TITLE: Policy and Procedure for the Acquisition and Use of Automated External Defibrillators (AEDs)

NUMBER: BUL-4480.1

ISSUER: Michelle King, Senior Deputy Superintendent
School Operations, Office of the Superintendent
René Gonzalez, Executive Director
Student Health and Human Services

DATE: November 5, 2012

POLICY: The Directors of Student Medical and Employee Health Services manage the Automated External Defibrillators (AEDs) Program of Los Angeles Unified School District (LAUSD). The policies and protocols provide uniformity and guidance in the administration and maintenance of the AED Program. Trained personnel will use an AED on persons who are unconscious, not breathing, or gasping, and not exhibiting signs of circulation. AEDs will be maintained on the premises of selected schools, and other locations in the Los Angeles Unified School District.

MAJOR CHANGES: This Bulletin replaces BUL-4480.0 of the same title dated December 19, 2008. The Annual Maintenance Inspection is the responsibility of the school administrator or designee. The Field Nursing Coordinator at each ESC is responsible for assisting with corrective actions on reported AED concerns and post-incident reviews. The Operations Director will ensure that schools are in compliance with Bulletin 4480.1.

GUIDELINES: I. Responsibilities

A. Medical Director
The Director of Student Medical Services will oversee all student related incidents, and the Director of Employee Health Services will oversee employees and all other adult related incidents. The Directors’ responsibilities will be:

1. To assist with the AED program and to act as consultant in matters regarding regulations and requirements for training and maintenance of AEDs in the AED program.

2. To assist with policy development, procedures, and protocols for emergencies related to performing cardiopulmonary resuscitation (CPR) and use of an AED.

3. To review recorded data from the AED Data Card or Data Port within five days following an AED incident involving a student or adult.
B. AED Program Nursing Coordinator, representing the District Nursing Services, shall be responsible for the following:

1. Coordinate, consult, and implement AED medical policies, protocols, CPR/AED training courses, and maintain training records.
2. Coordinate the post-incident report and return the AED to readiness status.

C. Educational Service Center (ESC) – Nursing Field Coordinator

1. Assist with corrective action on reported AED problems in accordance with guidelines set forth by the manufacturer. The corrective actions will be documented on the AED Annual Maintenance Checklist (Attachment C) with the original kept at school site and copy sent to the respective ESC – Nursing Field Coordinator. The Annual Maintenance Checklist is to be completed annually and as needed.
2. Participate in post-incidence reviews, debriefings, and quality assurance.

D. Principal or Administrative Designee

1. Ensure that all school administrators and staff annually receive a brochure (Attachment E) that describes the proper use of an AED and post the brochure next to every AED.
2. Notify all employees annually of the location of all AED units on campus.
3. Designate AED/CPR trained employees to be the AED Emergency Response Team, who shall be available to respond to an emergency that may involve the use of an AED. There should be a sufficient number of trained personnel to guarantee that at least one trained CPR/AED responder will be on site during school hours and school sponsored events.
4. Confer with the AED Emergency Response Team members upon receipt of the AED, to determine:
   a. A secure placement for the AED(s). Schools receiving their first AED should place it in an unlocked but alarmed cabinet located in the Main Office. All additional AEDs should be placed close to athletic events and practices, i.e., gymnasiums and fields.
   b. Who will activate the site CPR/AED Emergency Response Team and how the Team will be notified.
   c. Who will complete the CPR/AED Emergency Response Site Plan (Attachment A) and update annually. Mail a copy of Attachment A to
the AED Program Coordinator at District Nursing Services. The original copy is placed with the AED in the AED Program Protocol Book for three years.

5. Assign personnel to perform the Daily/Monthly Readiness Status Checklist (Attachment B) and perform the Annual Maintenance Checklist inspection (Attachment C). Mail a copy of Attachment C to the AED Program Coordinator each year in July. Original documents are placed with the AED in the AED Program and Protocol book for three years.

6. Schools hosting an athletic training or event should have an available AED. If a school has more than one AED unit and will be participating in an athletic event occurring at a non-LAUSD site, the designee should take an AED to that event. Please note all LAUSD high schools have AED(s).

7. Verify that CPR/AED cards are current for the Emergency Response Team. Cards from the American Heart Association are valid for two years, and cards from the American Red Cross are valid for one year.

8. Register for Heartsaver CPR/AED classes in the Learning Zone by clicking on the link: http://lz.lausd.net/lz/index.jsp. Click “Class Offerings” - Go to “Keyword” and Type “CPR” – Click Search.

9. It is recommended that schools consult with the AED Program Coordinator at District Nursing Services for the purchase of AEDs or prior to accepting any donated AEDs.

E. AED Emergency Response Team

1. Complete a basic CPR course that includes instruction on the use of the AED that complies with the regulations adopted by Emergency Medical Services authority (EMS) and standards of the American Heart Association (AHA) or the American Red Cross (ARC). The Heartsaver CPR/AED Course will satisfy this requirement.

2. It is recommended that each member of the team have Hepatitis B vaccination. Hepatitis B vaccination is offered free of charge through LAUSD District Nursing Services. Call District Nursing for assistance regarding Hepatitis B vaccine.

II. AED Equipment Maintenance and Supplies

A. AED equipment is the property of the school. The school will be responsible to reorder equipment supplies as noted below.
1. Automated External Defibrillator device case contents includes:
   a. Automated External Defibrillator Device with battery and PC Data Card
   b. Extra reserve battery in a sealed plastic covering
   c. Two sets of adult defibrillator pads and one set of pediatric pads or pediatric key depending on the model

2. Fast Response Kit attached to AED Case includes:
   a. Mouth-to-Mouth Protective Barrier/Mask
   b. Scissors
   c. One pair of disposable gloves
   d. Disposable razor
   e. Disposable towel

B. Maintenance of AED Equipment
The AED located at the school or other site shall be maintained and regularly tested by the school principal or designee according to the operation and maintenance guidelines set forth by the manufacturer, and in accordance with any other applicable state and federal authority as noted below.

1. Daily AED Readiness Status Check
   Trained Administrator/Designee will perform a Daily AED Readiness Status Check which includes the visual inspection of the AED to confirm the following:
   a. A flashing black hourglass means the FR2+ unit is ready to use. No Action is required.
   b. If a solid red “X” or flashing red “X” is seen in the Status Indicator Window, it should be reported for maintenance immediately. (For all units other than the FR2, check that the power indicator is present and the unit ready for use).
   c. For anything other than a flashing black hourglass or a solid/flashing red “X”, remove and reinstall the battery to run the self-test. Follow manufacturer’s maintenance task/response guidelines.
   d. Daily/Monthly Readiness Status Checklist (Attachment B) is completed daily.

2. Monthly Readiness Status Check
   Trained Administrator/Designee will perform Monthly AED readiness status check. The Monthly AED Readiness Status Check should confirm the following:
   a. Defibrillator Pads: confirm that two sets of adult pads and one set Pediatric Pads are present and that they have not expired as indicated on the outside of the package.
b. Spare Battery: present and has not expired as indicated on the battery “Install Before Date.”
c. Fast Response Kit: attached to the AED case and includes all the supplies listed under Equipment and Supplies.
d. The Daily/Monthly Readiness Status Checklist (Attachment B) is completed.

3. Annual Report of AED Maintenance Checklist
   Perform Maintenance Checklist inspection annually (Attachment C). Mail a copy of Attachment C to the Program Coordinator at District Nursing Services each year in July. Original documents are placed with the AED in the AED Program and Protocol book for three years.

III. After Use of AED

A. The Principal or Administrative Designee will notify the District Nursing Services: AED Program Coordinator.

1. The AED will be inspected and put back into readiness by the AED Program Coordinator/Designee from District Nursing Services and documented on the AED Program Daily/Monthly Readiness Status Checklist (Attachment B).

2. No AED unit should be given to any other agency until the unit is inspected and data reviewed by the LAUSD Medical Director.

B. Complete the Incident Report in the Incident System Tracking Accountability Report (ISTAR) and the Confidential Report of Automated External Defibrillator (AED) Incident Response (Attachment D) for all events involving students, employees or visitors. Send both originals to the Director of the Office of Risk Management and Insurance Services and a copy to the Office of Environmental Health and Safety. No copies of these reports are maintained at the school. For questions, the Administrator may contact the Office of the General Counsel.

C. School nurses who respond to an incident that involves the use of an AED on a student will record their nursing assessment on the student’s Health Record Card and/or in the Welligent Health Manager.

D. The Principal or Administrative Designee shall be responsible for organizing the post incident review to evaluate the effectiveness of the site AED response.

E. Order AED supplies, see Attachment F: The LifeTrends Group - Phillips HeartStart Defibrillators.
AUTHORITY: California Health and Safety Code §1797.196
California Civil Code § 1714.21
California AB 2083
Emergency Medical Services Chapter 1.8

RELATED RESOURCES:
Attachment A – CPR/AED Emergency Response Site Plan
Attachment B – Daily/Monthly Readiness Status Checklist
Attachment C – AED Maintenance Checklist
Attachment D – Confidential Report of AED Incident Response
Attachment E – AED Information Pamphlet
Attachment F – LifeTrends Group (LAUSD approved vendor). Order new
equipment and supplies: (877) 443-2994.
AED equipment repair: Philips Tech Support – (800) 263-3342
American Heart Association
American Red Cross
Emergency Medical Services Authority

ASSISTANCE: If you have any questions, please contact District Nursing Services, Special
Programs/CPR/AED, at (213) 202-7580.
LOS ANGELES UNIFIED SCHOOL DISTRICT
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM
CPR/AED EMERGENCY RESPONSE SITE PLAN

School Nurse: __________________________ Date: __________________

Educational Service Center: ______ Loc Code: ______ School: __________________

School Address: ________________________________________________________________

City: __________________________ Zip Code: ______

Phone (___) __________________ Extension ______

Exact Location of the AED __________________

CPR/AED Emergency Response Team Members

<table>
<thead>
<tr>
<th>Employee No.</th>
<th>CPR/AED Card Expiration Date</th>
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<tbody>
<tr>
<td>____________</td>
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1. How will the first responder activate the Emergency Medical Service (EMS)?

2. How will the first responder notify the CPR/AED Emergency Response Team Members? Indicate by phone, radio, bell, intercom (i.e., “Code blue in room 20”)

3. Which Emergency Response Team members have keys & access to the AED and will bring the AED to the emergency site?

The first responder will be responsible for documentation of the emergency.

✔ Please note Attachment A - CPR/AED Emergency Response Site Plan must be reviewed and updated annually in July by the Principal or Administrative Designee.

✔ Send a copy to District Nursing Services. Attn: AED Program Coordinator. The AED Program Coordinator will forward a copy to the Medical Director.

✔ Maintain the original copy of the CPR/AED Response Site Plan at your school site for 3 years.
# AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM

## Daily/Monthly Readiness Status Checklist

### DAILY CHECK:
Initial in the appropriate date box.

1. **Visually inspect the AED**
   - All readiness-for-use indicators, including battery, indicate “ready”
   - Follow manufacturer’s maintenance task/response guidelines.

### MONTHLY CHECK:

1. **Two sets of defibrillator pads**
   - a. Inspect for package for tampering.
   - b. Check: ‘Use Before’ date indicated on the package.

2. **Spare battery check**
   - Visually check the ‘install before’ date on the spare battery without opening the package.

3. **First aid emergency care kit**
   - a. Disposable razor & scissors
   - b. One pair of disposable gloves
   - c. Disposable towel
   - d. Mouth-to-mouth protective barrier/mask

4. **Checking Readiness Status of AED Device**
   - a. Inspect AED readiness by viewing the flashing hour glass or the flashing green light in the status indicator window.
   - b. If a solid RED X or flashing RED X is seen in the status indicator window, it should be reported for maintenance immediately.

5. **Any identified problem should be logged below** in the Daily/Monthly Action Notification Log. Indicate who was contacted and the identified problem.

6. **Save original in the Program Protocol Book for 3 years.**

### Caution:
Electrical shock hazard. Dangerous high voltage & currents are present. Do not open the Philips FR2 (AED) unit, remove cover, or attempt repair. The Philips FA2 (AED) unit should be returned to an authorized service center for repair: Philips Tech Support: (800) 263-3342.

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### Daily/Monthly Action Notification Log

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Identified Problem – Contact Person</th>
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<tbody>
<tr>
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</tbody>
</table>

### Monthly Verification of AED Readiness

<table>
<thead>
<tr>
<th>Date checked MM/DD/YY</th>
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BUL-4480.1

Student Health and Human Services
### AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM

#### ANNUAL MAINTENANCE CHECKLIST

<table>
<thead>
<tr>
<th>Criteria for AED Maintenance Check</th>
<th>Identified problem/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AED # ______  Serial Number: _______________</td>
<td></td>
</tr>
<tr>
<td>Indicate location of AED: ______________________________</td>
<td></td>
</tr>
<tr>
<td>Indicate type of storage:</td>
<td></td>
</tr>
<tr>
<td>- Standard AED Cabinet [Yes] [No]</td>
<td></td>
</tr>
<tr>
<td>- Other ___________________________</td>
<td></td>
</tr>
<tr>
<td>AED Locator Signs visible? [Yes] [No]</td>
<td></td>
</tr>
<tr>
<td>Battery installed? [Yes] [No]</td>
<td></td>
</tr>
<tr>
<td>Condition of battery [Good] [Low]</td>
<td></td>
</tr>
<tr>
<td>Spare battery available? [Yes] [No]</td>
<td></td>
</tr>
<tr>
<td>Indicate “Install Before Date” __________:</td>
<td></td>
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<tr>
<td>Status of visual alarm:</td>
<td></td>
</tr>
<tr>
<td>- Hour glass visible</td>
<td></td>
</tr>
<tr>
<td>- Red X</td>
<td></td>
</tr>
<tr>
<td>Accurate date and time? [Yes] [No]</td>
<td></td>
</tr>
<tr>
<td>Exterior components and sockets condition [Good] [Poor]</td>
<td></td>
</tr>
<tr>
<td>Data card inserted? [Yes] [No]</td>
<td></td>
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</tbody>
</table>

#### FORMS

<table>
<thead>
<tr>
<th>Identified problem/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment A: CPR/AED Emergency Response Site Plan</td>
</tr>
<tr>
<td>Completed &amp; updated [Yes] [No]</td>
</tr>
<tr>
<td>Attachment B: Daily Readiness Status Checklist</td>
</tr>
<tr>
<td>Completed, signed, &amp; dated [Yes] [No]</td>
</tr>
<tr>
<td>Attachment B: Monthly Readiness Status Checklist</td>
</tr>
<tr>
<td>Completed, signed, &amp; dated [Yes] [No]</td>
</tr>
</tbody>
</table>

#### SUPPLIES

<table>
<thead>
<tr>
<th>Identified problem/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two sets of Adult AED pads in sealed pkg [Yes] [No]</td>
</tr>
<tr>
<td>Adult pad Exp Date: 1) __________  Exp Date: 2) __________</td>
</tr>
<tr>
<td>One set of Pediatric AED pads in sealed pkg [Yes] [No]</td>
</tr>
<tr>
<td>Pediatric pad Exp Date:________________________</td>
</tr>
<tr>
<td>FAST RESPONDER KIT available? [Yes] [No]</td>
</tr>
<tr>
<td>1. Mouth-to-mouth protective barrier/mask [Yes] [No]</td>
</tr>
<tr>
<td>2. Disposable razor [Yes] [No]</td>
</tr>
<tr>
<td>3. Scissors [Yes] [No]</td>
</tr>
<tr>
<td>4. One pair disposable gloves [Yes] [No]</td>
</tr>
<tr>
<td>5. Disposable hand towel [Yes] [No]</td>
</tr>
</tbody>
</table>

**Other concerns:**

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BUL-4480.1
Student Health and Human Services  
Page 9 of 13  
November 5, 2012
CONFIDENTIAL REPORT OF
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) INCIDENT RESPONSE

This is a confidential report for transmission to and use by attorneys for the Los Angeles Unified School District.

INSTRUCTIONS
1. Complete this form Confidential Report of AED Incident Response within 24 hours
2. Send this form to Office of Risk Management & Insurance Services; address listed below
3. Also complete and submit Incident Report within the Incident System Tracking Accountability Report (ISTAR)
4. No copy of AED Incident Response Report shall be retained by the school, or given to anyone, including the student or parent.

From: ____________________________
Name of School ____________________________
Education Svc Center ____________________________
Location Code ____________________________
School Phone Number ____________________________

Name of Reporting Supervisor/Administrator ____________________________
E-mail address ____________________________
Date ____________________________

I. VICTIM INFORMATION

Last Name ____________________________________________
First Name ____________________________________________
City ____________________________
State ____________________________
Zip code ____________________________
Sex ( ) M ( ) F Age __________
Date of Birth ____________________________

(Check one) [ ] Student Grade __________
[ ] LAUSD Employee # ____________________________
[ ] Visitor

II. AED INCIDENT SUMMARY

Date of AED Incident Response ____________
Time of incident _______am/pm

Exact location of incident ____________________________________________

Name of witness(s) ____________________________________________

Name of trained rescuer(s) responding ____________________________________________

Emergency response site plan activated? Yes _____ No _____

Was 9-1-1 called? Yes _____ No _____
If yes, name of person who called 9-1-1 ____________________________________________

Was CPR given before the AED arrived? Yes _____ No _____
If yes, name(s) of CPR rescuer(s) ____________________________________________

Description of Incident ____________________________________________

Name of person completing form ____________________________
Employee # _____
Date ____________________________

ADDRESS AND CONTACT INFORMATION

Office of Risk Management & Insurance Services
333 South Beaudry Avenue, 28th Floor
Los Angeles, California 90017
Phone: (213) 241-3139
Fax: (213) 241-8993
LAUSD District Nursing
Special Programs CPR/AED
American Heart Association
Training Center

♦ Coordinates and oversees the LAUSD CPR/AED programs

♦ Offers courses for LAUSD employees:
  ► CPR/AED training and recertification
  ► First Aid classes
Visit the Learning Zone for classes or contact (213) 202-7580 for assistance.

♦ [https://lz.lausd.net/lz/index.jsp](https://lz.lausd.net/lz/index.jsp)

CPR / AED RESOURCES
American Heart Association
American Red Cross
Emergency Medical Services Authority (EMS)
National Center for Early Defibrillation
U.S. Food and Drug Administration (FDA)
BUL-4480.1
Attachment E

Automated External Defibrillator
(AED)

District Nursing Special Programs CPR/AED
121 N. Beaudry Avenue
Los Angeles, CA  90012
Phone: (213) 202-7580
Fax: (213) 580-6557
[http://dns.lausd.net](http://dns.lausd.net)

Serop Hakimian
Nursing Field Coordinator
AED Program Coordinator

BUL-4480.1
Student Health and Human Services

Page 11 of 13

November 5, 2012
Cardiovascular disease is the leading cause of death in the United States for both men and women. This disease has claimed the lives of more than 950,000 each year.

Sudden cardiac arrest (SCA) is the major complication of cardiovascular disease. Approximately 450,000 people suffer yearly from this event.

SCA is treatable. Treatment of SCA is an immediate shock to the heart, which stops the fatal rhythm and allows a normal heart rhythm to resume.

If the shock is performed in less than 3 minutes from onset, there is a 90% chance of survival. This shock can be performed by lay people or first responders by using an Automated External Defibrillator (AED).

The AEDs are easy, safe, and effective when used properly. A properly maintained AED and an AED action plan with trained personnel will provide immediate life-saving procedures to victims of SCA.

---

### LAUSD CPR/AED PROGRAM

#### Onsite Location of the AED Unit(s):

1. [Location 1]
2. [Location 2]
3. [Location 3]

---

#### Activate the Site Emergency Response Plan

- Determine if the scene is safe.
- Assess
  - If unresponsive, activate the Emergency Medical System (EMS).
- **CALL 911**
- Summon the AED Unit to be brought to the victim **immediately**.
- If not breathing, initiate CPR by a trained responder.

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### Operating an AED

1. **POWER ON** the AED (voice prompts instruct the rescuer).
2. **ATTACH** electrode pads to the victim's bare chest.
3. “**CLEAR**” the victim and allow the AED to **ANALYZE** the heart rhythm.
4. **If SHOCK is advised,** “CLEAR” the victim and push the **SHOCK** button when prompted and resume CPR.
   - **If no SHOCK is advised,** leave pads on victim and begin CPR.
5. After 2 minutes of CPR, the AED will reanalyze the rhythm. Follow the prompts to continue treating victim.
6. Assist EMS personnel as directed until they take complete charge of the victim. The victim will be transported by EMS personnel.
7. **The AED is to remain at the school or administrative office site.**
8. Report the incident to the AED Program Coordinator as soon as possible or if after hours, notify the Local District Operations Administrator.

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District Nursing Special Programs CPR/AED
121 N. Beaudry Avenue
Los Angeles, CA 90012

Phone: (213) 202-7580
Fax: (213) 580-6557
http://dns.lausd.net
# INFORMATION SHEET

ORDERING WITHIN THE LAUSD DISTRICT
PHILIP’S AED & ACCESSORIES
(Automatic External Defibrillator)

## AED Models within the District:
- HeartStart FR2+ (M3861A)
- HeartStart FRx (861304)
- HeartStart Onsite (M5066A)

## All Accessories:
- Batteries
- Pads – Child or Adult
- AED Signs
- Alarmed Cabinets/Keys
- Fast Response Kits
- FRx Child Key
- Carrying Cases

Please call: The LifeTrends Group, TLTG Inc.
1- 877- 443-2994
lifetrends3@cox.net
for Pricing / Ordering

34145 Pacific Coast Hwy. #101 Dana Point, CA 92629