



POLICY 5.323

5-F I recommend the Board approve the proposed Policy 5.323, to be entitled "Use of Automated External Defibrillators."

[Contact: Lashandra Span, 434-8791; and Walter Burns, 434-8350.]

Development

CONSENT ITEM

- This proposed Policy provides guidelines for training personnel in the use of automated external defibrillator (AED) devices, placement of AEDs in District facilities, and reporting incidents.
- The proposed Policy was requested by the Department of Student Services & Home Education, and was prepared by the health specialist (now in Safe Schools), drawing upon a similar policy of another large district. The Policy also includes statutory guidance and suggestions from a state agency rule, F.A.C. r. 64E-2.039, "Guidelines for Automated External Defibrillators (AED) in State Owned or Leased Facilities."
- By law, lay users of AEDs are generally immune from liability.
- A draft was reviewed by the medical director of the school health division of the Palm Beach County Health Department, the general counsel of the Health Department, and the school health administrator of the Health Care District of Palm Beach County.

POLICY 3.323

USE OF AUTOMATED EXTERNAL DEFIBRILLATORS

1. Definitions.-- For purposes of this Policy, the following definitions shall apply:

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7 a. “Automated External Defibrillator” (AED) means, pursuant to Fla. Stat. §
8 768.1325(2)(b), a computerized lifesaving device that: is commercially
9 distributed as a defibrillation device in accordance with the Federal Food,
10 Drug, and Cosmetic Act; is capable of recognizing the presence or absence of
11 ventricular fibrillation and is capable of determining, without intervention by the
12 user of the device, if defibrillation should be performed; and is capable of
13 delivering an electrical shock to an individual upon determining that
14 defibrillation should be performed. The AED should provide visual and voice
15 instructions for the device operator.
- 16
17 b. “Automated External Defibrillator Response Team” or “AED Response Team”
18 means the individuals at any school or District facility where an AED(s) is
19 located who have been trained to use an AED.
- 20
21 c. “Defibrillation” means the administration of a controlled electrical charge to the
22 heart, from the AED device, to restore a viable cardiac rhythm in cases of
23 ventricular fibrillation or rapid ventricular tachycardia.
- 24
25 d. “Emergency Medical Services System” or “EMS,” pursuant to Fla. Stat. §
26 401.107(3) means an authorized provider of services to prevent or treat a
27 sudden critical illness or injury and to provide emergency medical care and
28 prehospital emergency medical transportation to sick, injured, or otherwise
29 incapacitated persons. Activation of the Emergency Medical Services (EMS)
30 System is normally initiated by calling 911.
- 31
32 e. “Risk Management” and “Safe Schools,” mean, respectively, the School
33 District Department of Employee Benefits and Risk Management, and the
34 School District Department of Safe Schools, or the functional successors
35 thereof by whatever name.
- 36
37 f. “Sudden Cardiac Arrest” (SCA) means a significant life-threatening event
38 when a person’s heart stops or fails to produce a pulse.
- 39
40 g. “Trained AED User” means, pursuant to Fla. Stat. § 401.2915(1), a person
41 who has obtained appropriate training, to include successful completion of a
42 course in cardiopulmonary resuscitation (CPR), or a basic first aid course that
43 includes CPR, and demonstrated proficiency in the use of an AED. This
44 training should be in accordance with the standards of a nationally-recognized

45 organization such as the American Heart Association or American Red Cross
46 and must meet any applicable requirements of the Florida Department of
47 Health. In addition to training on use of AEDs, it is important for lay responders
48 to be trained on the maintenance and operation of the specific AED model in
49 their facility.

51 2. Structure of the Automated External Defibrillator Program.-- An AED program
52 is hereby established and shall include the following roles, which have the duties
53 and responsibilities described below.

54
55 a. Medical Director.-- The School Board shall authorize the appointment of a
56 medical director for the AED program whose duties and responsibilities shall
57 include, but not be limited to, the following:

58
59 i. providing general oversight of the AED program, including working with
60 Safe Schools and Risk Management to establish AED response
61 protocols; to formulate procedures for collecting, recording and filing AED
62 incident reports; and to implement and maintain a training program for
63 personnel along with an online database of employees who are trained
64 AED users;

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66 ii. providing medical consultation and expertise regarding AED use;

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68 iii. developing and/or approving protocols for the use of AEDs and related
69 medical equipment;

70
71 iv. acting as a liaison between the AED program sites and EMS;

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73 v. reviewing all incidents involving the use of an AED; and

74
75 vi. assisting with assuring program compliance with AED response
76 protocols, this Policy, and training procedures.

77
78 b. AED Training Coordinator.-- The AED training coordinator shall be a
79 qualified representative from Safe Schools and shall provide system-wide
80 oversight and implementation of a training program designed to instruct
81 personnel (and students of appropriate age) in the use of an AED in response
82 to a sudden cardiac arrest incident. The duties and responsibilities of the AED
83 Training Coordinator shall include, but not be limited to, the following:

84
85 i. coordinating training in AED emergency medical care that meets all
86 necessary requirements;

87
88 ii. ensuring that all AED training is conducted by trainers with the

- 89 qualifications necessary to instruct AED users to be safe and effective;
90 and
91
92 iii. maintaining a list of trained AED responders as submitted by the AED
93 Site Coordinators.
94
95 c. **AED Program Coordinator.--** The AED Program Coordinator shall be a
96 qualified representative from Risk Management and shall manage both
97 system-wide and site-based components of the AED program. The duties and
98 responsibilities of the AED Program Coordinator shall include, but not be
99 limited to, the following:
100
101 i. communicating with the Medical Director, AED site coordinators, and
102 AED response team members as necessary and EMS regarding the AED
103 program;
104
105 ii. participating in case reviews, oversight of responder training and
106 retraining, data collection, and other quality assurance activities;
107
108 iii. participating in the maintenance of the system-wide AED emergency
109 response plan and procedures;
110
111 iv. ensuring compliance with this Policy and applicable protocols for the AED
112 program; and
113
114 v. assisting with ensuring compliance with applicable regulations regarding
115 AED use.
116
117 vi. reviewing and approving the site plans before implementation of an AED
118 program at a facility.
119
120 d. **AED Site Coordinator.--** AED site coordinators shall manage the AED
121 program at facilities having AED response teams. The principal shall
122 designate a school's AED Site Coordinator, who must be an employee with
123 AED, First Aid, and CPR certification; and the principal shall ensure that the
124 designee carries out the duties and responsibilities of the position. These
125 duties and responsibilities include, but are not limited to, the following:
126
127 i. developing and maintaining school-based emergency response plans and
128 procedures, based on templates to be obtained from the AED Training
129 Coordinator, and submitting those plans and procedures for pre-approval
130 by the AED Program Coordinator;
131

- 132 ii. providing to the AED Program Coordinator the names of AED-trained
133 individuals at the site;
134
135 iii. assuring the maintenance of AEDs and related response equipment;
136
137 iv. ensuring site compliance with this Policy and applicable protocols of the
138 AED program;
139
140 v. obtaining pre-approval from the AED Program Coordinator regarding
141 placement of an AED and ensuring compliance with applicable state and
142 local regulations pertaining to AED use at the site;
143
144 vi. training AED response team members in AED maintenance and AED
145 response protocols, including the requirement of Fla. Stat. § 401.2915(3)
146 that any person who uses an AED shall activate the emergency medical
147 services system as soon as possible upon use of the AED;
148
149 vii. conducting post-event check procedures and completing and submitting a
150 post-incident critique form to the AED Program Coordinator;
151
152 viii. registering with local emergency medical services medical director,
153 consistent with Fla. Stat. § 401.2915(2), the existence, quantity, type,
154 brand, location, and most-recent placement of each AED device in the
155 facility, within a reasonable period of time after the device is placed; and
156
157 ix. properly maintaining and testing the AEDs at that facility.
158
159 e. **AED Response Team Members.--** The responsibilities of AED response
160 team members at a site include, but are not limited to, the following:
161
162 i. completing successfully all training and skills evaluations required by this
163 Policy;
164
165 ii. responding to sudden cardiac arrest (SCA) incidents according to the site
166 procedures and AED response protocol;
167
168 iii. activating the emergency medical services system as soon as possible
169 upon use of the AED, as required by Fla. Stat. § 401.2915(3); and
170
171 iv. following this Policy and the guidelines of the AED program and
172 remaining current on all certifications required of the AED program.
173
174 3. **AED Implementation Principles.--** Consistency and uniformity in the
175 implementation of the AED program is important to its mission of providing

176 lifesaving emergency care to SCA victims at sites. The following principles are
177 designed to promote the consistent and uniform system-wide implementation of the
178 AED program.

179
180 a. **AED Emergency Response Protocols.--** The Medical Director, AED
181 Program Coordinator, and AED Training Coordinator, in consultation with
182 appropriate members of the emergency medical care community, shall
183 develop emergency response protocols that should be followed by all AED
184 response teams in the event of an sudden cardiac arrest (SCA) incident. The
185 protocols shall be reviewed annually by the Medical Director, AED Program
186 Coordinator, and AED Training Coordinator, and revised as needed. The
187 protocols will address issues pertaining to AED use such as, but not limited to,
188 the following:

- 189
- 190 i. AED response plan;
- 191
- 192 ii. initial assessment in response to an SCA incident;
- 193
- 194 iii. CPR procedures;
- 195
- 196 iv. AED application;
- 197
- 198 v. AED defibrillation safety precautions;
- 199
- 200 vi. patient monitoring and EMS system activation through 911;
- 201
- 202 vii. transfer of a patient's care to EMS; and
- 203
- 204 viii. post-incident procedures.
- 205

206 b. **AED Training.--** No AED unit will be installed in a school, stadium facility,
207 administrative offices, or other facility until individuals at the facility have
208 received AED training. The training, overseen by the AED Training
209 Coordinator, shall be consistent with, but is not limited to, the following
210 guidelines:

- 211
- 212 i. a course in cardiopulmonary resuscitation (CPR), or a basic first aid
213 course that includes CPR, and demonstrated proficiency in the use of an
214 AED (which should be in accordance with the standards of a nationally-
215 recognized organization such as the American Heart Association or
216 American Red Cross and must meet any applicable requirements of the
217 Florida Department of Health);
- 218

- 219 ii. instruction on the maintenance and operation of the specific AED model
220 in the trainee's facility; and
221
- 222 iii. information on the time period for which training will be valid, along with a
223 recommendation for subsequent renewal. As a general principle, training
224 is not a one-time event; formal refresher training should be conducted at
225 least every two (2) years. Computer-based programs and video teaching
226 materials may permit more frequent review. Advances in techniques and
227 care should be incorporated into the training program. In addition to
228 formal recertification, mock drills and practice sessions are suggested to
229 maintain current knowledge and a reasonable comfort level by lay
230 responders.
231
- 232 c. **AED Purchases.--** To insure uniformity in the quality of AEDs installed and
233 used in facilities, all AED unit purchases first must be reviewed by the AED
234 Program Coordinator and AED Training Coordinator to ensure that the units
235 meet necessary specifications.
236
- 237 d. **AED Placement.--** Suggested factors to be considered by the AED Program
238 Coordinator/designee in approving placement of AEDs within a facility include:
239
- 240 i. a secure location that prevents or minimizes the potential for tampering,
241 theft, and/or misuse, and precludes access by unauthorized users;
242
- 243 ii. an easily accessible position (e.g., placed at a height so those shorter
244 individuals can reach and remove, unobstructed access);
245
- 246 iii. a location that is well marked, publicized, and known among trained staff,
247 and periodic "tours" of locations are recommended;
248
- 249 iv. a nearby telephone that can be used to call backup, security, or 911; and
250
- 251 v. it is recommended that equipment stored in a manner whereby the
252 removal of the AED automatically notifies security or EMS. If such
253 automatic notification is not practical or feasible, emphasis should be
254 placed on notification procedures and equipment placement in close
255 proximity to a telephone.
256
- 257 e. **AED Maintenance.--** All AED equipment must be in good repair and subject
258 to regular maintenance inspections. The AED Program Coordinator, in
259 exercising oversight over AED maintenance, shall take reasonable measures
260 to ensure that:
261

- 262 i. AEDs are used only by those who have completed an approved AED
263 training course;
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265 ii. AEDs are maintained and tested according to manufacturer's guidelines;
266
267 iii. AEDs are installed according to manufacturer's specifications and
268 procedures; and
269
270 iv. all AED units receive monthly maintenance checks to insure that all
271 equipment is in ready-to-use condition and that the AED battery and a
272 replacement battery are fully operational and ready to use.
273

274 4. Disclaimer of Liability.-- Consistent with Fla. Stat. § 768.1325(5) this Policy shall
275 not establish any cause of action.
276

- 277 a. Neither this Policy nor Fla. Stat. §§ or 401.2915 or 768.1325 require that an
278 AED be placed in any building or other location; nor do any of these laws
279 require the School Board to make available on its premises one or more
280 employees or agents trained in the use of the device.
281

- 282 b. As stated in Fla. Stat. § 768.1325(3):
283 “Notwithstanding any other provision of law to the contrary, and
284 except as provided in [§ 768.1325](4), any person who uses or
285 attempts to use an automated external defibrillator device on a
286 victim of a perceived medical emergency, without objection of the
287 victim of the perceived medical emergency, is immune from civil
288 liability for any harm resulting from the use or attempted use of
289 such device.”

290 Liability shall also be limited in accordance with Fla. Stat. § 768.1325(3)(c)1-2
291 and § 768.28.
292

- 293 c. Additionally, as acquirers of AEDs, the School Board and its employee and
294 agents shall be immune from liability as provided by Fla. Stat. § 768.1325(3)
295 and as further provided in § 768.28.
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297 STATUTORY AUTHORITY: §§ 1001.41(2); 1001.42(22); 1001.43(7), Fla. Stat.

298 LAWS IMPLEMENTED: §§ 401.2915; 768.13; 768.1325; 768.28; 1001.43(7),
299 1006.062(6); Fla. Stat.

300 HISTORY: ____ / ____ /04

Legal Signoff:

The Legal Department has reviewed proposed Policy 5.323 and finds it legally sufficient for development.

Attorney

Date