



ONONDAGA CENTRAL SCHOOL DISTRICT

AED **Program**

(AUTOMATED EXTERNAL DEFIBRILLATOR)



March 2020

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I. INTRODUCTION

Although Sudden Cardiac Arrest (SCA) and the resulting death occur more commonly in adults, an estimated 5000 children (without symptoms) die suddenly in the United States annually. Approximately 40 children and adolescents (5 to 18 years of age) die annually in New York State from diseases affecting the heart. This contrasts with approximately 20,000 cardiac deaths in adults (21 to 74 years of age) annually in New York State. Current research suggests that the vast majority of sudden cardiac deaths in children and adolescents are directly related to undetected cardiac anomalies.

Cardiac arrest is an abrupt disruption of the heart function causing lack of blood flow to vital organs. Abnormal heart rhythms are the cause of most cardiac arrests. Ventricular fibrillation (V-FIB), a specific type of chaotic heart rhythm, is the most common abnormal rhythm associated with cardiac arrest. The treatment for ventricular fibrillation is defibrillation, shocking the heart into a regular rhythm. Untreated cardiac arrest due to ventricular fibrillation ultimately leads to cardiac death.

The emergency response to cardiac arrest includes early access to emergency medical care, cardiopulmonary resuscitation (CPR), early defibrillation, and early advanced cardiac life support. Today a new generation of defibrillators, called Automated External Defibrillators (AEDs), makes it possible for trained lay rescuers to deliver defibrillation. Nationwide and within our state, the concept of public access defibrillation is growing in popularity.

Sudden cardiac death in children and adolescents is a devastating event that raises anxiety and concerns within the general community. As a result of various lobbying efforts and a collaborative effort between the State Education Department (SED) and the State Department of Health (DOH) legislation was promulgated that required Automated External Defibrillators (AEDs) to be placed in schools.

Effective December 1, 2002, Education Law Section 917 required public schools and BOCES to provide automated external defibrillators in all instructional school facilities for use during *“school-sponsored or school approved curricular or extracurricular events or activities and whenever a school sponsored athletic contest is held”*.

In addition, on July 18, 2002, the Board of Regents approved emergency regulations (8 New York Code of Rules and Regulations Section 136.4) relating to AEDs in public school facilities. The text of Education Law Section 917 and 8NYCRR Section 136.4 is provided in Appendix B of this Plan.

Each automated external defibrillator device shall be approved by the Food and Drug Administration (FDA) 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 attention provided to operating procedures, maintenance and expiration date.

I. INTRODUCTION - *continued*

The FDA has approved a number of AED devices. In addition, the FDA has approved an adaptation to an AED (pediatric electrodes) for use on children under age 8, or less than 55 pounds, that allows the device to deliver a lower dose of electricity. Schools using AEDs should adhere to the State Emergency Medical Advisory Committee (SEMAC) Advisory 02-02, *AED for Pediatric Patients*, dated July 1, 2002. The Central New York Regional Emergency Medical Advisory Committee, in its' memo dated July 24, 2003, further advised that adult electrodes can be used on children 1 year of age and older in the absence of a pediatric electrode. The New York State Department of Health, Bureau of Emergency Medical Services, has indicated that PAD training which includes Pediatric CPR/AED, Adult CPR/AED, along with the manufacturer's guidelines on the use of the defibrillator with children under the age of 8, is sufficient to meet the requirements for PAD programs using an FDA approved AED.

In accordance with Public Health Law Sections 3000-a and 3000-b, any public access defibrillation provider, or any employee or other agent of the provider who, in accordance with the provisions of this law, voluntarily and without expectation of monetary compensation renders emergency medical or first aid treatment using an AED "to a person who is unconscious, ill or injured" shall not be liable for damages for injury or death unless caused by gross negligence.

Automated External Defibrillator Program
Onondaga Central School District

II. DEFINITIONS

- A. AUTOMATED EXTERNAL DEFIBRILLATOR (AED) – is a medical device that performs the following tasks: recognizes the presence or absence, in a patient, of ventricular fibrillation (V-FIB) and pulseless ventricular tachycardia (V-TAC); will determine without operator intervention whether defibrillation should be performed on the patient; once determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to the patient’s heart; and then, upon action by an operator, delivers an appropriate electrical impulse to the patient’s heart to perform defibrillation.
- B. CARDIOPULMONARY RESUSCITATION (CPR) – is the procedure through which a patient is determined unresponsive (has no breathing or pulse rhythms), is provided an airway and artificial respiration (mouth-to-mouth breathing), and cardiac circulatory assistance by means of chest compressions (100 compressions per 60 seconds) until responsiveness is once again established, or Automated External Defibrillation begins.
- C. DISTRICT AED COORDINATOR – the individual who will oversee both the implementation and maintenance of a CPR-AED program.
- D. EMERGENCY HEALTH CARE PROVIDER – a physician with knowledge and experience in the delivery of emergency cardiac care, or a hospital licensed by the Department of Health that provides emergency cardiac care.
- E. INSTRUCTIONAL SCHOOL FACILITY – 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 its students.
- F. NATIONALLY-RECOGNIZED ORGANIZATION – a national organization approved by the Department of Health for the purpose of training people in the use of an Automated External Defibrillator.
- G. PUBLIC ACCESS DEFIBRILLATION (PAD) PROVIDER – a person, firm, organization or other entity possessing or operating an Automated External Defibrillator pursuant to a collaborative agreement as defined in Section 3000-b (1)(c) of Public Health Law.
- H. RESPONDER CORE TEAM – are the individuals working in a building or department where they have been trained in the use of CPR and the operation of an Automated External Defibrillator (AED), and who have access to the equipment provided for use in emergency situations requiring an AED. This group of individuals would be responsible for first response to a cardiac arrest event in their building or work area.
- I. SCHOOL-SPONSORED or SCHOOL-APPROVED CURRICULAR or EXTRA CURRICULAR EVENTS – are activities or events of an educational organization that are associated with its instructional curriculum or otherwise offered to its students.
- J. SCHOOL-SPONSORED ATHLETIC CONTEST – an extra-class intramural athletic activity of instruction, practice and competition for pupils in grades 4 through 12.
- K. SCHOOL-SPONSORED COMPETITIVE ATHLETIC EVENT – an extra-class interschool athletic activity of instruction, practice and competition for pupils in grades 7 through 12.
- L. SUDDEN CARDIAC ARREST (SCA) – the initiation of an abnormal heart rhythm called “Ventricular Fibrillation” or V-FIB, a chaotic heart rhythm that results in the loss of circulation and oxygen delivery to body tissues.

III. BACKGROUND

State Education Law Section 917 (see Appendix B) requires school districts, BOCES, and other schools to provide and maintain on-site in each instructional facility, at school-sponsored or school-approved curricular and extracurricular events or activities, and at school sponsored athletic contests and competitive athletic events, at least one functional cardiac Automated External Defibrillator (AED) for use during emergencies. The legislation also requires that AEDs be provided and maintained on-site “in quantities and types” deemed by the Commissioner of Education, in consultation with the Commissioner of Health, to be adequate to ensure ready and appropriate access for use during emergencies”.

Schools also need to consider the provision of covering competitive athletic events held at a site other than a public school facility.

Public school facilities and staff who will operate the AED equipment pursuant to Education Law Section 917 are deemed a “Public Access Defibrillation (PAD) Provider” as defined in the Public Health Law Section 3000-b and subject to its provisions. Pursuant to Public Health Law requirements to be authorized to use an AED, schools must:

- A. Identify a licensed physician to serve as “Medical Oversight Physician” (Dr. Andrew Merritt) and establish a Collaborative Agreement (Appendix D) between the District and the Physician.
- B. Once the Collaborative Agreement is established the following shall be provided to the Physician:
 - 1. Copy of AED Program and any revisions
 - 2. Notification of Incident within 24 hours after an emergency use of an AED
 - 3. Copy of Public Access Defibrillation Program Incident Report (Appendix E) and AED Event Data
- C. Select an approved AED training course and a certified training provider to train designated AED responders.
- D. Provide written notice to local emergency responders (police, fire, and ambulance) that the District is a PAD provider and a list of the AED service locations within the District.
- E. File a copy of the “Notice of Intent to Provide PAD” (DOH 4135) with the CNY Emergency Medical Services Council (CNYEMSCO), along with the signed copy of the Public Access Defibrillation Collaborative Agreement with the Designated Physician. This agreement will be updated every two years in accordance with CNYEMSCO.

III. BACKGROUND - *continued*

- F. If the Designated Physician changes, the District must complete a new Collaborative Agreement with the new Physician and file a copy of the Agreement with the CNYEMSCO.

As noted above, in Public Health Law Section 3000-b, school districts are required to have written policies and procedures addressing the use of AEDs; and these policies and procedures should be submitted to the Central New York Regional EMSCO.

IV. BOARD POLICY 3520

The Onondaga Central School District recognizes the need to make automatic external defibrillators (AED)s available in its buildings. Early access defibrillation has been recognized as a significant factor in the survival from incidents of sudden cardiac arrest.

Therefore, it is the policy of the board of Education that the use of AEDs is authorized in accordance with the public Access Defibrillation Law (Chapter 552 of the Laws of 1998). Individuals authorized to use the AED devices shall have current training and certification in CPR and the use of the AED from a recognized training agency. A physician shall be appointed to provide medical oversight for the use of the AEDs. The regional emergency services council and the State Department of Health, as well as the local emergency services providers, shall be notified of the location and use of AEDs within the Onondaga Central School District.

The District Superintendent shall develop regulations and protocols governing the use of the AEDs with the Onondaga Central School District's School Emergency Management Plan.

V. PROGRAM OVERSIGHT

A. Notice of Intent

On February 8, 2017 the District filed its “Notice of Intent” (DOH form 4135 - see Appendix C) to become a Public Access Defibrillation (PAD) provider with the Central New York Regional Emergency Medical Services Council, Syracuse, NY.

B. Collaborative Agreement – Medical Oversight

Originally, in January 2, 2003 and as revised on February 8, 2017 the **Onondaga Central School District** entered a “Collaborative Agreement” (Appendix D) with **Dr. Andrew Merritt (28 ½ East Main St., Marcellus, NY 13108, 315-673-9926)**, to provide medical oversight of the District’s PAD Program by the terms and conditions set forth by Section 3000-B of Article 30 of the Public Health Law of the State of New York.

The following elements are identified as essential in the planning and support of the District’s Public Access Defibrillation (PAD) program:

1. A core emergency response team of trained personnel, including the district nursing staff, coaching staff, and other staff volunteers.
2. A well-defined emergency plan that clearly states all policies and procedures relative to the use of an AED.
3. Strategic placement and availability of the AED units.
4. A rapid and effective communication system, especially with regard to after-hours activities and events held at remote locations.
5. Initial training, periodic refresher training, and systematic retraining of appropriate staff in CPR, including the use of AEDs.
6. Regular maintenance of the AED units according to the manufacturer’s specifications and replacement of batteries and electrodes at the end of their service life.
7. Reporting the use of an AED to the Designated Physician and to the Central New York Regional Emergency Medical Services Council.
8. Physician oversight.

V. PROGRAM OVERSIGHT – *continued*

C. Central New York Regional Emergency Medical Services Council

The District has filed this “Collaborative Agreement” with the Regional Emergency Medical Services Council:

**Central New York Emergency Medical Services Council
50 Presidential Plaza
Jefferson Towers, Suite LL1
Syracuse, NY 13202
Phone (315) 701-5707, Fax (315) 701-5709**

D. District AED Coordinator

The Assistant Principal/Athletic Director is the designated District AED Coordinator responsible for all aspects of the PAD Program.

VI. TRAINING

The District has chosen the American Heart Association as its’ training curriculum provider for CPR and AED training programs, and will use the curriculum whenever possible in providing its’ staff with certified training programs and refresher courses.

VII. EQUIPMENT

A. AED Model In Use

The District has chosen the **Phillips Heartstart FRX2** as its primary defibrillator for our Public Access Defibrillation Program.

The Philips Heartstart AED is compact, lightweight, portable and battery powered. It is designed for simple operation with voice prompts to guide the trained responder. These units are designed to conduct self-tests to determine the state of readiness of system components, battery and electrode connection.

The Heartstart AED detects and advises defibrillation therapy for a shockable heart rhythm as recommended by the American Heart Association.

VII. EQUIPMENT - *continued*

B. Locations and Signage

The District has determined that its PAD program will be best facilitated through a strategy of equipment placement at key locations in its instructional and administrative facilities, and the assignment of specific units to the District Athletic Department for use by members of the Department's Coaching Staff. See **Appendix I** for placement locations and equipment assignments.

AED stations within a building will be communicated with highly visible signage.

The placement of the AEDs will be well communicated throughout the District. Trained responders will be informed regarding the use of the equipment in emergency situations, and the importance of maintaining this equipment in a state of readiness.

Vandalism or misuse of the equipment by those not authorized (trained) to provide Automated External Defibrillation will not be tolerated. Violators will be subject to discipline according to the District "Code of Conduct".

C. Maintenance and Testing

The Building Nurses will visually check the AED(s) in their buildings daily to determine if the AED is in a ready-to-use condition by confirming that the "Green" operational indicator is on. The **districts AED Coordinator and/or their designee (Athletic Director)** will be notified if the AED is not in a ready-to-use condition ("Red" indicator visible or the AED is in alarm mode). The manufacturer's representative must be notified to make a determination as to that AED's operational capability and the steps necessary to repair or replace the unit. If necessary, alternate AED coverage will be provided.

When a staff member notes any damage or deficiencies involving an AED it should be brought to the attention of the **Districts AED Coordinator and/or designee** immediately.

The **Districts AED Coordinator** will arrange routine AED pad and battery replacement.

To obtain warranty service for a Philips AED the District AED Coordinator must call the 1-800-426-0337, 1-800-991-5465 or 1-888-466-8686, which is attended Monday through Friday, 7:00 a.m. to 5:30 p.m. Central Time. Technical service representatives will attempt to resolve issues over the telephone. If necessary, Philips will arrange for service or a replacement of their product.

VII. EQUIPMENT – *continued*

C. Maintenance and Testing – *continued*

AED's perform the following automated self-checks:

1. Daily – Electrodes, battery and electrical circuitry
2. Monthly – Delivery system charged to full energy and discharged
3. Status Indicator – Status indicator and audible alarms notify user if the system fails self-testing and is not "Rescue Ready"

D. Supplementary Equipment

Supplementary equipment will include an AED Ready Kit with disposable razor, gloves, scissors, towels, gauze, and a one-way filter mask with user instructions. Additional sets of the disposable, non-polarized (interchangeable for body placement), pre-gelled, self-adhesive electrodes are also included in the carrying case.

VIII. PROTOCOLS

A. Procedures for Use of an AED

Protocols for using an AED are detailed in Appendix A, "Defibrillation Procedure."

Each building is to maintain a list of personnel authorized to use the AED. These staff members will have current certification in CPR and the use of the AED from a recognized training agency. The staff member shall provide the District with a copy of their current certification.

The trained and certified personnel present in the building shall constitute the Responder Core Team. In the event that a greater number of staff respond to an emergency incident than are needed, the **Building Nurse, or in his/her absence, the Building Administrator** shall direct emergency response at the scene until 911 responders arrive.

In the event of an emergency during a school-sponsored athletic contest, or school-sponsored competitive athletic event, the Coach of the host (home) team shall direct emergency response at the scene until 911 responders arrive.

In a medical emergency involving Sudden Cardiac Arrest (SCA) in a school building or on school grounds during regular school hours, the Main Office in that building is to be notified. **911 is to be called immediately**, the School Nurse is to be summoned, and an announcement is to be made over the building Public Address System that there is a possible Sudden Cardiac Arrest (SCA) and the location of the emergency should be stated.

VIII. PROTOCOLS – *continued*

If an AED is utilized in an emergency situation, notification will be provided to the Building Administrator, or his/her designee, who shall immediately notify:

- a. The school nurse (if applicable);
- b. Building Administrator will notify the Superintendent (315-552-5000)
- c. BOCES Safety Officer (315-431-8591);
- d. The (Who?) will notify District Physician;
 1. Cell phone –
 2. Office -
- e. The (Who?) will complete the PAD Report of Use Form (Appendix E) and submit as prescribed to the Central New York Emergency Medical Services

B. Pediatric AED Use

Although the incidence of ventricular fibrillation in children is far less than that of adults, the outcome for ventricular fibrillation is much better than for other non-perfusing rhythms and is improved with early defibrillation. Strategies for treatment of pediatric arrest should focus on shortening the intervals from collapse to response and to defibrillation.

The Food and Drug Administration (FDA) has approved specially designed electrodes that reduce the amount of energy delivered for pediatric victims less than 8 years of age and/or weighing less than 55 pounds. Pediatric electrodes are available for the Philips Heartstart AEDs for use within the District. Units located within an elementary school are equipped with both adult and pediatric electrodes. Therefore, defibrillation should not be withheld during events involving pediatric victims.

The District will attempt to provide defibrillation to children suffering ventricular fibrillation as part of its PAD Program in the timeliest fashion possible. The District will follow the State Emergency Medical Advisory Committee's (SEMAC) recommendations that PAD Programs include the use of AEDs for pediatric patients as follows:

1. Use only equipment that has been FDA-approved for pediatric use.
2. Use approved AEDs according to the manufacturer's instructions, with due attention to operating procedures, maintenance and expiration dates.
3. Have a training program that includes:
 - specific orientation to pediatric defibrillation, including pediatric AED electrodes, with particular attention to indication of "no signs of circulation" and sudden collapse;
 - the continued importance of initial respiratory/airway management;

VIII. PROTOCOLS – *continued*

B. Pediatric AED Use

- training in pediatric basic CPR.
- 4. Have a Quality Assurance/Improvement Program that requires the collection of data on all pediatric AED use and a mechanism of sharing that data on a regular basis with the Central New York Regional EMAC and the SEMAC. At a minimum the data should include: age of patient, device used, condition of patient when applied, outcome of patient and any adverse events noted (equipment failure, burns under pads, etc.).

C. Practice Protocols

Experience has shown that emergency responders may never encounter a victim in cardiac arrest or that the frequency of these encounters may be very low especially if the responder is not attached to an Emergency Medical Service Unit taking emergency calls on a daily basis. Lay rescuers may use an AED only once in a lifetime. Therefore, it is important to review AED skills on a regular basis.

The District has established a requirement for the periodic review of AED skills. Review sessions will be used to discuss AED operation and maintenance, review AED protocols and practice these protocols, critique recent cases, and evaluate responder skills.

The District has access to at least one (1) AED training unit from OCM BOCES for the purpose of AED refresher training classes. Training units do not actually deliver a shock and are designed to instruct students on basic rescue skills and the correct defibrillation procedure, providing interactive, simulated rescues to train students as first responders during a sudden cardiac arrest.

IX. PERSONNEL

The District will maintain a list of personnel authorized to use an AED – **(Appendix H)**. These staff members will have current certification in the use of the AED from the American Heart Association or another training curriculum that is approved by the Department of Health. The staff member shall provide the District with a copy of their current certification. Training in the use of an AED by staff will be voluntary except in the case of school nursing and coaching staff.

The use of an AED in accordance with the training received and approved protocols shall be considered within the scope of the employment of the staff member. Any staff member who has been trained in the use of an AED must participate in retraining as required by the certifying agency.

X. PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAM PROMOTION

Once the PAD program has been established it is important to ensure that District staff, students, and visitors be made aware of its existence. Also, that they know how to alert the trained rescuers in the event of a cardiac emergency.

The PAD program information should be communicated at the building-level and throughout the District. This allows the AED to be demonstrated, the program to be explained and emergency actions to be reviewed. These sessions can also be an important tool for use in gaining additional staff volunteers for AED training if that is desirable. District publications should include articles about the program and emphasize the commitment the District is making.

XI. EMERGENCY PLAN

A. Sudden Cardiac Arrest Protocol

Emergency procedures are included within Appendix A, “Defibrillation Procedure”, of this Plan.

XII. QUALITY IMPROVEMENT

A. Periodic Review of Skills

The District will provide and maintain AED training to staff members in sufficient numbers as to facilitate adequate emergency coverage during school-sponsored or school-approved curricular or extracurricular events, and these trained staff members shall be authorized by the District to use the AED equipment available when needed.

The District has established a requirement for the periodic review of AED skills. Review sessions will be used to discuss AED operation and maintenance, review AED protocols and practice these protocols, critique recent examples of AED use (possibly in and outside the District), and evaluate responder skills. An optional AED Skill Assessment form is provided in **Appendix G**.

B. Review of Incident (Use) Reports

The **District AED Coordinator** will send copies of all PAD Program Incident Reports (Appendix D) to the **District’s Designated Physician (Dr. Andrew Merritt) and to the Central New York Regional EMSCO** as soon as possible after the use of an AED. The District’s Designated Physician will review all PAD Incident Reports and AED Data, and provide feedback to the District’s responders regarding program Quality Improvement issues or actions.

XIII. QUALITY IMPROVEMENT - *continued*

C. Equipment Inspection / Readiness Inventory (Appendix F)

Automated External Defibrillators will be inspected on a daily basis by the **Building Nurse/Coach**. The **Districts AED Coordinator and/or designee** will act as the point of contact person with the manufacturer for required warranty and repair/maintenance work.

The **District AED Coordinator** is responsible for maintaining the availability of AEDs throughout the District as required. The attached AED Inspection Readiness Inventory (Appendix F) is an optional form that can be used to document equipment surveillance.

APPENDIX A

DEFIBRILLATION PROCEDURE

In a medical emergency involving Sudden Cardiac Arrest (SCA) in a school building or on school grounds during regular school hours, the **Main Office** in that building is to be notified. **911 is to be called immediately** and the **School Nurse** is to be summoned.

Members of the Responder Core Team should assess the patient and if necessary begin CPR. The School Nurse shall bring the AED to the scene of the Sudden Cardiac Arrest (SCA), or another member of the Responder Core Team shall retrieve the nearest AED.

The following is the protocol for use of an AED:

1. **Immediately Upon Arrival, Check the Scene for Safety, Then Verify Responsiveness:**
 - Is the victim unconscious/unresponsive
 - If no response, call or have someone call 911
 - Verify that there are no signs of circulation and that the victim is not breathing
 - If none, begin CPR
2. **Upon Arrival of the AED:**
 - Move patient if lying in water, on a metal surface or near a metal object
 - Perform CPR if there is a delay in obtaining or using the AED
 - When the AED arrives turn it **ON** and follow vocalized instructions
 - Bare and prepare the victim's chest (remove clothing, remove excess chest hair and dry the chest if wet)
 - Check for medication pads and remove if found
 - Apply correct defibrillation pads for patient's age/weight, and place as per diagram on AED or pads. A second rescuer should continue to provide CPR until the AED pads are attached to the victim and the AED is ready to begin heart rhythm analysis.
 - Cease CPR
3. **Allow AED to Analyze the Victim's Heart Rhythm – if Shock Advised:**
 - Clear patient verbally and visually prior to delivering a shock
This is extremely important for the safety of the Responder Core Team
 - Deliver a shock when prompted by pushing the AED "**Shock**" button
 - Defibrillate as directed by the AED voice prompts
 - Check for signs of circulation – if none, perform CPR for two (2) minutes; continue until additional voice prompt is given by the AED or EMS arrives
 - When EMS arrives, advise the Responders regarding actions taken and patient status, and turn patient over to **911 response personnel**.

APPENDIX A *(cont'd)*

4. If No Shock Is Advised:

- Check for signs of circulation – if none, perform CPR until the AED reanalyzes; if signs of circulation are present, assess vital signs, support airway and breathing until EMS arrives
- Continue until AED prompts, “do not touch patient...” follow AED instructions, or until EMS arrives

5. AED Post-Use Procedure:

- The District AED Coordinator will do the following after any AED use incident:
 - a. Notify the District’s Designated Physician – **Dr. Andrew Merritt, 315-673-9926.**
 - b. Gather all necessary information to ensure proper completion of the PAD Program Incident Report (Appendix E)
 - c. Complete the PAD Incident Report and maintain a copy for District records
 - d. Send copy of PAD Incident Report to the District’s Designated Physician and to the (Regional) EMSCO as soon as possible after the use of an AED.
 - e. Restock electrode pads, batteries, razors, and gloves. Inspect all supplies for any damage, expiration dates and required replacement
 - f. Inspect the AED exterior and connectors for dirt or contamination. Clean the AED
 - g. Notify Responder Core Team the AED is back in service.

The most important thing to remember when using an AED is to confirm that the victim is unresponsive, not breathing normally and does not have a pulse. Whenever these circumstances exist, the responder has confirmed cardiac arrest and the AED must be attached to the victim, turned **ON**, allowed to do an analysis, and the balance of the steps will be prompted for the responder by the AED.

APPENDIX B
EDUCATION LAW 917
&
EDUCATION COMMISSIONER'S REGULATIONS

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND
ASSEMBLY, DO ENACT AS FOLLOWS:

Section 917

S 1. On-site cardiac Automated External Defibrillator.

1. Schools districts, boards of cooperative educational services, county vocational education and extension boards and charter schools shall provide and maintain on-site in each instructional school facility Automated External Defibrillator (AED) equipment, as defined in paragraph (a) of subdivision one of section three thousand-b of the public health law, in quantities and types deemed by the commissioner in consultation with the commissioner of health to be adequate to ensure ready AND APPROPRIATE access for use during emergencies.
 2. Whenever public school facilities pursuant to subdivision one of this section are used for school-sponsored or school-approved curricular or extracurricular events or activities and whenever a school-sponsored athletic contest is held at any location, the public school officials and administrators responsible for such school facility of athletic contest shall ensure the presence of at least one staff person who is trained, pursuant to paragraph (a) of subdivision three of section three thousand-b of the public health law, in the operation and use of an AED. Where a school-sponsored competitive athletic event is held at a site other than a public school facility, the public school officials shall assure that Automated External Defibrillator equipment is provided on site.
 3. Public school facilities and staff pursuant to subdivisions one and two of this section shall be deemed a "Public Access Defibrillation Provider" as defined in paragraph (c) of subdivision one of section three thousand-b of the public health law and shall be subject to the requirements and limitations of such section.
 4. Pursuant to section three thousand-a and three thousand-b of the public health law, any Public Access Defibrillation Provider, or any employee or other agent of the provider who, in accordance with the provisions of this section, voluntarily and without expectation of monetary compensation renders emergency medical or first aid treatment using an AED which has been made available pursuant to this section, to a person who is unconscious, ill or injured, shall be liable only pursuant to section three thousand-a of the public health law.
- S 2. This act shall take effect SEPTEMBER 1, 2002.
- S 3. This act shall take effect immediately; provided, however, that section one of this act shall take effect on the same date as a chapter of the laws of 2002 amending the education law, relating to requiring certain public school facilities to retain on premises at least one functional cardiac Automated External Defibrillator, as proposed in legislative bill number A. 8779-A takes effect.

APPENDIX B - (cont'd)

AMENDMENT TO 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, 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;
- (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 extra class 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 extra class 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:

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

APPENDIX B - (cont'd)

PUBLIC HEALTH REQUIREMENTS

NEW YORK STATE PUBLIC HEALTH LAW (3000-b)

The following information reflects the requirements, which must be met by all school districts under Education Law Section 917 requiring that all districts become Public Access Defibrillation Providers.

- Provide specific notification on intent to the local Regional Emergency Medical Services Council and the Department of Health (DOH).
- Identify a physician or hospital knowledgeable and experienced in emergency cardiac care to serve as “Emergency Health Care Provider (EHCP)” and participate in a collaborative agreement with the district.
- Select an approved training course for designated AED users.
- Develop a written Collaborative Agreement with the EHCP, which shall include at least the following:
 - * written practice protocols for use of the AED
 - * written policies and procedures which:
 - Provide training requirements for AED users,
 - Ensure immediate calling of 911,
 - Ensure ready identification of the location of the AED units,
 - Provide for regular maintenance and checkout procedures of the AED units(s) which meet or exceed manufacturer’s recommendations,
 - Detail documentation requirements, and
 - Define participation in a regionally approved quality improvement program.
- Provide written notice to 911 and/or the community equivalent ambulance dispatch entity of the availability of AED service at the organization’s location.
- File a copy of the “**Notice of Intent to Provide PAD**” (DOH Form 4135) with the Regional Emergency Medical Services Council (REMSCO) in the area, along with a signed copy of the Collaborative Agreement with the EHCP.
- File a new Collaborative Agreement with the REMSCO if the EHCP changes.

Automated External Defibrillator Program
Onondaga Central School District

APPENDIX C

APPENDIX C

**New York State Department Of Health
Bureau Of Emergency Medical Services**

**Notice Of Intent To Provide
Public Access Defibrillation (PAD)**

Name of Entity Providing PAD Onondaga Central School District	Phone Number 315-552-5000
Address 4466 South Onondaga Road	Fax
City Nedrow State NY Zip 13120	315-492-4650

Type of Entity: Please Check Appropriate Boxes

<input type="checkbox"/>	Business	<input type="checkbox"/>	Industrial Setting	<input type="checkbox"/>	Construction Company
<input type="checkbox"/>	Fire Department / District	<input type="checkbox"/>	Police Department	<input type="checkbox"/>	Recreational Facility
<input type="checkbox"/>	Local Municipal Government	<input type="checkbox"/>	County Government	<input type="checkbox"/>	State Government
<input checked="" type="checkbox"/>	School K – 6	<input checked="" type="checkbox"/>	School 6 – 12	<input type="checkbox"/>	College / University
<input type="checkbox"/>	Physician's Office	<input type="checkbox"/>	Medical Clinic	<input type="checkbox"/>	Other Medical Facility
<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Adult Residence	<input type="checkbox"/>	Other (Specify)

Name of Designated Physician Dr. Andrew Merritt - - - Marcellus Family Medicine	Phone Number 315-673-9926
Address 28 ½ East Main Street, Suite 1	Fax
City Marcellus State NY Zip 13104	() -

Name of Ambulance Service or 911 Dispatch Center Advised of PAD Program Nedrow Fire Department / South Onondaga Fire Department	County Onondaga
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Name of PAD Training Program (Please Check Appropriate Box)

<input checked="" type="checkbox"/>	American Heart Association	<input type="checkbox"/>	American Red Cross	<input type="checkbox"/>	American Safety & Health Inst.
<input type="checkbox"/>	Emergency Services Inst.	<input type="checkbox"/>	National Safety Council	<input type="checkbox"/>	REMSCO of NYC, Inc.

Manufacturer of AED Unit Phillips	Model of AED Heartstart See Appendix I	Number of PAD Trained Providers Varies, See Appendix H	Number of AEDs 8	Number of Buildings AEDs are to be placed in 4
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Authorization Names & Signatures

CEO or Designee (Please Print) Robin L. Price	Date 2/8/17	Designated Physician (Please Print) Andrew Merritt, MD	Date 2/8/17

Complete this form and send it with your completed Collaborative Agreement to the Regional EMS Council.
DOH – 4135 (5/02)

APPENDIX D

Collaborative Agreement

CNY EMERGENCY MEDICAL SERVICES COUNCIL
Collaborative Agreement
Between Public Access Defibrillation Provider and Designated Physician for
the Provision of AED in Central New York

I, Robin L. Price Superintendent of the Onondaga Central School District, Public Access Defibrillation (PAD) Provider and I, Dr. Andrew Merritt District Physician, Onondaga Central School District,, agree to abide by the following terms and conditions set forth by Section 3000-B of Article 30 of the Public Health Law of the State of New York for the provision of Automated External Defibrillation (AED) by the PAD Provider.

1. The PAD Provider and trained AED responder(s) shall operate under the appropriate protocols for use of an AED as promulgated for the New York State Department of Health, Central New York Medical Services Council and the Regional Emergency Medical Advisory Committee (REMAC).
2. The PAD Provider shall ensure that all persons designated to operate an AED successfully complete an AED training course which has been approved by the New York State Department of Health or the New York State Emergency Medical Services Council.
3. Prior to operation of an AED, the PAD Provider shall notify the Central New York Regional Emergency Medical Services Council of the existence, location, quantity and type of all mobile and stationary AED's on the premises of the PAD Provider.
4. The PAD Provider shall comply with Section 3000-B of the Public Health Law of the State of New York.
5. The PAD Provider shall ensure that an ambulance service is immediately called.
6. The PAD Provider shall ensure that the Designated Physician is notified **within 24 hours** of each use of an AED.
7. The PAD Provider shall ensure that all AED's are maintained and tested according to manufacturer and/or government standards.
8. The responsibilities of the Designated Physician shall include, but are not limited to the following:
 - Participating in the Central New York Regional EMS Council/REMAC Quality Assurance Program via reporting to the CNY EMS Council **immediately after** each use of an AED. Minimum required information to be reported shall include the name of the PAD Provider, date and time of incident, patient age and sex, estimated time of arrest to first AED shock, estimated time of arrest to CPR, number of shocks administered to the patient, name of transporting ambulance service and patient outcome at incident site; and
 - Monitoring the quality of patient care provided by the PAD Provider.
9. If the Designated Physician changes, a new Collaborative Agreement shall be filed within five business days. Additionally, if the Designated Physician resigns, s/he shall immediately notify the Central New York Regional EMS Council in writing and a new updated Collaborative Agreement filed with CNYEMS.

Robin L. Price Date 2/8/17 Andrew Merritt, MD Date 2/8/17
PAD Provider Designee Signature Designated Physician's Signature

APPENDIX E

PUBLIC ACCESS DEFIBRILLATION REPORT OF USE

Name of PAD Site _____
Location of Incident _____
Date of Incident _____ Time _____
Patient's Age _____ Gender: Male Female
Witnessed Arrest: Yes/No Number of Shocks Delivered _____
CPR initiated prior to application of AED: Yes No
Time elapsed between arrest & CPR: _____ minutes Unknown
Time elapsed between arrest & first shock _____ minutes Unknown
CPR initiated by: Bystander Staff EMS Other _____
Name of transporting service _____
Hospital destination _____
Patient outcome:
_____ Remained Unresponsive
_____ Became Responsive
_____ Spontaneous Return of Pulse
_____ Spontaneous Return of Pulse/Respirations
_____ Dead on Arrival
_____ Died in ED
_____ Died within 24 hrs
_____ Died more than 24 hrs after
_____ Discharged Alive

Please mail this form to: (within 48 hrs of incident)

Central New York EMS
Jefferson Tower, Suite LL1
50 Presidential Plaza
Syracuse, NY 13202
or FAX to 315-701-5709

APPENDIX F – Optional Form

**AUTOMATED EXTERNAL DEFIBRILLATOR
INSPECTION READINESS INVENTORY**

Device Location: _____

Unit Number: _____

Inventory Items	DATE TIME	Routine/Post Use																		
Office Notified Before Opening																				
Storage Cabinet Intact																				
Wall Unit-Alarm Activates Upon Opening																				
AED Exterior Intact																				
Battery Installed and Functional																				
Spare Battery Available																				
Data Card Installed																				
AED Self Test is Operational																				
AED User Guide is Available																				
CPR Guide is Available																				
Two Sets of Electrodes are Available																				
Incident Report Forms are Available																				
Mouth Barrier Device																				
Disposable Razor Blades																				
Non-Latex Gloves																				
Gauze Pads or Towel																				
Security Alarm Reset																				
Office Notified the Unit is In Service																				
Initials of Inspector																				

Corrective Action Required and Completed

Date	Details	Initials

APPENDIX G - Optional Form

AED SKILL ASSESSMENT

Goals: The Candidate will demonstrate proficiency using an Automated External Defibrillator and exhibit familiarity and comprehension of the Public Access Defibrillation Protocols.

Candidate Name: _____ Position: _____

Date of CPR / AED Training: _____

Building Coverage: _____

SKILL REVIEW

Preceptor: _____ Preceptor: _____ Preceptor: _____ Preceptor: _____

Step (Skill)	Points	Score	Date	Score	Date	Score	Date	Score	Date
1. Determination of scene safety.	1*								
2. Dons appropriate PPE.	1*								
3. Confirms unresponsiveness and lack of circulation / pulse, initiates CPR.	1*								
4. Activates EMS system.	1*								
5. Prepares equipment and exposes patient's chest.	1*								
6. Turns on defibrillator.	1*								
7. Attaches cables & positions pads appropriately.	1								
8. Ensures that no CPR is being performed while AED analyzes.	1								
9. Confirms no circulation / pulse.	1								
10. Instructs all to <u>stand clear</u> and <u>clears</u> himself.	1*								
11. Rechecks for circulation / pulse after defibrillation.	1*								
12. Ensures that no CPR is being performed while the AED analyzes.	1								
13. Confirms no circulation / pulse.	1								
14. Instructs all to <u>stand clear</u> and <u>clears</u> himself as indicated by AED.	1*								
15. Rechecks for circulation / pulse after the defibrillation.	1								
16. Ensures that no CPR is being done while the AED analyzes.	1								
17. Begins CPR when the AED indicates.	1								
TOTAL POINTS **	17								

* Failure to perform this step is a critical failure and requires the candidate to repeat the skill assessment station.

** 17 points are required for a satisfactory rating. Failure to attain at least 17 points will require the candidate to repeat the skill assessment station.

APPENDIX H

LIST OF CERTIFIED STAFF

[illegible]

ELECTRODE AND BATTERY SERVICE LIFE

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