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	Appendix F
	Automated External Defibrillator (AED)
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LEGAL REFERENCE:	Section 11, 52, 53, 196, 197, 222 Education Act Emergency Medical Aid Act, R.S.A. 2000. C. E-7 Administrative Procedure 160 – First Aid Criminal Code of Canada – Section 430

AUTOMATED EXTERNAL DEFIBRILLATORS (A.E.D.)

Background

AEDs can be effective at improving survival from sudden cardiac arrest due to ventricular fibrillation when their use is incorporated into an emergency response system that includes early recognition of emergency, early notification and access of emergency medical services, early cardiopulmonary resuscitation, early defibrillation, and early advanced cardiac life support.

Purpose

The purpose of this Administrative Procedure is to provide guidance regarding the management and administration of the Division's AED program.

Policy Statement

Grande Prairie Public School Division (the "Division") supports the acceptance of donated and purchased Automated External Defibrillators (AEDs) and the installation of these AEDs within the facilities owned, operated or managed by the Division.

The Division recognizes that its facilities are used extensively by the public in addition to regular school use. The Division recognizes the importance of taking appropriate action whenever a medical emergency threatens the safety, health or welfare of a student, staff or community member, and that as such, the Division has made a decision to maintain AEDs on its premises, to be used in emergency situation by trained individuals

Definitions

AED – Automated External Defibrillator, a device that delivers a therapeutic dose of electrical energy to the chest through electrical pads during a cardiac arrest

Organization – Grande Prairie Public School Division (GPPSD)

Department – Part of a larger organization with a specific responsibility (*Example: finance, Transportation*)

Facility – A commercial, institutional building or resource (*Example: school, central office, maintenance shop, work vehicle*)

User Site – Actual location of where the AED is located (*requires a designated name*)

Site Coordinator – Person responsible for the regular checking, reporting and maintenance of one or several AEDs on their site.

Team Coordinator – *Person who can monitor several sites and their site coordinators within their department (Example: Principal)*

Lead Coordinator – *Person who can monitor all devices, sites and coordinators in their organization. The Lead Coordinator is the Division Safety Coordinator.*

Designate for the Superintendent of Schools is the Safety Coordinator.

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Authorized User - While AEDs are reasonably uncomplicated to use, the AED should be used only by persons who have received proper training and education and who have been certified by a competent authority. Persons without these basic credentials should not use the device. The certification should be current.

Certifying Organizations – means training agencies as approved by [Alberta Workplace Health and Safety List](#) of available training agencies.

Procedures

1.0 AED Instrument

- 1.1 The selection of the best AED model for our organization will depend on a variety of factors, such as budget, storage, and training. A variety of AED models are available on the market, for under \$1,500 price range. The list of AED manufacturers currently approved by Health Canada can be found on the Heart and Stroke Foundation website (www.heartandstroke.ca).
- 1.2 In order to reduce confusion of different types of AEDs available, the Division has opted to utilize the Zoll Plus AED. This is not an endorsement of one manufacturer over another. Training and maintaining one make and model has been proven to reduce risk. Bulk purchasing of supplies may result in cost savings.

2.0 Location of AEDs

- 2.1 The Division authorizes the placement and use of AEDs in facilities owned, operated or managed by the Division.
- 2.2 Prior to placement of an AED in a facility owned, operated or managed by the Division, the Principal (or designate) or site supervisor of the facility shall obtain prior consent for the placement of the AED from the Lead Coordinator.
- 2.3 Placement assessment shall be completed. Consider the following:

While there is no single "formula" to determine the appropriate number, placement, and access system for AEDs, there are several major elements that should be considered. However, all considerations are based upon (1) an optimal response time of 3 minutes or less and (2) assessing the level of risk in a facility's environment.

Factors that should be considered include:

- **Response Time:** The optimal response time is 3 minutes or less. This interval begins from the moment a person is identified as needing emergency care to when the AED is at the side of the victim. Survival rates decrease by 7 to 10 percent for every minute that defibrillation is delayed. Therefore, it is recommended that the Division train as many employees as possible on the use of AEDs.

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- **Demographics** of the Facility's Workforce and occupants: Leadership should examine the makeup of the resident workforce. Because the likelihood of an event occurring increases with age, consideration should be given to the age profile of the workforce.
- **Visitors:** Facilities that host large numbers of visitors are more likely to experience an event, and an appraisal of the demographics of visitors should be included in an assessment.
- **Specialty Areas:** Facilities where strenuous work is conducted are more likely to experience an event. Additionally, specialty areas within facilities such as exercise and work out rooms should be considered to have a higher risk of an event than areas where there is minimal physical activity.
- **Physical Layout of Facility:** Response time should be calculated based upon how long it will take for a person with an AED walking at a rapid pace to reach a victim. Large facilities and buildings with unusual designs, elevators, and campuses with several separate buildings, and physical impediments all present unique challenges to LRRs.

- 2.4 Installation of AED and cabinet will be completed by Division Maintenance staff.
- 2.5 Following installation, the Lead Coordinator will inspect and record the AED location on the facility maps. These facility maps are part of our Emergency Preparedness Program, available online to all Division employees.
- 2.6 Location of the AED will be made known to facility employees by way of email and the monthly Health and Safety meetings.
- 2.7 The Lead Coordinator will register the AED and site coordinator with Alberta Health Services – Heart Safe Community Registry.
- 2.8 Characteristics of Proper AED Placement

There are several elements that contribute to proper placement of AEDs. The major elements are:

- An easily accessible position (e.g., placed at a height so those shorter or disabled individuals can reach and remove, unobstructed access, etc.) 48" from the floor to the handle of the AED.
- A secure location that prevents or minimizes the potential for tampering, theft, and/or misuse, and precludes access by unauthorized users. Facilities should take additional steps to assure that an AED has not been stolen or improperly removed.
- A location that is well marked, publicized, and known among trained staff. Periodic "tours" of locations are recommended.

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- A nearby telephone that can be used to call backup, security, EMS, or 911 to be sure that additional help is dispatched.
- Protocols should clearly address procedures for activating local EMS personnel. These protocols should include notification of EMS personnel of the quantity, brands, and locations of AEDs within the facility. This information will enhance dispatch and the EMS responder protocol, enabling proper planning and scene management once EMS personnel arrive at the victim's side.
- Equipment stored in a manner in which the removal of the AED automatically notifies people in the area and/or a central control center is ideal.
- Where automatic notification of the opening of an AED storage cabinet or removal of an AED from a cabinet is not implemented, emphasis should be placed on notification procedures and equipment placement in close proximity to a telephone
- Signage on or above the AED must state that the AED is for use in medical emergencies only.

3.0 Maintenance and Testing

- 3.1 Following placement in a facility, if the AED is removed from the facility, the Principal (or designate) or site supervisor of that facility shall forthwith advise the Site and Lead Coordinator of its removal.
- 3.2 Where a second AED is part of a first responder / first aid kit that is taken outside the school building there is no need to report it being removed. Reporting is only required in this case, if the AED is used to provide first aid. Advise the Lead Coordinator, complete record of first aid and report in Public School Works.
- 3.3 When a facility is authorized to install one or more AEDs in its premises, the Division shall:
- a) Ensure the AED is approved by Health Canada and meets its guidelines, and is compliant with any applicable legislation or guidelines of other regulatory bodies;
 - b) Establish procedures for the monitoring and maintenance of the AED in accordance with the manufacturer's specification, industry practice and applicable legislation; and
 - c) Establish procedures for training staff regarding the proper and safe use of AEDs, including periodical upgrading or refresher training.
- 3.4 When a facility is authorized to install one or more AEDs in its premises, the Principal (or designate) or site supervisor of that facility shall:

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- 3.4.1. Each school / facility shall appoint a staff member to be the Site AED Coordinator, to ensure inspections are conducted and recorded;
- 3.4.2. Notify the Lead Coordinator of AED and its location(s) in the facility, or of its removal from the facility, as well as who the Site Coordinator is;
- 3.4.3. Cooperate with the Division in the implementation and enforcement of procedures for the monitoring and maintenance of the AED in accordance with the manufacturer’s specifications, industry practice, applicable legislation and this Administrative Procedure;
- 3.4.4. The Site Coordinator will record all monitoring and maintenance activities of the AED on the Heart-Safe.ca website; and
- 3.4.5. Record all uses of the AED (whether or not for a medical emergency) on the [Heart-Safe](#) website.
- 3.6 Monthly Inspections – [www.heart-safe.ca](#) website tracks the AED Inspection/maintenance. AEDs will be inspected monthly. The online “Maintenance Checklist” will be utilized.
- 3.7 The Owner’s Manual must always be referred for proper means of use, maintenance and cleaning.
- 3.8 Each AED has built in self-testing. Always refer to and follow the directions in the Owner’s Manual.
- 3.9 Daily inspections to ensure the presence of the AED in the cabinet, that it has not been tampered with and the presence of a green illuminated check mark. Any concerns must be reported immediately to the Principal (or designate) and the Lead Coordinator.
- 4.0 Training**
- 4.1 When an AED is installed in a facility, staff at the facility must receive initial and ongoing training (as required by the Division and certifying organizations) regarding the appropriate use of the AED. Initial training must be completed prior to installation of the AED in that facility.
- 4.2 Consistent with Administrative Procedure 160 – First Aid Training, there are a minimum number of trained First Aiders in each facility. The standard trained to is Emergency and Standard First Aid. Each of these courses include AED certification. All employees are encouraged to obtain and maintain first aid training. Existing policy allows for the cost of training to be covered as professional development.
- 4.3 A record of all first aid and AED trained personnel must be maintained and posted in each facility.

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- 4.4 Each Principal or site manager is responsible to ensure there are a sufficient number of trained First Aid / AED employees at each respective facility.
- 4.5 Individuals or community groups who utilize the school or Division facilities outside of regular school or business hours are not guaranteed access to the AEDs.
- 4.6 Community groups who use a facility owned, operated or managed by the Division where an AED is present shall execute a waiver of liability in respect of the same. Such waiver of liability shall hold harmless the Division (and its employees, Trustees, and similar) from any liability arising from the presence of, access to and use (whether proper or improper) of the AED.
- 4.7 Individuals or community groups are encouraged to have a First Aider or AED trained person on site.
- 4.8 Anyone can, at their discretion, provide voluntary assistance to a victim of a medical emergency. The extent to which these individuals shall respond shall be appropriate to their training and experience. These responders are encouraged to contribute to emergency response only to the extent they are comfortable. The emergency medical response of these individuals may include CPR, use of the AED or medical first aid. When possible, an individual with training on the use of AEDs should provide medical assistance using an AED in priority to a person without such training.
- 4.9 In a medical emergency involving a student, the doctrine of *in loco parentis* applies. Division staff shall act in the best medical interests of the affected student in the absence of a parent or guardian, or when the student is unable to act for him/herself (either due to age or incapacity). Such action may include the use of an AED on a student.
- 4.10 The Division wishes to encourage the use of AEDs where appropriate in medical emergencies. However, tampering with an AED is considered to be serious misconduct and, in light of the circumstances, may be considered a disciplinary matter (including suspension or expulsion in the care of a student) and/or may be reported to the police as it is a criminal offence of mischief.
- 5.0 Medical Emergency Protocol**
- Existing Division medical emergency protocol will be followed.
- Step 1. Call 9-1-1 and / or contract the Office.
- Step 2. Send for/obtain first aid kit and AED if required.
- Step 3. Direct students / bystanders to move away from area.
- Step 4. Administer first aid, as qualified – stay with the victim.

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Step 5. Complete First Aid – Medical Treatment form

6.0 The AED Program Coordinator

6.1 The AED Program Coordinator is the Division Safety Coordinator This person is the key contact with the vested interest in the program. A physician should be involved as a consultant in all aspects of the program, not only as the program's prescribing physician, but also as an active participant in all aspects. Medical and physician oversight does not mean that a physician is required to be present to manage the AED program on a day-to-day basis. However, it is prudent for Division leadership to develop management and oversight protocols of lay program overseers to assure that quality is consistently maintained. Physicians can be extremely helpful in assisting facility leadership in linking their AED program with the community at large and with appropriate EMS and hospital systems. Additionally, a central role for the physician is conducting assessment of the AED system's performance after the use of an AED, including review of the AED data and the electrocardiograph tracing of a victim.

6.2 Key responsibilities:

- Ensuring that the Division AED program is coordinated with the local EMS system and Alberta Health Services – Heart Safe Community Registry.
- Ensuring that rescuers are properly trained in CPR and that a system is in place so that their skills are maintained.
- Ensuring that the Division AEDs are properly maintained by conducting inspections and audits of facilities and user sites.
- Following up after an AED has been used.
- Serving as an advocate and spokesperson for the program and for early defibrillation
- Obtaining medical liaison, expertise and leadership.

7.0 Post Incident Review

7.1 When an AED is used by any person during regular school or business hours, whether or not for a medical emergency, the Principal (or designate) or site supervisor of the facility shall notify the Lead Coordinator of its use. When appropriate, the online Student Accident Report or the Employee Accident Report in Public School Works shall be utilized.

7.2 When the AED is used by any person outside of regular school or business hours (such as community groups in evenings or during weekends), whether or not for a medical emergency, the contact person for that community group shall report use of the AED to

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the Principal (or designate) or site supervisor of the facility who shall, in turn, notify the Lead Coordinator of its use.

- 7.3 The incident shall be investigated as per any workplace incident consistent with existing Occupational Health and Safety practices.
- 7.4 The Lead AED Program Coordinator will be responsible for:
- Down loading and filing of the AED data following a usage.
 - Replace and inspect all AED components and supplies.
 - Complete inspection report and return AED to service
 - Seek technical assistance / repairs as required.
 - Seek medical review of incident and data.
 - Seek out and document improvements to the AED program as required.

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Example of online Maintenance Checklist. www.heart-safe.ca

Member Area
YOU ARE IN: [home](#) > [member area](#)

My Profile (Site Coordinator)

Name Test test	Organization/Department AED Test Site	
Address 1 23 ST ALTARIO, AB T0H1L0	Home Phone (780) 1234567	Mobile Phone ---
	Primary Email test@heart-safe.ca	Secondary Email ---

Change my Password Update My Profile

[+ Register a new Site](#)
 [+ Register a new AED](#)
 [+ Add a Responder](#)

- **Submit a Maintenance Report (1 devices identified)**
- ~~Your devices show 1 critical alert(s)~~
- [Submit a Sudden Cardiac Arrest Report](#)
- [Manage my Site\(s\) \(1 records\)](#)
- [Manage my Device\(s\) \(4 records\)](#)
- [Manage my Responder\(s\) \(0 records\)](#)
- [View my Sudden Cardiac Arrest Report History \(0 records\)](#)

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Maintenance Checklist

A. AED Device (Philips | HeartStart FRX | Serial Number: B12B-03565)

<input type="checkbox"/>	AED Readiness indicator displaying green or "OK".		<input type="text"/>
<input type="checkbox"/>	AED pads or cartridge attached in unopened pouch and free of damage or foreign debris.		<input type="text"/>
<input type="checkbox"/>	Battery Pack <u>installed</u> in AED		<input type="text"/>
<input type="checkbox"/>	No "Errors" or "Alarms" noted.		<input type="text"/>
<input type="checkbox"/>	Spare Pads in AED carrying case pouch or under cover. <input type="checkbox"/> Click here if not equipped.		<input type="text"/>
<input type="checkbox"/>	Pediatric Pads/Key/Switch Present. <input type="checkbox"/> Click here if not equipped.		<input type="text"/>

B. Responder Kit includes

Kit should include:
Pocket mask or shield (1), Disposable Gloves (2 pair), Razor (1), Scissors (1), Towel (1)

<input type="checkbox"/>	Kit Complete and attached to device		<input type="text"/>
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C. Alarm Box

<input type="checkbox"/>	Check Cabinet alarm and replace battery every 12 months. <input type="checkbox"/> Click here if not equipped.		<input type="text"/>
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Submit Maintenance Checklist
Cancel