



Automated External Defibrillators (AEDs) AP 400.37

Procedure for:	Principals, Maintenance and Custodial Staff	Adopted:	April 12, 2013
Submitted by:	Superintendent of Business & Treasurer	Revised:	N/A
Category:	Operations		

Purpose

In an effort to provide a safe environment for our staff, students and visitors, Automated External Defibrillators (AEDs) have been installed in all City of Brantford and Brant County schools as part of an initiative with the Heart and Stroke Foundation and local Emergency Medical Services (EMS). A number of the Board's schools are a community focal point during evenings and weekends, and therefore, are subject to a larger number of adult visitors who may be in a risk category (due to age) or are a risk due to physical activity.

Responsibilities

Maintenance Department

- Install an AED in every school / building in a location that is accessible, convenient and visible in the school / building.
- AEDs should be installed based on consultation with the local Emergency Medical Services (EMS).

Custodians

- Visually inspect AED units daily during regular school days to ensure the unit is functional.
- Perform a monthly inspection of AED units.
- Complete a daily or monthly inspection tracking log and post the log in the vicinity of the AED unit.
- If deficiencies are noted during daily or monthly inspections, report any deficiencies to the appropriate Supervisor, Custodial Services and the school principal.
- If the AED has been used for a medical emergency, immediately notify the school principal and the Manager, Facilities & Construction Projects.
- Perform a yearly self-check of the unit.
- When instructed to do so by the Supervisor, Custodial Services, remove and reinsert AED batteries to force a full self-check of the unit.
- Store Inspection Logs, on-site, for one calendar year.

Supervisor, Custodial Services

- Take corrective action when a deficiency is reported regarding an AED by contacting the Local Public Access Defibrillator (PAD) Coordinator.
- In September of each year, instruct custodians to remove and reinsert AED batteries to force a full self-check of the unit.

Public Access Defibrillator (PAD) Coordinator

- Download any pertinent information from the AED unit after it has been used for a medical emergency.
- Ensure the unit is cleaned and returned to a state of readiness after it has been used for a medical emergency.
- Complete a *Public Access Defibrillation Deployment Report*.

Manager, Facilities & Construction Projects

- If the AED has been used in a medical emergency, contact the Local PAD Coordinator and the Human Resources Coordinator – Health and Safety.
- Every five years, coordinate the replacement of chest pads and batteries in all AED units.

Information

Bill 171, *Health Systems Improvements Act, Schedule N*, passed by the Ontario Government in June 2007 contains the *Chase McEachern Act* (Heart Defibrillator Civil Liability Act, 2006). This law removes any liability concerns regarding the use of the AED by a bystander for the owner / operator of the facility where the AED is located. All installed AEDs become the property of the Brant Haldimand Norfolk Catholic District School Board.

Procedures

1.0 Daily Visual Check

- Ensure the unit is clean and no damage is noted.
- Look at the front, lower left corner of the AED and ensure that the green check mark ✓ showing that the unit is ready to use is visible.
- If the green check mark is not visible or any of the following is noted:
 - “Replace Batteries” is visible;
 - The unit is beeping;
 - A red X is evident;Report this deficiency to the Supervisor, Custodial Services and your school principal.
- Remove the AED from service.
- Complete an *AED Daily Inspection Log*, noting the date of the inspection, your name and initials.
- Post Inspection Sheets in the vicinity of the AED unit.
- Store Inspection Logs on-site for one calendar year.

2.0 Monthly Inspection

- The AED will automatically do a diagnostic self-check on a monthly basis.
- Check the AED unit to ensure it is clean, the case is intact and the touch pads are intact.
- Ensure cables are connected securely and in good condition.
- Ensure supplies are available, sealed and in good condition.
- Verify power supply green check mark ✓
- Inspect storage cabinet to ensure it is clean, in good condition and the door alarm is functional.
- Press the “I” button to check the readiness of the unit.
- Report any deficiency to the Supervisor, Custodial Services and your school principal and remove the AED from service.
- Complete an *AED Monthly Inspection / Maintenance Checklist*, noting the date of the inspection, your name and initials.
- Post Inspection Sheets in the vicinity of the AED unit.
- Store Inspection Logs on-site for one calendar year.

3.0 Yearly

- In September of each year, remove the main batteries to force a full self-check of the AED.

4.0 Every Five Years

- Replace chest pads and batteries.

5.0 When the AED has been Used in a Medical Emergency

- Notify the school principal and the Manager, Facilities & Construction Projects immediately.

6.0 Training

- All principals / vice-principals, maintenance and custodial staff who receive First Aid / CPR training will also receive training on the operation of an AED.
- Retraining will occur in synchronization with first aid training.

Definitions

Automated External Defibrillator (AED)

A portable defibrillator designed to be automated such that it can be used by persons without substantial medical training who are responding to a cardiac emergency.

Defibrillator

An apparatus used to produce defibrillation by application of brief electroshock to the heart, directly or through electrodes placed on the chest wall.

Emergency Medical Services (EMS)

A network of services coordinated to provide aid and medical assistance from primary response to definitive care, involving personnel trained in the rescue, stabilization, transportation and advanced treatment of traumatic or medical emergencies. Linked by a communication system that operates on both a local and a regional level, EMS is a tiered system of care, which is usually initiated by citizen action in the form of a telephone call to an emergency number. Subsequent stages include the emergency medical dispatch, first medical responder, ambulance personnel, medium and heavy rescue equipment and paramedic units, if necessary. In the hospital, service is provided by emergency department nurses, emergency department physicians, specialists and critical care nurses and physicians.

References

Bill 171, Health Systems Improvements Act, Schedule N
Chase McEachern Act (Heart Defibrillator Civil Liability Act, 2006)



AED MONTHLY INSPECTION / MAINTENANCE CHECKLIST

Date: _____ Location of Unit: _____
 Serial #: _____ Inspection Completed By: _____

	Yes	No	Comments (if applicable)
Defibrillation Unit			
Is the unit clean?			
Is the case intact?			
Are the touch pads intact?			
Cables			
Are any cables cracked?			
Are there any broken wires?			
Is there any damage to the cables?			
Is the connector cable engaged securely?			
Supplies (Please ensure that the Unit has each of the following)			
Razor			
Scissors			
Pocket mask			
Gloves			
Towel			
Power Supply			
Flashing green light working (in top right corner of AED)?			
Cabinet			
The outside of the cabinet is clean?			
The outside of the cabinet is clear of clutter?			
The glass front is clean?			
The glass front has no visible cracks?			
The audible alarm is working when the cabinet is opened?			
Operational Check (Troubleshooting Button)			
When you press the "I" button, does ???			
Major Problem Identified			
Press the flashing blue "I" button to identify the problem.			
Follow the voice instructions.			
Remove the Unit from service.			
Other			

Signature: _____

If major problems are identified, please forward this form to the Supervisor, Custodial Services
 who will then forward the form to the Local PAD Coordinator.



PUBLIC ACCESS DEFIBRILLATION DEPLOYMENT REPORT

Name of PAD Location: _____

Date of Incident: _____ Time of Incident: _____ a.m. / p.m.

Location of Incident with Facility: _____

Patient Age: _____ Patient Sex: Male _____
Female _____

CPR Prior to Defibrillation: Yes _____
No _____

If yes, by: Layperson _____
Medical Personnel _____

Was Cardiac Arrest: Witnessed by Bystander _____
Witnessed by AED User _____
Not Witnessed _____

Estimated Time from Arrest to 1st Shock: _____ minutes

Total Shocks Delivered: _____

Brief Description of Events: _____

Patient Outcome at Incident Site: Return of Pulse and Breathing _____
Return of Pulse Only _____
Return of Pulse, Then Loss of Pulse _____
No Return of Pulse or Breathing _____

Name of AED Operator: _____

Signature of AED Operator: _____

Name of Transporting Ambulance Service: _____

Hospital: _____

This report is to be completed by the AED Operator as soon as possible after the event and fax it immediately to the Manager, Facilities & Construction Projects at 519-759-7611. The Manager, Facilities & Construction Projects will forward the report to the appropriate Local PAD Coordinator.

The information contained in this report is required, and will be maintained as confidential quality improvement information.