinator is;
- 3.4.3. Cooperate with the Division in the implementation and enforcement of procedures for the monitoring and maintenance of the AED in accordance with the manufacturer's specifications, industry practice, applicable legislation and this Administrative Procedure;
- 3.4.4. The Site Coordinator will record all monitoring and maintenance activities of the AED on the Heart-Safe.ca website; and
- 3.4.5. Record all uses of the AED (whether or not for a medical emergency) on the <u>Heart-Safe</u> website.
- 3.5. Monthly Inspections www.heart-safe.ca website tracks the AED inspection/maintenance. AEDs will be inspected monthly. The online "Maintenance Checklist" will be utilized.
- 3.6. The Owner's Manual must always be referred for proper means of use, maintenance and cleaning.
- 3.7. Each AED has built in self-testing. Always refer to and follow the directions in the Owner's Manual.
- 3.8. Daily inspections to ensure the presence of the AED in the cabinet, that it has not been tampered with and the presence of a green illuminated check mark. Any concerns must be reported immediately to the Principal (or designate) and the Lead Coordinator.

4. Training

- 4.1. When an AED is installed in a facility, staff at the facility must receive initial and ongoing training (as required by the Division and certifying organizations) regarding the appropriate use of the AED.
- 4.2. Consistent with Administrative Procedure 160 First Aid Training, there are a minimum number of trained First Aiders in each facility. The standard trained to is Basic & Intermediate First Aid.
- 4.3. Individuals or community groups who utilize the school or Division facilities outside of regular school or business hours are not guaranteed access to the AEDs.
- 4.4. Individuals or community groups are encouraged to have a First Aider or AED trained person on site.
- 4.5. Anyone can, at their discretion, provide voluntary assistance to a victim of a medical emergency. The extent to which these individuals shall respond shall be appropriate to their training and experience. These responders are encouraged to contribute to emergency response only to the extent they are comfortable. The emergency medical response of these individuals may include CPR, use of the AED or medical first aid.

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- 4.6. In a medical emergency involving a student, the doctrine of *in loco parentis* applies. Division staff shall act in the best medical interests of the affected student in the absence of a parent or guardian, or when the student is unable to act for him/herself (either due to age or incapacity). Such action may include the use of an AED on a student.
- 4.7. The Division wishes to encourage the use of AEDs where appropriate in medical emergencies. However, tampering with an AED is considered to be serious misconduct and, in light of the circumstances, may be considered a disciplinary matter (including suspension or expulsion in the care of a student) and/or may be reported to the police as it is a criminal offence of mischief.

5. Medical Emergency Protocol

Existing Division medical emergency protocol will be followed.

- Step 1. Call 9-1-1 and / or contact the office.
- Step 2. Send for/obtain first aid kit and AED if required.
- Step 3. Direct students / bystanders to move away from area.
- Step 4. Administer first aid stay with the victim.
- Step 5. Complete First Aid Medical Treatment form

6. The AED Program Coordinator

- 6.1. The AED Program Coordinator is the Division Safety Coordinator This person is the key contact with the vested interest in the program.
- 6.2. Key responsibilities:
 - Ensuring that the Division AED program is coordinated with Alberta Health Services – Heart Safe Community Registry.
 - Ensuring that the Division AEDs are properly maintained by conducting inspections and audits of facilities and user sites.
 - Following up after an AED has been used.
 - Serving as an advocate and spokesperson for the program and for early defibrillation

7. Post Incident Review

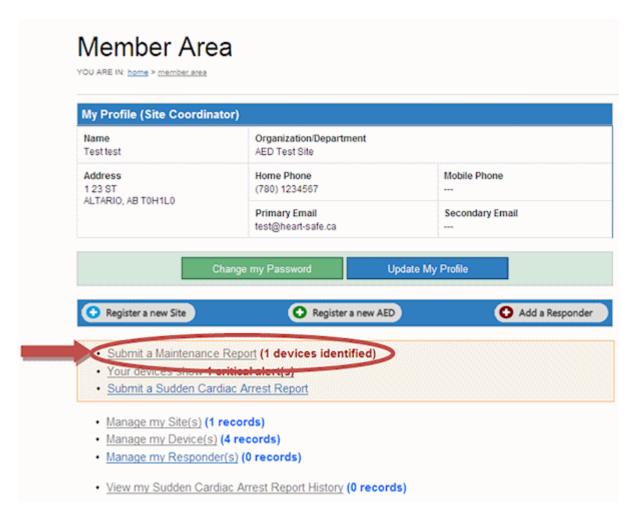
7.1. When an AED is used by any person during regular school or business hours, whether or not for a medical emergency, the Principal (or designate) or site supervisor of the facility shall notify the Lead Coordinator of its use. If appropriate, the online Student Accident Report or the Employee Accident Report in Hour Zero shall be utilized.

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- 7.2. When the AED is used by any person outside of regular school or business hours (such as community groups in evenings or during weekends), whether or not for a medical emergency, the contact person for that community group shall report use of the AED to the Principal (or designate) or site supervisor of the facility who shall, in turn, notify the Lead Coordinator of its use.
- 7.3. The incident shall be investigated as per any workplace incident consistent with existing Occupational Health and Safety practices.
- 7.4. The Lead AED Program Coordinator will be responsible for:
 - Downloading and filing of the AED data following a usage.
 - Replace and inspect all AED components and supplies.
 - Complete inspection report and return AED to service
 - Seek technical assistance / repairs as required.
 - Seek medical review of incidents and data.
 - Seek out and document improvements to the AED program as required.

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Example of online Maintenance Checklist. www.heart-safe.ca



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Mainte	enance Checklist	
A. AE	D Device (Phillips Heart Start FRX Serial Number: B	128-03565)
	AED Readiness indicator displaying green or "OK".	
	AED pads or cartridge attached in unopened pouch and free of damage or foreign debris.	
	Battery Pack installed in AED	
	No "Errors" or "Alarms" noted.	
	Spare Pads in AED carrying case pouch or under cover. Click here if not equipped.	
	Pediatric Pads/Key/Switch Present. Click here if not equipped.	
B. Re	sponder Kit includes	A.
	ould include: et mask or shield (1), Disposable Gloves (2 pair), Raz	or (1), Scissors (1), Towel (1)
	Kit Complete and attached to device	
C. Ala	rm Box	
	Check Cabinet alarm and replace battery every 12 months.	
	Click here if not equipped.	
Ī	Submit Maintenance Checklist	Cancel