



PAD System Protocol

Champlain Valley Educational Services

P.O. Box 455

Plattsburgh, NY 12901-0455

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Champlain Valley Educational Services

Automated External Defibrillator (AED) Procedure

PURPOSE

To provide trained employees of Champlain Valley Educational Services with uniform guidelines to follow when responding to sudden cardiac arrest incidents and intervening with an Automated External Defibrillator (AED).

This manual will serve as a guideline for the Champlain Valley Educational Services Public Access Defibrillator (PAD) Program.

TRAINING

- A) No CVES staff member will use an AED unless they have successfully completed a nationally recognized CPR/AED training program and have registered with the CVES PAD Program Coordinator.
- B) All members of the Medical Emergency Response Team (MERT) shall maintain their credentials by participating in refresher training, periodic drills, and recertification every one to two years depending on the limit set by the nationally recognized program completing the training.
- C) All MERT members will notify their division office when a change in training status occurs.

LOCATION OF AED UNITS

Main Plattsburgh Campus: The AEDs will be found at the following locations at the CVES Plattsburgh Campus:

- 1) CV-TEC Division lobby
- 2) CV-TEC Division by the Security & Law Classroom.
- 3) Special Education Division Security Desk.
- 4) Special Education Division OT/PT Classroom.
- 5) CV-TEC Division Conservation Class Vehicle
- 6) Main Lobby of PSC

Plattsburgh Satellite Campus. The AED will be found at the following location at the CVES Satellite Campus:

- 1) Plattsburgh Aeronautical Institute main lobby

Mineville Campus. The AEDs will be found at the following locations at the CVES Mineville Campus:

- 1) In the Nurses Office (X2)
- 2) In the Main Office

MEDICAL OVERSIGHT

- A) Medical oversight for the Public Access Defibrillator (PAD) Program at the CVES is provided by Dr. Russell Hartung, M.D. of the CVPH Medical Center, Emergency Care Center.
- B) Dr. Hartung will be made aware of any AED events (even those in which no shock was administered), and periodically discuss program direction and monitor required updates (AHA Guidelines, etc.).

EVENT RESPONSE AND PROTOCOL (DAYTIME)

The following procedure must be employed in the event of a medical emergency at a CVES facility during school hours:

- A) Bystanders who discover or witness a collapse must stay with the victim and call loudly for help. The first person that responds to the call for help will call the Nurses' Office (EXT 111) from the nearest telephone and stay with the telephone until the nurse gives instructions. That person must then return to the scene of the medical emergency.
- B) The first arriving CPR-trained individual will send someone to retrieve the nearest AED unit and initiate the following protocol:
 - 1) Assess scene safety. Rescuers are volunteers and are not expected to place themselves at risk in order to provide aid to others, instead, the scene or environment around a victim must be made safe prior to attempts to assist.
 - 2) Determine responsiveness of the victim.
 - 3) If needed, the first CPR-trained individuals to arrive at the medical emergency will begin CPR using the protocol designed by the nationally recognized organization in which they were training AED has arrived:
 - a) Once the AED unit arrives, apply the adhesive pads immediately and follow the prescribed prompts and protocol.

- b) When the nursing staff arrives they will initiate the action to call 911 and to notify the Division Office of the type of medical emergency; the necessary medical response; and, whether a “MEDICAL EMERGENCY” announcement should be broadcasted.
- c) Continue procedure until the EMS arrives. The AED team should assist the EMS personnel as needed.
- d) Documentation of the incident is to be completed by the individual(s) who took charge of the AED unit. The School AED Reporting Mechanism (QI Report, Appendix A) is located in the AED carrying case. If needed a copy will be provided to EMS personnel, with the original going to the CVES PAD Program Coordinator.

EVENT RESPONSE AND PROTOCOL (EVENING)

The following procedure must be employed in the event of a medical emergency at a CVES facility during adult evening classes.

- A) Bystanders who discover, or witness, a collapse must call loudly for help. The first person that responds to the call for help will immediately proceed to the nearest phone. If no one responds to the call for help the original bystander must go to the nearest phone.
- B) The only phones available for use are located in the classes that are being held during that particular evening. Those classrooms that are in use have the emergency response directions for evening hours posted clearly by the phone. Follow the outlined directions carefully. After completing the call that person must return to the scene of the emergency
- C) The first arriving CPR-trained individual will initiate the following protocol:
 - 1) Assess scene safety. Rescuers are volunteers and are not expected to place themselves at risk in order to provide aid to others, instead, the scene or environment around a victim must be made safe prior to attempts to assist.
 - 2) Immediately check to make sure that someone has activated the response system and retrieved an AED.
 - 3) Determine unresponsiveness.
 - 4) CPR-trained individuals will assess the emergency and, if needed, begin CPR using the protocol designed by the nationally recognized organization in which they were trained:
 - a) Once the AED unit arrives, apply the adhesive pads immediately and follow the prescribed prompts and protocol
 - b) Continue procedure until the EMS arrives. The AED team should assist the EMS personnel as needed.
 - c) Documentation of the incident is to be completed by the individual(s) who took charge of the AED unit. The School AED Reporting Mechanism (QI Report, Appendix A) is located in the AED carrying case. If needed a copy will be provided to EMS personnel, with the original going to the CVES PAD Program Coordinator.

EVENT RESPONSE AND PROTOCOL (ALTERNATIVE SITE)

The following procedure must be employed in the event of a medical emergency at an alternative site (Conservation, Building Trades, Natural Resources Management).

- A) Each instructor will designate a 3-4 person AED Team that will be responsible for assisting the instructor in the case of a medical emergency. The Instructor will review the following information (at every location) with the AED Team members.
 - 1) Location of AED
 - 2) Location of Communication Device (radio/phone)
 - 3) Information that would be given to 911

- B) Bystanders who discover, or witness, a collapse must call loudly for help. The first person that responds to the call for help will immediately proceed to the nearest communication device.

- C) In the event that this is a medical emergency requiring the use of the AED, the Instructor will monitor the emergency victim and will send the AED team to call 911 and get the AED.

- D) The instructor will initiate the following protocol:
 - 1) Assess scene safety. Rescuers are volunteers and are not expected to place themselves at risk in order to provide aid to others, instead, the scene or environment around a victim must be made safe prior to attempts to assist.

 - 2) Immediately check to make sure that someone has activated the response system and retrieved an AED.

 - 3) Determine unresponsiveness.

 - 4) CPR-trained individuals will assess the emergency and, if needed, begin CPR using the protocol designed by the nationally recognized organization in which they were trained until the AED has arrived:
 - a) Once the AED unit arrives, apply the adhesive pads immediately and follow the prescribed prompts and protocol.
 - b) Continue procedure until the EMS arrives. The AED team should assist the EMS personnel as needed.
 - c) Documentation of the incident is to be completed by the individual(s) who took charge of the AED unit. The *School AED Reporting Mechanism* (QI Report, Appendix A) is located in the AED carrying case. If needed a copy will be provided to EMS personnel, with the original going to the CVES PAD Program Coordinator.

POST EVENT PROCESS

A) EVENT DATA COLLECTION

- 1) Once attached to a patient, the AED records and saves in memory, important information about the conditions of the patient's heart and the results of any shocks delivered.
- 2) The AED saves event data on a removable PC Data Card.
- 3) After an AED has been disconnected from the patient, regardless of whether a shock was delivered, it should be secured in a locked file cabinet in the Building Administrator's Office until such time the PAD Program Coordinator or his/her designee can retrieve it.
- 4) The PAD Program Coordinator or his/her designee must be notified of an "AED Event" immediately after the event.

B) REPORTING

- 1) If an AED is attached to a patient, even if no shock is delivered, The School AED Reporting Mechanism (QI Report, Appendix A) will be completed immediately and submitted to the PAD Program Coordinator.
- 2) The School AED Reporting Mechanism (QI Report, Appendix A) is a blue sheet that is located in the storage pocket in the AED case.
- 3) The QI Report will serve as the narrative for the incident.
- 4) A copy of the QI Report will be kept on file for future reference.
- 5) The School AED Reporting Mechanism (QI Report, Appendix A) will be reviewed by the Medical Director; PAD Program Coordinator; and, the nurse(s) and/or rescuers involved with the event.
- 6) The QI report must be sent immediately to the NorthEastern New York EMS Program Agency, Ltd.

C) CRITICAL INCIDENT STRESS DEBRIEFING (CISD) TEAM

- 1) It is at this time that a CISD Team is contacted for their assistance and expertise.
- 2) A CISD team can be accessed through the County Emergency Services Office.

- 3) CISD Teams play a vital role by providing a safe place for staff and MERT members involved in the event to talk about what occurred and to share the feelings that commonly are experienced in a resuscitation event.

MAINTENANCE AND INSPECTION OF AED UNITS

- 1) The LIFEPAK 500 AED performs an automatic self test every 24 hours and every time you turn on the AED. These "self tests" do not eliminate the need for regular maintenance
- 2) The LIFEPAK 500 AED with the biphasic waveform includes a Readiness Display on the device's handle that can be seen at all times. **"OK"** displays if the automatic self test is completed successfully. If the self test detects that service is required or if the device detects that the battery needs immediate replacement, the **"OK"** indicator disappears and a service and/or battery indicator appears(s).
- 3) If the AED is signaling a malfunction, it will be taken out of service and placed in the Building Administrator's office. Notify the PAD Program Coordinator immediately if the AED is in a non-operating mode.
- 4) Monthly Inspection: the CVES PAD Program Coordinator or his/her designee shall conduct a visual inspection of each AED unit and storage case located on the CVES Plattsburgh Campus to determine whether the AED unit or storage case has been tampered with or if any of the self-diagnostic tests indicate that attention is required. He/she will use the *LIFEPAK 500 automated external defibrillator OPERATOR'S CHECKLIST* (Appendix B) and note the results of the inspection on the checklist.

QUALITY IMPROVEMENT (QI)

As required by the New York State Health Department, Champlain Valley Educational Services will participate in a regional approval quality improvement program through:

NorthEastern New York EMS Program Agency, Ltd.
365 Aviation Road
Queensbury, NY 12804
888-793-8200

Several quality improvement measures (QI) are built into this manual. QI is a system to provide a measurement of a program's overall performance. Thus, in order to maximize survivability for victims of cardiac arrest, it is imperative that a PAD System is operating at its peak proficiency. There are several quality indicators that should be tracked to properly measure the system's performance. For the purposes of clarification they are outlined below:

A) DATA MANAGEMENT

- 1) The Pad Program Coordinator will be responsible for data management.
- 2) The PAD Program Coordinator must be notified of a medical emergency involving the use of an AED unit as soon as possible after the event.
- 3) If an AED is attached to a patient, even if no shock is delivered, The School AED Reporting Mechanism (QI Report, Appendix A) will be completed immediately and submitted to the PAD Program Coordinator. There are blank School AED Reporting Mechanism (QI Report, Appendix A) forms located with the AED units and in the PAD Program Coordinator's office. The form will also be found in the Appendix A.
- 4) After an AED has been disconnected from a patient, regardless of whether a shock was delivered, it should be secured in the Building Administrator's office until such time the PAD Program Coordinator can retrieve it.
- 5) School AED Reporting Mechanism (QI Report, Appendix A) will be reviewed by the Medical Director; the PAD Program Coordinator; and, the nurse and/or rescuer involved.
- 7) A copy of The School AED Reporting Mechanism (QI Report, Appendix A) will be immediately forwarded to the NorthEastern New York EMS Program Agency, Ltd.

B) MOCK DRILLS

- 1) Measure the performance of the event response beginning at the moment that cardiac arrest occurs.
- 2) The idea is to create a benchmark and continually improve the coordinated response of all aspects of the response system, including but not limited to MERT members and all other staff members that are not part of the MERT to recognize and properly activate the internal response system.

C) EVENT DEBRIEFING

- 1) This phase of the event or training is essential to optimize system performance, and minimize stress of the responders.
- 2) The event debriefing should be viewed as a positive experience with the focus on improving the system through data. At no time, should blame be placed if steps and processes did not follow the established plan. Instead, look to improve the system via the question, “*What was learned?*”
- 3) Review all data collected during the resuscitation event or mock training drill and discuss:
 - a) What went well?
 - b) What could be done better the next time?
 - c) Is there any process that we need to add to the current response?
- 4) After information is obtained by asking the above questions, the MERT should revisit their current response plan and make any appropriate modifications.

APPENDIX A – SCHOOL AED REPORTING MECHANISM (QI REPORT)

THIS IS A SAMPLE FORM

**Northeastern New York Program Agency
School AED Reporting Mechanism**

Name of School: _____

Date of Incident: _____ Time of Incident: _____ AM or PM

Location of Incident: Gym Athletic Facilities Classroom, Lunchroom
(please circle one) Other _____

Victim Information

Age: _____ Sex: M or F Race:

Name of Victim (if known): _____

Was arrest witnessed ? _____

Estimated time from arrest to first shock _____

Estimated time from arrest to CPR _____

Total number of shocks administered to patient

Person performing AED Care: (please circle one)

PAD Layperson School Personnel Medical Personnel Other _____

Name of Ambulance Service _____

Transport ambulance run number (Pre-Hospital Care Report):

Patient response if known: Regained Pulse Became Responsive Did NOT Regain Pulse

Remained Unconscious Other: _____

Name of Hospital where Victim was transported: _____

Description of Event:

**MUST BE COMPLETED AND SENT (PHONE, FAX, E-MAIL) IMMEDIATELY
AFTER EACH USE OF DEFIBRILLATOR
THANK YOU FOR YOUR COOPERATION!**

NorthEastern NY Program Agency, LTD

365 Aviation Road

Queensbury, NY 12804

Phone: 518-793-8200 Fax: 518-793-5833 E-mail: mtnlakes@adelphia.net

APPENDIX B – TELEPHONE CARD FOR USE DURING SCHOOL HOURS

**In the event of a
medical emergency at
CVES during school hours call
the Nurses' Office at
Extension #111**

The nurse will ask you the
following questions:

- 1. What is the emergency?*
- 2. Where is the exact location of the emergency?*
- 3. Have you notified anyone else about this emergency?*

APPENDIX C – TELEPHONE CARD FOR USE DURING EVENING HOURS

**In the event of a
medical emergency at
CV-TEC during evening hours**

**Call the following staff members in the order that
they are listed below until you get an answer:**

- 1)
- 2)
- 3)
- 4)

THE ACTUAL LISTING OF STAFF WILL DEPEND UPON WHO IS INVOLVED WITH THE ADULT EVEING PROGRAMS AT CV-TEC. AN UP-TO-DATE LISTING WILL BE POSTED AS CLASSES ARE SCHEDULED.

**The CVES staff member will ask you the following
questions:**

- a) What is the emergency?
- b) Where is the exact location of the emergency?
- c) Have you notified anyone else about the emergency?

**Listen very carefully and follow the directions of the
CVES staff member.**

**DON'T FORGET TO RETURN TO THE
LOCATION OF THE EMERGENCY!!**

APPENDIX D – AMBU RES-CUE MASK

Ambu Res-Cue Mask Directions for Use

The Ambu Res-Cue Mask provides a physical barrier between the rescuer and victim, eliminating direct contact of the rescuer's lips with unknown subject.

The Res-Cue Mask promotes an airtight seal to the face allowing ventilation through both the mouth and nose simultaneously. Proper training in ventilation and CPR should be obtained before using this device. Practice using your Ambu Res-Cue Mask on Ambu manikins so that you are ready for any emergency that might occur.

NOTE: In the event that you do not have your Ambu Res-Cue Mask, START mouth-to-mouth ventilation without delay.

USE ON ADULTS AND CHILDREN:

1. Remove the mask/valve assembly from case. Push out the soft dome with your fingers and ensure that the one way valve is in place.
2. Put on the protective gloves included in the case.
3. Clear the airway of any debris.
4. Place the mask over the patient's mouth and nose. Use the rim of the mask to retract the lower lip so that the patient's mouth remains open under the mask. Use thumbs to hold the mask and your fingers to grasp the lower jaw in front of the earlobes. Pull upward to open the airway and seal the mask.
5. Blow slowly into the airway valve twice and watch as the patient's chest rises. If the patient's chest does not rise; reposition the head and chin until you successfully ventilate the patient.
6. Ventilate the patient every five seconds for an adult or every three seconds for a child. Continue rescue breathing until the patient responds or you are relieved by a higher medical authority.

NOTE: If the patient vomits; remove the Res-Cue Mask and clean both the patient's airway and the mask with your gloved fingers. If you should contaminate either the valve mouthpiece or any of your exposed skin surfaces, use the alcohol wipes to clean these areas immediately. Resume rescue breathing promptly.

USE ON INFANTS:

The Ambu Res-Cue Mask may be reversed to better fit an infants face. Place the nose section of the mask under the infants chin. Seal the Res-Cue Mask as described under the Adult / Child section and ventilate at least every three seconds using the previously described technique.

USE WITH OXYGEN(OPTIONAL):

The Ambu Res-Cue Mask may be used with supplemental oxygen. Attach the oxygen tubing to the optional oxygen valve and set the flow rate. A head strap is included on all models that have the optional oxygen valve. If the patient is spontaneously breathing, use the head strap to position the Res-Cue Mask on the patient's face. If the patient is NOT breathing, begin mouth to mask ventilation immediately. The use of supplemental oxygen to the Ambu Res-Cue Mask will increase the delivered oxygen to the patient. The rescuer will not be affected by the use of supplemental oxygen.

USE WITH OTHER VENTILATION EQUIPMENT:

The Ambu Res-Cue Mask may be used with the Bag-Valve Mask or oxygen powered ventilation devices. Simply detach the valve/filter assembly and attach the Res-Cue Mask to the device.

Product #900-000-031

APPENDIX D – AMU RES-CUE MASK

CLEANING:

The Ambu Res-Cue Mask is reusable and easy to clean. Wash the mask in warm soapy water. Rinse in clean water. Use a 1:64 bleach to clean water mixture to soak the mask for ten minutes. Rinse the mask again with fresh water and allow to air dry. The face mask can also be disinfected using an activated glutaraldehyde solution (such as Cidex). The one-way valve and filter housing is intended for single patient use and should be discarded after use.

DO NOT pasteurize, boil, steam or gas autoclave this device.

TECHNICAL SPECIFICATIONS:

Temperature Limits:

Operating: -50°F (-45°C) to 140°F (60°C)

Storage: -50°F (-45°C) to 160°F (71°C)

Inspiratory Resistance:

2.5 cm/H₂O at 50 lpm flowrate

Expiratory Resistance:

3.5 cm/H₂O at 50 lpm flowrate

Mask in Carrying Case:

Dimensions: 5-1/4" X 4-1/4" X 1-3/4"

Weight: Approximately 4.5 oz.

CATALOG NUMBERS:

252 102, 252 106, 252 108:

Complete System: Res-Cue Mask with oxygen inlet, oxygen port cover, one way valve with filter, head strap, 2 each medium vinyl gloves, 2 each alcohol wipes, packaged in a hard carrying case.

252 103, 252 107, 252 109:

Basic System: Res-Cue Mask, one way valve with filter, 2 each medium vinyl gloves, 2 each alcohol wipes, packaged in a hard carrying case.

252 104, 252 110:

Complete System: Res-Cue Mask with oxygen inlet, oxygen port cover, one way valve with filter, head strap, 2 each medium vinyl gloves, 2 each alcohol wipes, packaged in a soft carrying case.

252 105, 252 111:

Basic System: Res-Cue Mask, one way valve with filter, 2 each medium vinyl gloves, 2 each alcohol wipes, packaged in a soft carrying case.

CATALOG NUMBERS FOR PARTS:

252 153: One way valve with filter, 10/case

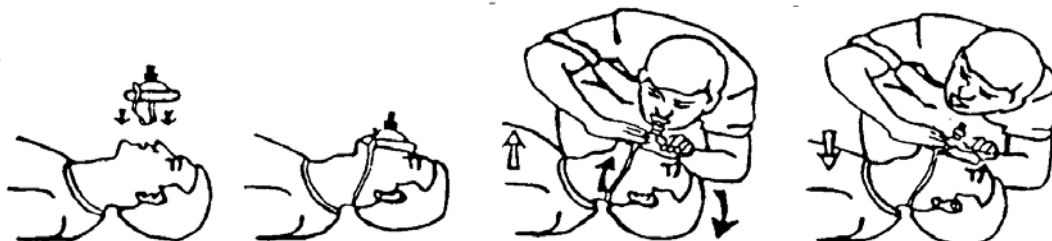
252 1531: One way valve with filter, each

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APPENDIX E AMENDMENT OF THE REGULATIONS OF THE COMMISSIONER OF EDUCATION

Pursuant to Education Law sections 207 and 917 and Chapters 60 and 61 of the Laws of 2002 Section 136.4 of the Regulations of the Commissioner of Education is added, effective September 1, 2002, as follows:

136.4 On-site cardiac automated external defibrillators.

(a) Definitions. As used in this section:

- (1) automated external defibrillator means a device as defined in Public Health Law section 3000-b(1)(a);
- (2) instructional school facility means a building or other facility maintained by a school district, a board of cooperative educational services, a county vocational education and extension board or a charter school where instruction is provided to students pursuant to its curriculum;
- (3) school-sponsored or school-approved curricular or extracurricular events or activities means events or activities of a school district, a board of cooperative educational services, a county vocational education and extension board or a charter school that are, respectively, associated with its instructional curriculum or otherwise offered to its students;
- (4) school-sponsored athletic contest means an extraclass intramural athletic activity of instruction, practice and competition for pupils in grades 4 through 12 consistent with section 135.4 of this Title;
- (5) school-sponsored competitive athletic event means an extraclass interschool athletic activity of instruction, practice and competition for pupils in grades 7 through 12 consistent with section 135.4 of this Title.

b. Each school district, board of cooperative educational services, county vocational education and extension board and charter school shall provide and maintain on-site in each instructional school facility functional cardiac automated external defibrillator equipment for use during emergencies. Each such facility shall have sufficient automated external defibrillator equipment available to ensure ready and appropriate access for use during emergencies. In determining the quantity and placement of automated external defibrillators, consideration shall be given to:

- i. the number of students, staff and other individuals that are customarily or reasonably anticipated to be within such facility; and
- ii. the physical layout of the facility, including but not limited to:
 1. locations of stairways and elevators;
 2. number of floors in the facility;
 3. location of classrooms and other areas of the facility where large congregations of individuals may occur; and
 4. any other unique design features of the facility.

c. Whenever an instructional school facility is used for a school-sponsored or school-approved curricular or extracurricular event or activity, the public school officials and administrators responsible for such facility shall ensure the presence

- of at least one staff person who is trained, pursuant to Public Health Law section 3000-b(3)(a), in the operation and use of an automated external defibrillator.
- d. During any school-sponsored athletic contest or school-sponsored competitive athletic event held at any location, public school officials and administrators responsible for such contest or event shall ensure that automated external defibrillator equipment is provided on-site and that at least one staff person who is trained, pursuant to Public Health Law section 3000-b(3)(a), in its use is present during such contest or event.
 - e. Each automated external defibrillator device shall be approved by the Food and Drug Administration for adult use and/or for pediatric use, as appropriate for the population reasonably anticipated to be served by such device, and shall be used according to the manufacturer's instructions with due attention provided to operating procedures, maintenance and expiration date.

Last Updated: March 9, 2009