



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
POLICY BULLETIN**

**TITLE:** Policy and Procedure for the Acquisition and Use of Automated External Defibrillators (AEDs)

**NUMBER:** BUL-4480.0

**ISSUER:** Judy Elliott, Chief Academic Officer

**DATE:** December 19, 2008

**ROUTING**  
 Chief Operating Officer  
 Local District Superintendents  
 Principals  
 School Nurses  
 School Administrative Assistants

**POLICY:** The Directors of Student Medical and Employee Health Services manage the Automated External Defibrillators (AEDs) Program of Los Angeles Unified School District (LAUSD). The policies and protocols provide uniformity and guidance in the administration and maintenance of the AED Program. Trained personnel will use an AED on persons who are unconscious, not breathing, and not exhibiting signs of circulation. AEDs will be maintained on the premises of selected secondary and elementary schools, occupational centers and administrative offices of the Los Angeles Unified School District.

**MAJOR CHANGES:** This Bulletin replaces the Automated External Defibrillator Program Policy and Protocols that were issued with the AEDs distributed to selected schools and offices. Effective July 1, 2008, AEDs purchased for schools by the District will become the property and responsibility of the individual schools. Thereafter, schools will be responsible for purchasing pads and batteries on all AEDs and will assume all costs for maintenance.

- GUIDELINES:**
- I. Responsibilities
    - A. Medical Directors
 

The Director of Student Medical Services will oversee all student related incidents, and the Director of Employee Health will oversee employees and all other adult related incidents. The Directors’ responsibilities will be:

      1. To oversee and assist with program development and to ensure compliance with regulations and requirements for training and maintenance.
      2. To assist with policy development, procedures, and protocols for emergencies related to performing cardiopulmonary resuscitation (CPR) and use of an AED.
      3. To review recorded data from the AED Data Card or Data Port within five days following an AED incident involving a student or adult.



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### B. AED Program Coordinator

The AED Program Coordinator/Designee, representing the District Nursing Services Branch, shall be responsible for the following:

1. Coordinate, consult, and implement AED medical policies, protocols, CPR/AED training courses, and maintain training records.
2. Take corrective action on reported AED problems in accordance with guidelines set forth by the manufacturer within one school day or as soon as possible. The corrective actions will be documented on the Maintenance Checklist (Attachment C) with copies maintained by the Program Coordinator.
3. Conduct and document a readiness review once each calendar year. The review shall include:
  - a. Training Records and Maintenance Checklist (Attachment C) filed at District Nursing Services.
  - b. AED Emergency Response Site Plans (Attachment A) and Daily/Monthly Readiness Status Checklist (Attachment B) located at the designated sites. (The current document for Attachment B can be obtained from the LAUSD District Nursing web site <http://dns.lausd.net> under Nursing Forms, "AED Daily/Monthly Readiness Status Checklist.")
  - c. Recommendations if necessary will be sent to the Site Administrator where the AED is located.
4. Coordinate the post-incident report and return the AED to readiness status.
5. Participate in post-incident reviews, debriefings, and quality assurance.

### C. Principal or Administrative Designee

1. Ensure that all school administrators and staff annually receive a brochure (Attachment E) that describes the proper use of an AED and post the brochure next to every AED.
2. Notify all employees annually of the location of all AED units on campus.
3. Designate trained employees to be the AED Emergency Response Team, who shall be available to respond to an emergency that may involve the use of an AED. *There should be a sufficient number of trained personnel to guarantee that at least one trained CPR/AED responder will be on site*



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*during school hours and school sponsored events.*

4. Confer with the AED Emergency Response Team members upon receipt of the AED, to determine:
  - a. A secure placement for the AED(s). Schools receiving their first AED should place it in an unlocked but alarmed cabinet located in the Main Office. All additional AEDs should be placed close to athletic events and practices, i.e., gymnasiums and fields.
  - b. Who will activate the site CPR/AED Emergency Response Team and how the Team will be notified.
  - c. Who will complete the CPR/AED Emergency Response Site Plan (Attachment A) and update annually. Mail a copy of Attachment A to the Program Coordinator. The original copy is placed with the AED in the AED Program Protocol Book for three years.
5. Assign trained personnel to perform the Daily/Monthly Readiness Status Checklist (Attachment B). A copy of each completed checklist should be forwarded to the AED Program Coordinator at the end of each December and June. Original documents are placed with the AED in the AED Program and Protocol book for three years.
6. Schools hosting an athletic event should have an available AED. If a school has more than one AED unit and will be participating in an athletic event occurring at a non-LAUSD site, the designee should take an AED to that event. Please note: all LAUSD high schools have AED(s).
7. On a yearly basis, verify that CPR/AED cards are current for the Emergency Response Team. Cards from the American Heart Association are valid for two years, and cards from the American Red Cross are valid for one year. Maintain copies of certification records for a period of three years.
8. Register for Heartsaver CPR/AED classes in the Learning Zone (<http://lz.lausd.net/lz/index.jsp>). Consult with the AED Program Coordinator/Designee at District Nursing Services for training and/or renewal as needed.
9. Any school or office that would like to purchase an AED must contact the AED Program Coordinator at District Nursing Services who will assist with the order, check the function of the new AED and assist with training site personnel.



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10. Prior to accepting any donated AEDs, contact the AED Program Coordinator at District Nursing Services.

### D. AED Emergency Response Team

1. Complete a basic CPR course that includes instruction on the use of the AED that complies with the regulations adopted by Emergency Medical Services Authority (EMS) and standards of the American Heart Association (AHA) or the American Red Cross (ARC).
2. Possess a current certificate of completion from EMS, AHA, or ARC. The AED Program Coordinator/Designee may be contacted for renewal assistance of their CPR/AED Certificate prior to the expiration date.
3. Participate in annual training in Universal Precautions against Bloodborne Pathogens. Members of the team are considered employed in a sensitive occupation and offered Hepatitis B vaccination free of charge or offered an affidavit of declination for the Hepatitis B vaccine. Call District Nursing at (213) 765-2800 for assistance regarding Bloodborne Pathogens training and Hepatitis B vaccine.

## II. AED Equipment Maintenance and Supplies

- A. AED equipment is the property of the school. The school will be responsible to reorder equipment supplies as noted below.

1. Automated External Defibrillator Device Case which includes:
  - a. Automated External Defibrillator Device with battery and PC Data Card.
  - b. Extra battery to remain in sealed plastic.
  - c. Two sets of adult defibrillator pads and one set of pediatric pads to remain in sealed packaging.
2. Fast Response Kit attached to AED Case includes:
  - a. Mouth-to-Mouth Protective Barrier/Mask
  - b. Scissors
  - c. One pair of disposable gloves
  - d. Disposable razor
  - e. Disposable towel

### B. Maintenance of AED Equipment

The AED located at the school or administrative office shall be maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer and in accordance with any other applicable



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state and federal authority as noted below. Expired items need to be purchased by the school or administrative office.

### 1. Daily AED Readiness Status Check

Trained Administrator/Designee will perform a Daily AED Readiness Status Check which includes the visual inspection of the AED to confirm the following:

- a. AED is in the proper location.
- b. AED case is intact and has no signs of tampering.
- c. Readiness Status for the Philips FR2 model by is checked by viewing the “flashing hour glass” in the Status Indicator Window of the AED. If a solid red “X” or flashing red “X” is seen in the Status Indicator Window, it should be reported to the AED Program Coordinator at District Nursing Services immediately. (For all units other than the FR2, check that the power indicator is present and the unit is ready for use).
- d. Daily/Monthly Readiness Status Checklist (Attachment B) is completed daily.

### 2. Monthly Readiness Status Check

Trained Administrator/Designee will perform a more extensive AED readiness status monthly. The Monthly AED Readiness Status Check should confirm the following:

- a. Defibrillator Pads: confirm that two sets of adult pads and one set Pediatric Pads are present and that they have not expired as indicated on the outside of the package.
- b. Spare Battery: present and has not expired as indicated on the battery “Install Before Date.”
- c. Fast Response Kit: attached to the AED case and includes all the supplies listed under Equipment and Supplies.
- d. The Daily/Monthly Readiness Status Checklist (Attachment B) is completed.

### III. After Use of AED

- A. The Principal or Administrative Designee will notify the Local District Operations Administrator and District Nursing Services, AED Program Coordinator of all related incidents.
- B. The AED will be inspected and put back into readiness by the AED Program Coordinator/Designee and documented on the AED Program Daily/Monthly



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Readiness Status Checklist (Attachment B). No AED unit should be given to any other agency until the unit is inspected and data reviewed by the LAUSD Medical Director.

- C. Complete the Injury/Accident Investigation Report and the Confidential Report of Automated External Defibrillator (AED) Incident Response (Attachment D) for all events involving students, employees or visitors. Send both originals to the Director of the Office of Risk Management and Insurance Services and a copy to the Office of Environmental Health and Safety. *No copies of these reports are maintained at the school. For questions, the Administrator may contact the Office of the General Counsel.*
- D. School nurses who respond to an incident that involves the use of an AED on a student will record their nursing assessment on the student's Health Record Card and/or in the Welligent Health Manager.
- E. The Principal or Administrative Designee shall be responsible for organizing the post incident review to evaluate the effectiveness of the site AED response.

**AUTHORITY:** California Health and Safety Code §1797.196  
California Civil Code § 1714.21  
California AB 2083  
California Code of Regulations Title 22. Social Security Division 9. Prehospital Emergency Medical Services Chapter 1.8

**RELATED** Attachments A— F  
**RESOURCES:** American Heart Association  
American Red Cross  
Emergency Medical Services Authority  
OEHS – Safe School Plan, Volume 2 – Emergency Procedures

**ASSISTANCE:** If you have any questions, please contact District Nursing Services, Special Programs/CPR/AED, at (213) 765-2877 or (213) 765-2800.



**Los Angeles Unified School District  
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM  
Daily/Monthly Readiness Status Checklist**

School \_\_\_\_\_ Mfr/Model: Philips Heartstart FR2 Serial No. (SN) \_\_\_\_\_

Location of AED \_\_\_\_\_

**DAILY CHECK:** Initial in the appropriate date box

**1. Visually inspect the AED**

- a. In proper location
- b. Clean, no spills
- c. No signs of tampering or inappropriate opening
- d. All readiness-for-use indicators, including battery, indicate "ready"
- e. Notify District Nursing Services for any identified problem

M	T	W	Th	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F

**MONTHLY CHECK** (assuming no clinical uses):

- 1. 2 sets of defibrillator pads**
  - a. Inspect for package for tampering.
  - b. Check: 'Use Before' date indicated on the package.
- 2. Spare battery check.** Visually check the 'install before' date on the spare battery without opening the package.
- 3. First aid emergency care kit**
  - a. Disposable razor & scissors
  - b. 1 pair of disposable gloves
  - c. Disposable towel
  - d. Mouth-to-mouth protective barrier/mask
- 4. Checking Readiness Status of AED Device**
  - a. Inspect AED readiness by viewing the flashing hour glass in the status indicator window.
  - b. If a solid **RED X** or flashing **RED X** is seen in the status indicator window **IMMEDIATELY** contact District Nursing Services for assistance. **(213) 765-2877 OR (213) 765-2800**
- 5. Notify DISTRICT NURSING SERVICES for any identified problem**  
(See below: 'DAILY/MONTHLY ACTION NOTIFICATION LOG'  
Indicate day, time, who was contacted at District Nursing and the identified problem).
- 6. Send original to: Special Programs; San Julian Annex #9 by 12/31**
- 7. Save copy for 3 years**

**Caution:** Electrical shock hazard. Dangerous high voltage & currents are present. Do not open the Philips FR2 (AED) unit, remove, cover, or attempt repair. The Philips FA2 (AED) unit should be returned to an authorized service center for repair through District Nursing Services at (213) 765-2877.

Initial \_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Initial \_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Initial \_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**MONTHLY VERIFICATION OF AED READINESS**

**DAILY/MONTHLY ACTION NOTIFICATION LOG**

DATE/TIME	IDENTIFIED PROBLEM – CONTACT DISTRICT NURS SVCS

Defib pad 'use before' date		Spare battery 'install before' date	Print name	Signature	Date checked MM/DD/YY
Adult	Ped				



LOS ANGELES UNIFIED SCHOOL DISTRICT  
**AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM**  
**MAINTENANCE CHECKLIST**

Attachment C

District \_\_\_\_\_ School \_\_\_\_\_  
 School Administrator \_\_\_\_\_  
 School Nurse \_\_\_\_\_

Inspected by \_\_\_\_\_  
 Date \_\_\_\_\_

Criteria for AED Maintenance Check	Identified problem/Comments
AED # _____ Serial Number: _____ Indicate location of AED: _____ _____ Indicate type of storage: ▪ Standard AED Cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Other _____ AED Locator Signs visible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Battery installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition of battery <input type="checkbox"/> Good <input type="checkbox"/> Low	
Spare battery available? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate "Install Before Date" _____:	
Status of visual alarm: ▪ <input type="checkbox"/> Hour glass visible ▪ <input type="checkbox"/> Red X	
Accurate date and time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior components and sockets condition <input type="checkbox"/> Good <input type="checkbox"/> Poor	
Data card inserted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FORMS	Identified problem/Comments
Attachment A: CPR/AED Emergency Response Site Plan Completed & updated <input type="checkbox"/> Yes <input type="checkbox"/> No Attachment B: Daily Readiness Status Checklist Completed, signed, & dated <input type="checkbox"/> Yes <input type="checkbox"/> No Attachment B: Monthly Readiness Status Checklist Completed, signed, & dated <input type="checkbox"/> Yes <input type="checkbox"/> No	
SUPPLIES	Identified problem/Comments
2 sets of Adult AED pads in sealed pkg <input type="checkbox"/> Yes <input type="checkbox"/> No	
Adult pad Exp Date: 1) _____ Exp Date: 2) _____	
1 set of Pediatric AED pads in sealed pkg <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pediatric pad Exp Date: _____	
<b>FAST RESPONDER KIT</b> available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Mouth-to-mouth protective barrier/mask <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Disposable razor <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Scissors <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. 1 pair disposable gloves <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Disposable hand towel <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other concerns: \_\_\_\_\_



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**LAUSD District Nursing  
Special Programs CPR / AED  
American Heart Association  
Training Center**

- ◆ Coordinates and oversees the LAUSD CPR/AED programs
- ◆ Offers courses for LAUSD employees:
  - ▶ CPR/AED training and recertification
  - ▶ First Aid classes

Visit the Learning Zone for classes or contact:  
(213) 765-2877 for assistance

- ◆ <https://lz.lausd.net/lz/index.jsp>

**CPR / AED RESOURCES**

American Heart Association

American Red Cross

Emergency Medical Services Authority (EMS)

National Center for Early Defibrillation

U.S. Food and Drug Administration (FDA)

BUL-4480

Attachment E

Rev. December 2008

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**Automated External  
Defibrillator  
(AED)**

District Nursing Special Programs CPR/AED

1430 S. San Julian Street Bldg. 9

Los Angeles, CA 90015

Phone: (213) 765-2877

Fax: (213) 765-3868

<http://dns.lausd.net>

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**LOS ANGELES UNIFIED  
SCHOOL DISTRICT**

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**Automated External  
Defibrillator  
(AED)**



**District Nursing Special Programs  
CPR/AED**

(213) 765-2877

(213) 765-2800

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# Background

Cardiovascular disease is the leading cause of death in the United States for both men and women. This disease has claimed the lives of more than 950,000 lives each year.

Sudden cardiac arrest (SCA) is the major complication of cardiovascular disease. Approximately 450,000 people suffer yearly from this event.

SCA is treatable. Treatment of SCA is an immediate shock to the heart, which stops the fatal rhythm and allows a normal heart rhythm to resume.

If the shock is performed in less than 3 minutes from onset, there is a 90% chance of survival. This shock can be performed by lay people or first responders by using an Automated External Defibrillator (AED).

The AEDs are easy, safe, and effective when used properly. A properly maintained AED and an AED action plan with trained personnel will provide immediate life saving procedures to victims of SCA.

## LAUSD CPR/AED PROGRAM

### Onsite Location of the AED Unit(s):

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### Activate the Site Emergency Response Plan

- Determine if the scene is safe
- Assess
  - ✓ If unresponsive activate the Emergency Medical System (EMS)
- **CALL 911**
- Summon the AED Unit to be brought to the victim **immediately**
- If not breathing initiate CPR by a trained responder

## Operating an AED

1. **POWER ON the AED** (voice prompts instruct the rescuer).
2. **ATTACH electrode pads** to the victim's bare chest.
3. **"Clear"** the victim and allow the AED to **ANALYZE the heart rhythm**.
4. **If SHOCK is advised**, **"Clear"** the victim and push the **SHOCK** button when prompted and resume CPR.  
**If no SHOCK is advised**, leave pads on victim and begin CPR.
5. After 2 minutes of CPR the AED will re-analyze the rhythm. Follow the prompts to continue treating victim.
6. Assist EMS personnel as directed until they take complete charge of the victim. The victim will be transported by EMS personnel.
7. **The AED is to remain at the school or administrative office site.**
8. Report the incident to the AED Program Coordinator as soon as possible or if after hours, notify the Local District Operations Administrator.

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District Nursing Special Programs CPR/AED  
1430 S. San Julian Street Bldg. 9  
Los Angeles, CA 90015

Phone: (213) 765-2877  
Fax: (213) 765-3868  
<http://dns.lausd.net>