

LINDENHURST PUBLIC SCHOOLS
AED POLICY AND PROCEDURES

Medical Direction

Article 30 of the NYS Public Health Law requires that an "Emergency Health Care Provider", such as a hospital or physician, be clearly identified as the Medical Director for all Public Access Defibrillation (PAD) programs in the State.

It is the responsibility of the Medical Director to provide continuous guidance, monitoring, and evaluation of all aspects of the AED Program. All persons authorized by the Medical Director to function as AED Responders in the system must adhere to the operating protocol set forth by the Medical Director.

In addition, the Medical Director provides consultation and expertise in emergency medical care, and in AED use. The Medical Director is responsible for the development, review, and implementation of all medical protocols in use in the system. The Medical Director serves as a liaison between the District and the Suffolk Regional EMS Council, the Suffolk County Department of Health Services, and the local EMS responders. The Medical Director is responsible for the content and quality of all aspects of CPR/AED training provided to AED Responders in the system. The Medical Director is responsible for reviewing all of the data pertaining to each AED use, including all data obtained from the AED, as well as from the *Quality Assurance Data Form* completed immediately after every AED use. The Medical Director will assure that a post-incident debriefing session will be held for all parties involved in the event. Finally, the Medical Director is responsible for assuring the District is in compliance with all regulatory requirements pertaining to the operation of the AED Program.

District AED Coordinator: (Health & Safety Administrator)

Alternate District AED Coordinator: (Director of PPS)

This person is the liaison between the District and the Medical Director, and to whom the Building AED Coordinators will report any problems. All such problems and/or questions can be directed to the Medical Director. The *Regional EMS Council* requires that the Medical Director report the use of an AED along with a complete *Quality Assurance Data Form* within (5) days of the use of the device. The District AED Coordinator must notify the Medical Director immediately after an AED is used whether or not any shocks were administered.

The office of the Alternate District AED Coordinator will be responsible for the purchase of consumable items associated with all devices. Additionally, the Alternate District AED Coordinator will assume all duties of the District AED Coordinator in his/her absents.

Building AED Coordinator: (Principals/Athletic Director)

These people are the liaison between the AED Responder and the District AED Coordinator, and to whom the AED operators will report any problems.

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AED Responder:

All AED Responders must be authorized by the Medical Director to operate as such in the system. It is the responsibility of the AED Responder to strictly adhere to the operational protocols implemented by the Medical Director. An individual may be removed from operating as an AED Responder at the discretion of the Medical Director.

At the completion of every AED event, whether or not any defibrillation shocks were provided, the *AED Report Form* must be completed immediately and given to the Building AED Coordinator. The Building AED Coordinator, in turn, will contact the District AED Coordinator immediately, so that the Medical Director may be notified that the AED was used. *An AED is only to be used on persons in cardiac arrest. The AED is not to be used on any patient with a pulse or other signs of normal circulation, such as normal breathing, movement, or coughing.*

AED Data Capture:

All AEDs used in the system must be capable of capturing real-time event data that the medical Director can access following each use. In the case of the *Phillips Heartstream FR2*, the data is captured by way of a Data Card contained in the AED. It is the responsibility of the District AED Coordinator to assure that a Data Card is obtained for each AED in the system.

Initiation of the Emergency Response:

Any District employee who recognizes a medical emergency is to initiate the Emergency Response Plan immediately, dialing 911 to activate the EMS System or designating someone to activate the EMS System and return with the AED. Alternatively, Babylon Central Fire Alarm, the agency which dispatches the Lindenhurst, N. Lindenhurst, and W. Babylon Fire Departments may be called directly at #226-1212.

As soon as the AED is available, the AED Responder is to immediately turn on the AED and follow the voice prompts from the device.

The AED is not to be removed from the building. Once EMS arrives, they will use their own equipment. If the AED is removed from the building, it may not be immediately available for a subsequent event, it might not be returned to the school, and the event data might not be able to be retrieved by the Medical Director.

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Post-Event Procedures:

Immediately after the completion of an AED event, the AED *Report Form* is to be completed with as much detail as possible. The District AED Coordinator is to be immediately contacted to report the event, so that the Medical Director can be notified.

The Building AED Coordinator is to contact the Alternate District AED Coordinator to assist with restocking of any consumable items used during the event, and to verify that the device is operational for any subsequent event.

Once the Medical Director is contacted, the Data Card will be retrieved and information downloaded and printed out. The District AED Coordinator will be contacted to arrange a post-event debriefing session with all involved parties. At this session, the print-out will be reviewed, and any questions that arise will be answered. Any concerns that arise from an event may result in the revision of the Operating Protocol at the discretion of the Medical Director. At the discretion of the Medical Director, additional support personnel; such as counselors, may be requested to assist in any debriefing should the personnel exhibit a need or desire for such counseling.

Daily Visual Equipment Inspection:

There will be a Daily Inspection Log filled-out and signed-off by either a Nurse/Coach or Head Custodian verifying that a visual inspection was conducted, that the device is operational, and all supplies are present and current. At the end of each month, this Inspection Log is to be forwarded to the office of the Alternate District AED Coordinator to be filed for a period of no less than (3) years.

Current Administrative Personnel:

Medical Director – Dr. Joseph Sciammarella, MD
Health & Safety Administrator – Robert F. Cozzetto
Director of PPS – Dr. Joseph LaMelza
Athletic Director – Richard Roche