

CONSIDERATIONS WHEN INCLUDING AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) IN THE DISTRICT CRISIS MANAGEMENT PLAN

General

1. Children and adolescents are at low risk for sudden cardiac arrest.
2. AEDs are not currently recommended for use in children under eight years of age or under 80 pounds. However, there are vendors that sell AEDs for children in this age and weight group.
3. Sudden death related to undetected heart anomalies appears to occur most often in high school athletes.
4. Teaching staff, school support staff and other adults use school buildings and attend school-sponsored events.
5. Adults over age 50 are five times more likely to experience sudden cardiac arrest than children and adolescents.

Specific

1. The age and cardiac histories of school staff.
2. The types of activities and events hosted in the school buildings and the populations in attendance.
3. The types of policies and procedures that are already in place to support student and staff wellness e.g. required physical exams and injury prevention efforts.
4. The attention currently given to the use of protective sports equipment and equipment safety measures.
5. Whether there is a history of student or staff deaths.
6. The availability and response times for emergency medical services including 911 access and AED availability among first responders such as police, ambulance and fire departments.
7. The relative effectiveness of the District's current crisis plan in dealing with sudden cardiac and other emergencies, and how the use of AEDs would fit in with the rest of the crisis plan.
8. Consideration of legal issues such as informed consent.

Key Elements

1. A core emergency response team of trained personnel, including the school nurse, and a method to activate this team.
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 unit(s), preferably within four to five minutes of those needing the AED.
4. A rapid and effective communication system, especially regarding events held at remote locations.
5. Training of appropriate staff in CPR, including the use of an AED.
6. Regular maintenance of the AED Unit(s) according to the manufacturer's specifications.
7. Periodic testing and repair replacement of nonfunctioning units.
8. Reporting the use of an AED to a collaborating emergency healthcare provider, who in turn is required to report to the regional Emergency Medical Services Council.
9. Physician oversight.