



### **POLICY 5.323**

**4-F** I recommend the Board adopt the proposed Policy 5.323, to be entitled "Automated External Defibrillators."

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

#### **Adoption**

#### **CONSENT ITEM**

- The Board approved development of this Policy on June 28, 2004. The adoption notice was duly advertised on July 5, 2004.
- 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

AUTOMATED EXTERNAL DEFIBRILLATORS

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

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

65  
66 ii. providing medical consultation and expertise regarding AED use;

67  
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;
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- 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;  
264  
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.  
296

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.

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Attorney

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Date