



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

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

ROUTING
 Chief Operating Officer
 Educational Service Center:
 Superintendents
 Operation Administrators
 Operation Coordinators
 Principals
 School Physicians
 Nursing Coordinators
 School Nurses
 School Administrative Assistants

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.



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- 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-incident 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



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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.



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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.



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- 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.



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AUTHORITY: California Health and Safety Code §1797.196
California Civil Code § 1714.21
California AB 2083
California Code of Regulations Title 22. Social Security Division 9. Prehospital
Emergency Medical Services Chapter 1.8

RELATED Attachment A – CPR/AED Emergency Response Site Plan
RESOURCES: 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
OEHS – Safe School Plan, Volume 2 – Emergency Procedures

ASSISTANCE: If you have any questions, please contact District Nursing Services, Special
Programs/CPR/AED, at (213) 202-7580.



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Attachment A

**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	Employee No.	CPR/AED Card Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- How will the first responder activate the Emergency Medical Service (EMS)?

- 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")

- 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.



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AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM Daily/Monthly Readiness Status Checklist

Attachment B

School: _____ Mfr/Model: Philips Heartstart FR2 Serial No. (SN): _____ Location of AED: _____

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.

M	T	W	T h	F	M	T	W	T H	F	M	T	W	T H	F	M	T	W	T H	F

MONTHLY CHECK :

- Two sets of defibrillator pads**
 - Inspect for package for tampering.
 - Check: ‘Use Before’ date indicated on the package.
- Spare battery check.** Visually check the ‘install before’ date on the spare battery without opening the package.
- First aid emergency care kit**
 - Disposable razor & scissors
 - One pair of disposable gloves
 - Disposable towel
 - Mouth-to-mouth protective barrier/mask
- Checking Readiness Status of AED Device**
 - Inspect AED readiness by viewing the flashing hour glass or the flashing green light in the status indicator window.
 - If a solid RED X or flashing RED X is seen in the status indicator window, it should be reported for maintenance immediately.
- Any identified problem should be logged below** in the Daily/Monthly Action Notification Log. Indicate who was contacted and the identified problem.
- 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](tel:8002633342).

Initial ____ Print Name _____ Signature _____

Initial ____ Print Name _____ Signature _____

MONTHLY VERIFICATION OF AED READINESS

DAILY/MONTHLY ACTION NOTIFICATION LOG

DATE/TIME	IDENTIFIED PROBLEM – CONTACT PERSON
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Defib pad 'use before' date Adult Ped	Spare battery 'install before' date	Print name	Signature	Date checked MM/DD/YY



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Attachment C

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM ANNUAL MAINTENANCE CHECKLIST

ESC _____ School _____
 School Administrator _____
 School Nurse _____

Inspected by _____
 Date _____

Criteria for AED Maintenance Check	Identified problem/Comments
AED # _____ Serial Number: _____ Indicate location of AED: _____ Indicate type of storage: ▪ Standard AED Cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Other _____ AED Locator Signs visible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Battery installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition of battery <input type="checkbox"/> Good <input type="checkbox"/> Low	
Spare battery available? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate "Install Before Date" _____:	
Status of visual alarm: ▪ <input type="checkbox"/> Hour glass visible ▪ <input type="checkbox"/> Red X	
Accurate date and time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior components and sockets condition <input type="checkbox"/> Good <input type="checkbox"/> Poor	
Data card inserted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FORMS	Identified problem/Comments
Attachment A: CPR/AED Emergency Response Site Plan Completed & updated <input type="checkbox"/> Yes <input type="checkbox"/> No Attachment B: <u>Daily</u> Readiness Status Checklist Completed, signed, & dated <input type="checkbox"/> Yes <input type="checkbox"/> No Attachment B: <u>Monthly</u> Readiness Status Checklist Completed, signed, & dated <input type="checkbox"/> Yes <input type="checkbox"/> No	
SUPPLIES	Identified problem/Comments
Two sets of Adult AED pads in sealed pkg <input type="checkbox"/> Yes <input type="checkbox"/> No	
Adult pad Exp Date: 1) _____ Exp Date: 2) _____	
One set of Pediatric AED pads in sealed pkg <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pediatric pad Exp Date: _____	
FAST RESPONDER KIT available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Mouth-to-mouth protective barrier/mask <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Disposable razor <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Scissors <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. One pair disposable gloves <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Disposable hand towel <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other concerns: _____



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Attachment D

LOS ANGELES UNIFIED SCHOOL DISTRICT CONFIDENTIAL REPORT OF AUTOMATED EXTERNAL DEFRIBRILLATOR (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

_____ Home Address

_____ 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(es) _____

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



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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>

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

Rev. October 2012



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>

Attachment E
(1 of 2)

LOS ANGELES UNIFIED SCHOOL DISTRICT

DISTRICT NURSING SERVICES
Dee Apodaca, Director

**Automated External Defibrillator
(AED)**



**District Nursing Special Programs
CPR/AED**

Serop Hakimian
Nursing Field Coordinator
AED Program Coordinator



Background

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):

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.

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.

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>



AUTHORIZED MASTER DISTRIBUTOR
LAUSD Approved Vendor #189898

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