

**COMMUNITY/BOARD OPERATION**

**Series 1000**

**Policy #1001.1.1**

**AUTOMATIC EXTERNAL DEFIBRILLATORS**

In order to assist individuals who may experience sudden cardiac arrest or a similar life-threatening emergency during EASTCONN’s normal operational hours, and during EASTCONN-sponsored events not occurring during the normal operational hours, the EASTCONN Board of Directors (the “Board”) maintains at each facility under the Board’s jurisdiction, automatic external defibrillators (“AEDs”) and personnel trained in the operation of such automatic external defibrillators and the use of cardiopulmonary resuscitation. It is the policy of the Board to support the use of these automatic external defibrillators and trained personnel during medically appropriate circumstances.

Requirements concerning the use and maintenance of AEDs are set forth in the accompanying Administrative Regulations as may be supplemented by or amended by the Administration from time to time.

For purposes of this policy and the accompanying regulations, an AED is a device that:

- 1) is used to administer an electric shock through the chest wall to the heart;
- 2) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy;
- 3) guides the user through the process of using the device by audible or visual prompts; and
- 4) does not require the user to employ any discretion or judgment in its use.

**Legal References:**

Connecticut General Statutes

- |           |  |
|-----------|--|
| § 19a-175 | Definitions  |
| § 52-557b | Good Samaritan Law   |
| § 10-212d | Availability of Automatic External Defibrillators in Schools |

Regulations of Connecticut State Agencies

Department of Public Health § 19a-179-1 et seq.

Adopted: March 25, 2025

Revised:

Replaces:

## **ADMINISTRATIVE REGULATIONS AUTOMATIC EXTERNAL DEFIBRILLATORS**

### **I. Definitions:**

**Automatic External Defibrillator (AED)** — a device that: (A) is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis, and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use.

**AED certified person**— a person who is certified in the operation of automatic external defibrillators and the use of cardiopulmonary resuscitation, and has a copy of their certification on record with EASTCONN’s Head Nurse or designee.

### **II. Defibrillator Location**

1. EASTCONN will have AED defibrillators and at least one AED certified person in each building under the jurisdiction of the EASTCONN Board of Directors (the “Board”).
2. The AEDs will be strategically placed and readily accessible to maximize rapid utilization.
3. After business hours, the AED may be moved from its designated location by a designated school staff member to support activities on school grounds or other EASTCONN-sponsored activities. A visible sign must be left in the place of the AED with the phone number and the location of the individual having possession of the AED. The AED must be returned to its designated location upon completion of the supported activity.

### **III. Responsibility for Operation, Maintenance and Record-Keeping**

1. The school nurse or designee at each building in which an AED is installed (the Head Nurse or designee for locations where no school nurse is stationed) will check the AED in the building on a regular basis, at least monthly. It will be that nurse’s responsibility to verify that the unit is in the proper location, that it has all the appropriate equipment (battery, mask, case, emergency pack), that it is ready for use, and that it has performed its self-diagnostic evaluation. If the nurse notes any problems, or the AED’s self-diagnostic test has identified any problems, the nurse or designee must contact the Head Nurse immediately to report the problem.

2. After performing an AED check, the nurse shall indicate on the AED service log (Appendix I) that the unit has been inspected and that it was found to be “In-Service” or “Out-of-Service.”
3. The Head Nurse or designee shall be responsible for the following:
  - a) AED service checks during the contracted school year;
  - b) the replacement of equipment and supplies for the AED;
  - c) confirmation of the repair and service of the AED as managed by the Facilities Division;
  - d) all recordkeeping for the equipment during the school year;
  - e) training, or scheduling training, for all Board employees who require such training or would like to receive such training;
  - f) maintaining a list of AED certified persons;
  - g) maintaining all records concerning incidents involving the use of an AED;
  - h) maintaining of copies of the certifications signed by the AED certified persons (Appendix II);
  - i) reporting the need for revising the AED policy and administrative regulations to the Executive Director or designee.

#### **IV. Training for AED certified persons**

EASTCONN will provide initial training or refresher training to the following classes of individuals on an annual basis:

1. All school nurses, the Head Nurse and any designee;
2. All building administrators; and
3. Other designated faculty and staff at each location.

The training will be provided in accordance with the standards set forth by the American Red Cross or American Heart Association. An individual completing this training will be considered an AED certified person. **[Note: Additional staff members may be required to receive training if the District has received State or Federal or private funds designated for the purchase of AEDs and for training employees on the use of AEDs and in CPR. For additional information, see Conn. Gen. Stat. § 10-212d.]**

**V. Procedures for Use of an AED**

1. To the extent practicable, AEDs should be retrieved and used by AED certified persons or other trained emergency medical services personnel. In the event no AED certified person or other trained emergency medical services personnel is available or present, an AED may be used by any individual in order to provide emergency care to an individual who may be in cardiac arrest or who may be experiencing a similar life-threatening emergency.
2. AEDs may only be used in medically appropriate circumstances.
3. In the event of use, the School Nurse, Head Nurse or designee shall promptly thereafter complete an AED check and verify that the unit is in the proper location, that it has all the appropriate equipment (battery, mask, case, emergency pack), that it is ready for use, and that it has performed its self-diagnostic evaluation. Any problems with the AED shall immediately be reported to the Head Nurse or designee.

**AUTOMATED EXTERNAL DEFIBRILLATOR  
(AED)  
PROGRAM PROTOCOL**

1. The EASTCONN Head Nurse, School Nurse, or designee, shall inspect the AED unit for functional Self-Check, adult and pedi pad expiration dates to ensure AED is found to be “In-Service” or “Out-of-Service”. This inspection shall be documented on an AED Service Log (Appendix I)
2. The EASTCONN Head Nurse or designee shall be responsible for the following:
  - a) AED service checks during the EASTCONN school year, ESY, or calendar year.
  - b) Monitor need for annual service (includes battery, pads, and/or supplies).
  - c) Notify Director of Facilities if annual service is overdue.
  - d) All recordkeeping for the equipment during the school year.
  - e) Training Records of AED first responders which include CPR/AED certification.
  - f) Maintaining a list of EASTCONN certified AED first responders by site.
  - g) Incident record (Appendix III) keeping and forwarding copies to Head Nurse.
  - h) Copies of the certifications (Appendix II) signed by AED first responders regarding an agreement to comply with EASTCONN’s AED policies and protocol.
  - i) Collaborative coordination of CPR/First Aid and AED training/recertification for all EASTCONN certified employees.

**PROCEDURES FOR USE**

1. Designated AED first responders shall have primary access to AEDs.
2. AED first responders accessing the AEDs shall maintain control of such equipment at all times.
3. Prior to returning an AED to its location, the AED first responder shall ensure that the AED is functional. Any problems with the AED shall be immediately reported to the EASTCONN Head Nurse, school nurse or designee.
4. In the event of use, the AED first responder shall notify the EASTCONN Head Nurse, School Nurse or designee.
5. Each time an AED is used, the AED first responder provider must complete an AED incident report (Appendix III).

APPENDIX I

**AUTOMATIC EXTERNAL DEFIBRILLATOR  
MONTHLY SERVICE LOG**

\_\_\_\_\_ SITE/Nurse or Designee

DATE	INSPECTED AND IN-SERVICE (Y)	INSPECTED AND OUT-OF- SERVICE (N)	SIGNATURE OF INSPECTOR

**EASTCONN Head Nurse, School Nurse or designee will inspect the AED on a monthly basis, and as needed. If the AED is out-of-service or does not have the appropriate equipment, the inspector will notify the Head Nurse or Director of Facilities immediately.**

**Expiration Dates:**    **Adult pads**                      **Pedi pads**                      **Narcan (if applicable)**

\_\_\_\_\_

\_\_\_\_\_



APPENDIX II

CERTIFICATION OF COMPLIANCE WITH AED POLICY AND PROTOCOL

I, \_\_\_\_\_, have read the EASTCONN Automatic External Defibrillation Program Policy and Protocol. I am aware of its contents and I am comfortable with the procedures. I have had an opportunity to ask questions regarding the program and have had my questions answered. If at any time while functioning as an AED first responder using EASTCONN's AEDs, I have a concern or question, I will ask the EASTCONN School Nurse, or designee, for clarification. I agree to follow the terms and conditions set forth in the policy and administrative protocols.

\_\_\_\_\_  
AED First Responder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EASTCONN School Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program/Site Director

\_\_\_\_\_  
Date



APPENDIX III

AUTOMATIC EXTERNAL DEFIBRILLATOR
Incident Report

Name of person completing report: \_\_\_\_\_

Date Report is being completed: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Name of recipient of AED care \_\_\_\_\_ Age: \_\_\_\_\_

Known status of patient: \_\_\_\_\_ Employee \_\_\_\_\_ Other \_\_\_\_\_

Describe incident: \_\_\_\_\_

Multiple horizontal lines for describing the incident.

List series of events from the start of the emergency until its conclusion: \_\_\_\_\_

Multiple horizontal lines for listing the series of events.

Staff Signature: \_\_\_\_\_

Please forward copy to the EASTCONN Head Nurse or designee no later than 48 hours after the incident. Keep original secured at site where incident occurred.