Special Note:

<u>The following Swain County School's AED information is accurate</u>, however all personal information or contact information have been left blank / "XXX" for the privacy of the agencies and people involved.

****

If you should need - contact Swain County's Superintendent for the "Swain County's AED Program Coordinator" for use of such information.

Thank you!
Happy Safe and Healthy Schools

Swain County Schools

(SCHS, SCMS, East Elementary, West Elementary, Pre-K)

Automated External Defibrillator (AED)

Policy and Procedure Manual

Information

Effective Date: XXXXX XX, 20XX

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Last updated: XXXXX XX, 20XX

Disclaimer Page

Swain County's AED Program Coordinator has designated _____ to hold on to this pink binder/information until _____ no longer hold their working position or if the SC AED Program Coordinator reassigns this pink binder/information to someone else.

NOTE: This pink binder and ALL containing information is strict private property and belongs to Swain County School system. *If you have not* been designated by Swain County's AED Program Coordinator to hold on to this information PLEASE RETURN this pink binder to Swain County's Superintendent, so it can be returned to Swain County's AED Program Coordinator and reassigned:

Swain County Central Office
Att: Swain County's Superintendent
280 School Dr. (P.O. Box 2340)
Bryson City, NC 28713
Phone (828) 488-3129
Fax: (828) 488-8510

Swain County Central Office Website:
http://www.swain.k12.nc.us/education/components/album/default.php?sectiondetailid=1553

No contact information (phone numbers, email address, etc…) found in this "AED School Policy & Procedure Manual" is to be given out unless **prior** approval is given **each time** by the owner of the contact information.

NOTE: For Swain County's AED Policy and Procedure Manual - Most filled-in information can be found in a pink binder, with the school's nurse at each school's site, and a pink binder can also be found with Swain County's Superintendent and Swain County EMS Director. ALL filled-in information can be found with the AED Program Coordinators and the AED Medical Director. Non-filled in information is kept on the School's website.

Each AED has a yellow folder (behind the AED in the AED cabinet) with one copy of the "Powerheart AED G3 Plus Automatic Operations Manual" (page 66), two copies of the "AED Post Incident Report Form" (Appendix I), and one copy of "Post Incident Check List" (Appendix J).

Table of Contents

PURPOSE

a. The purpose of this policy and procedure manual is to outline all the policies and procedures to be followed by all Swain County School's (SCHS, SMS, East Elem., West Elem, and Swain Pre-K) regarding the automatic external defibrillators (AED) program. This document is to also provide a system-wide public access defibrillation standards, review and oversight by the Emergency Medical Services (EMS) section of Bryson City, North Carolina (BCNC) Health Department.

b. To provide structure to programs implementing automatic external defibrillators (AED) for use by lay persons treating victims of cardiac arrest.

c. To provide for integration of public access defibrillation (PAD) programs with the established emergency medical services system.

d. To provide a mechanism for PAD Quality Improvement activities across the Bryson City, North Carolina EMS System.

e. Public Access Defibrillation or "PAD" refers to the utilization of AEDs by layperson rescuers to treat victims of cardiac arrest in public or private venues.

f. PAD Site refers to the agency (Swain County Schools' - SCHS, SMS, East Elem., West Elem, and Swain Pre-K), organization or company that sponsors a PAD program and allows placement of an AED on their premises.

PROGRAM REQUIREMENTS

a. Swain High School, Swain Middle School, East Elementary, West Elementary, and Swain County Pre-Kindergarten (Bright Adventures)

i. The Program Coordinator for each PAD Site will notify the Bryson City, North Carolina EMS Section of any changes (i.e., Medical Director and AED) that occur.

ii. A memorandum of agreement must be accomplished between the medical director and the organization wishing to establish the PAD program.

b. Staff:

i. Medical Director:
The medical director must be a licensed physician. This individual is responsible for assuring the quality, integrity and legal compliance of the PAD program.

ii.. Program Coordinator:
A program coordinator may be appointed by the medical director and agency to oversee the administration of the PAD program.

iii.. Program Manager:
A person at each PAD Site (often the school nurse and/or school Principal or/Program Director) that will contact the Program Coordinator if there is any issues with the AED or if there is an indent that involves the use of the AED.

c. Program Plan:

i. A written description of the PAD program that should include but is not limited to, authorization of personnel, written protocols and case-by-case reviews.

d. Training:

i. A mechanism for the training and testing of the authorized individual(s) in the use of an AED.

ii. This may be accomplished by an affiliation with an appropriate training entity. (Contact the EMS Section at (828) 488-2196 for a list of training organizations.)

iii. A list shall be maintained of individuals that have been trained and authorized by the medical director to use the AED.

iv. All training must meet or exceed the standards of the Heartsaver AED Course set forth by the American Heart Association or equivalent.

v. The training standards prescribed by this section shall not apply to licensed, certified or other prehospital emergency medical care personnel as defined by North Carolina Revised Statutes.

f. Quality Assurance:

i. A quality assurance mechanism that will ensure the continued competency of the authorized individual(s) to include periodic training and skill proficiency demonstrations monitored by either the prescribing physician or his/her designee.

ii. Initial, refresher, and periodic training of all individuals authorized to operate the AED.

iii. A plan for utilizing the AED, including written protocols.

iv. A method to record and review each incident of an AED use.

g. AED Equipment and Maintenance Specifications:

i. All automatic external defibrillators utilized under this policy shall meet minimum standards set forth by of the Food and Drug Administration.

ii. All defibrillators shall be maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer and written in this manual.

iii. Every AED shall be checked for readiness after each use and as discussed in this policy and procedures manual.

h. Documentation

i. Certain documents should be kept on file and should be made available to the EMS Section for review upon request. Documents should include (but are not limited to):

1. PAD Program Application
2. PAD Program "Memorandum of Agreement"
3. AED Protocol
4. AED Algorithm
5. Report of CPR or AED Post Incident Report
6. AED Operator Training Record
7. AED Safety Inspection Record

These documents do not constitute any offer or acceptance to provide legal advice to any PAD Program or person. Legal questions about documents involved in establishing a PAD Program, such as the Memorandum of Agreement between the Program and its Medical Director and other reports and records should be addressed to the Program's counsel.

9. AED Equipment and Maintenance Issues:

a. Any manufacturer-recommended maintenance on the AED.

b. Any repairs performed on the AED.

c. Required safety inspections done on the AED.

d. Any FDA medical products reporting in the event of an AED malfunction. (Please call the EMS Section at (828) 488-2196 or visit the FDA website at **www.fda.gov/medwatch/report/consumer/consumer.htm**

Memorandum of Agreement

This agreement is made and entered into on ___*XXXXXX XX*th*, 20XX*___(date)
And is between ___*Dr. XXXXX XXXXX, MD*___, Hereinafter known as "the Swain County AED MEDICAL DIRECTOR"; And ___*Swain High School, Swain Middle School, East Elementary, West Elementary, and Swain County Pre-Kindergarten (Bright Adventures)*___, hereinafter known as "the AGENCY".

The purpose of this agreement is to establish a program for the utilization of defibrillation procedures by the authorized individual(s) employed by the AGENCY who will function under the supervision of the MEDICAL DIRECTOR. THEREFORE, THE PARTIES NOW MUTUALLY AGREE AS FOLLOWS:

The MEDICAL DIRECTOR agrees;
1. To assume responsibility for all medical aspects of the program and to ensure, in cooperation with the program manager, that all administrative requirements are accomplished.
2. To oversee defibrillation training programs that meet or exceed the standards of the Heartsaver AED Course set forth by the American Heart Association or equivalent.
3. To establish a process that provides authorization-to-practice for individuals appropriately trained in the use of defibrillation equipment.
4. To establish a quality assurance program that reviews all uses of the defibrillation equipment and which provides for ongoing education and the regular evaluation of skill competency necessary to maintain authorization-to-practice.
5. To assist the AGENCY in establishing a plan to promote awareness, employee education, and provide a heart safe environment.

The AGENCY agrees;
1. To maintain with the MEDICAL DIRECTOR, an up to date roster of all individuals employed by the AGENCY who are authorized-to-practice.
2. To participate in all quality assurance procedures established by the MEDICAL DIRECTOR including case reviews and skill competency evaluations as the MEDICAL DIRECTOR sees fit.
3. To utilize and abide by written protocols for the use of defibrillation equipment.
4. To establish policies for regular inspection and preventative maintenance of all defibrillation equipment and batteries as set out in this policy and procedure manual.
5. To utilize only that equipment which is approved by the MEDICAL DIRECTOR.
6. To assist the AGENCY in establishing a plan to promote awareness, employee education, and provide a heart safe environment.
7. The PAD Program Manager of the Swain County School's (SCHS, SMS, East Elem., West Elem, and Swain Pre-K), Bryson City, North Carolina will be notified by the terminating party that the agreement will be terminated. This notification will be made at least 45 days prior to the date of termination.

It is AGREED TO BY ALL PARTIES that any party may terminate this memorandum of agreement with sixty (60) days written notice.

PAD Program Application

No contact information is to be given out unless prior approval is given each time by the owner of the contact information.

Medical Director Information: **Only** the Program Coordinator **or** Alternate Program Coordinator is allowed to contact the Medical Director

Name: **Dr. XXXXXX XXXXX, MD**		**License #:** **Contact Program Coordinator**	
Work Address: **Contact Program Coordinator**			
City: **Contact Program Coordinator**		**State:** **Contact Program Coordinator**	**Zip:** **Contact Program Coordinator**
Cell #: **Contact Program Coordinator**	**Work #:** **Contact Program Coordinator**	**Fax #:** **Contact Program Coordinator**	**E-Mail Address:** **Contact Program Coordinator**

PAD Program Site Information:

Facility Name: ***Swain High School*** **Facility Principal:** ***XXXXX XXXXX***		**Facility Phone #:** ***(828) 488-2152*** **Facility Fax #:** ***(828) 488-0523***	
Facility Address: ***1415 Fontana Road***			
City: ***Bryson City***		**State:** ***NC***	**Zip:** ***28713***
Program Manager: ***XXXXX XXXXX, RN – Swain High School Nurse***			
Cell #: ***(XXX) XXX-XXXX***	**Work #:** ***(828) 488-2152***	**Fax #:** ***Same as facility fax***	**E-Mail Address:** ***XXXX@swainmail.org***
Number of Employees: ***XXX as of Fall 20XX*** **Number of Students:** ***XXX as of Fall 20XX***		**Hours of Operation:** ***Normal School Hours of Operation***	
AED Brand & Model: ***Cardiac Science – Powerheart 3G Plus Automatic (model 9390A-501P)***		**AED Serial #:** ***Office- #XXXXX*** ***Gym- #XXXXX*** ***ATC- #XXXXX***	**Purchased date:** ***XXXX 20XX*** ***XXXX 20XX*** ***XXXX 20XX***

CPR/AED Training Organization Information: (if applicable)

Name: ***XXXX XXXX, RN – Swain High School Nurse***
Address: ***See above for contact information***
Point of Contact: ***See above for contact information***
Phone #: ***See above for contact information***
Fax #: ***See above for contact information***

PAD Program Site Information:

Facility Name: ***Swain Middle School*** **Facility Principal:** ***XXXX XXXX***		**Facility Phone #:** ***(828) 488-3480*** **Facility Fax #:** ***(828) 488-0949***	
Facility Address: ***135 Arlington Avenue***			
City: ***Bryson City***		**State:** ***NC***	**Zip:** ***28713***
Program Manager: ***XXXX XXXXX, RN – Swain Middle School Nurse***			
Program Manager Cell #: ***(XXX) XXX-XXXX***	**Work #:** ***(828) 488-3480***	**Fax #:** ***Same as facility fax***	**E-Mail Address:** ***XXXX@swainmail.org***
Number of Employees: ***XXX as of Fall 20XX*** **Number of Students:** ***XXX as of Fall 20XX***		**Hours of Operation:** ***Normal School Hours of Operation***	
AED Brand & Model: ***Cardiac Science – Powerheart 3G Plus Automatic (model 9390A-501P)***		**AED Serial #:** ***Office- #XXXXX***	**Purchased date:** ***XXXX 20XX***

CPR/AED Training Organization Information: (if applicable)

Name: ***XXXX XXXXX, RN – Swain Middle School Nurse***
Address: ***See above for contact information***
Point of Contact: ***See above for contact information***
Phone #: ***See above for contact information***
Fax #: ***See above for contact information***

PAD Program Site Information:

Facility Name: ***East Elementary*** **Facility Principal:** ***XXXX XXXX***		**Facility Phone #:** ***(828) 488-0939*** **Facility Fax #:** ***(828) 488-6635***	
Facility Address: ***4747 Ela Road***			
City: ***Bryson City***		**State:** ***NC***	**Zip:** ***28713***
Program Manager: ***XXXX XXXX, RN – East Elementary School Nurse***			
Program Manager Cell #: ***(XXX) XXX-XXXX***	**Work #:** ***(828) 488-0939***	**Fax #:** ***Same as facility fax***	**E-Mail Address:** ***XXXX@swainmail.org***
Number of Employees: ***XXX as of Fall 20XX*** **Number of Students:** ***XXX as of Fall 20XX***		**Hours of Operation:** ***Normal School Hours of Operation***	
AED Brand & Model: ***Cardiac Science – Powerheart 3G Plus Automatic (model 9390A-501P)***		**AED Serial #:** ***Office- #XXXXX***	**Purchased date:** ***XXXX 20XX***

CPR/AED Training Organization Information: (if applicable)

Name: ***XXXX XXXXX, RN – East Elementary School Nurse***
Address: ***See above for contact information***
Point of Contact: ***See above for contact information***
Phone #: ***See above for contact information***
Fax #: ***See above for contact information***

PAD Program Site Information:

Facility Name: ***West Elementary*** **Facility Principal:** ***XXXXX XXXXX***		**Facility Phone #:** ***(828) 488-2119*** **Facility Fax #:** ***(828) 488-0797***	
Facility Address: ***4142 HWY 19 West***			
City: ***Bryson City***		**State:** ***NC***	**Zip:** ***28713***
Program Manager: ***XXXX XXXXX, RN – West Elementary School Nurse***			
Program Manager Cell #: ***(XXX) XXX-XXXX***	**Work #:** ***(828) 488-2119***	**Fax #:** ***Same as facility fax***	**E-Mail Address:** ***XXXXX@swainmail.org***
Number of Employees: ***XXX as of Fall 20XX*** **Number of Students:** ***XXX as of Fall 20XX***		**Hours of Operation:** ***Normal School Hours of Operation***	
AED Brand & Model: ***Cardiac Science – Powerheart 3G Plus Automatic (model 9390A-501P)***		**AED Serial #:** ***Office- #XXXXXX***	**Purchased date:** ***XXXXX 20XX***

CPR/AED Training Organization Information: (if applicable)

Name: ***XXXXX XXXXX, RN – West Elementary School Nurse***
Address: ***See above for contact information***
Point of Contact: ***See above for contact information***
Phone #: ***See above for contact information***
Fax #: ***See above for contact information***

PAD Program Site Information:

Facility Name: ***Swain County Pre-Kindergarten (Bright Adventures)*** **Facility Director:** ***XXXX XXXX***		**Facility Phone #:** ***(828) 488-1494*** **Facility Fax #:** ***(828) 488-1345***	
Facility Address: ***249 School Drive (P.O. Box 2340)***			
City: ***Bryson City***		**State:** ***NC***	**Zip:** ***28713***
Program Manager: ***XXXX XXXX – Program Director of Pre-K***			
Program Manager Cell #: ***(XXX)XXX-XXXX***	**Work #:** ***(828) 488-1494***	**Fax #:** ***Same as facility fax***	**E-Mail Address:** ***XXXXX@swainmail.org***
Number of Employees: ***XXX as of Fall 20XX*** **Number of Students:** ***XXX as of Fall 20XX***		**Hours of Operation:** ***Normal School Hours of Operation***	
AED Brand & Model: ***Cardiac Science – Powerheart 3G Plus Automatic (model 9390A-501P)***		**AED Serial #:** ***Main Entrance - #XXXXX***	**Purchased date:** ***XXXX 20XX***

CPR/AED Training Organization Information: (if applicable)

Name: ***XXXXXX XXXXX – Program Director of Pre-K***
Address: ***See above for contact information***
Point of Contact: ***See above for contact information***
Phone #: ***See above for contact information***
Fax #: ***See above for contact information***

Signature Page

Signatures by the appropriate representatives put these policies and procedures into effect. The policies and procedures will stay binding until revised, with a new signature page, or the program is terminated, and the policy and procedure will be considered null and void. Deviation from policy and procedures may cause physician to rescind authorization of the program.

The policies and procedures will be initiated and put into effect on the date below. An annual review and revision will be conducted if necessary. Any changes to these Policies and Procedures require prior approval by the parties signing below.

Signing and submitting this application represents that you have read, understand, and will comply with the requirements of North Carolina Revised Statutes and BCNC EMS Section Rules and Regulations. Your signature also represents that all information on this application is true and correct.

Agency Medical Director

_____ _____
Dr. XXXXX XXXX, MD – Swain County AED Medical Director Date

Agency

_____ _____
XXXXX XXXX – SCHS Principal Date

_____ _____
XXXX XXXXX – SCMS Principal Date

_____ _____
XXXXX XXXX – East Elementary Principal Date

_____ _____
XXXX XXXX – West Elementary Principal Date

_____ _____
XXXX XXXX – Swain Pre-K (Bright Adventures) Director Date

Primary Program Coordinator

_____ _____
XXXXX XXXX – Primary AED Program Coordinator Date

Alternate Program Coordinator

_____ _____
XXXXX XXXX – Alternate AED Program Coordinator Date

EMS Director

_____ _____
XXXX XXXXX – Swain County EMS Director Date

NC Licensed Physician's Prescription for AED

Keep copy here.

Swain County Account information with Cardiac Science

This account information is kept with Swain County AED Program Coordinator and Medical Director. If you need to check on an upgrade contact Swain County's AED Program Coordinator

See **Appendix E** for Manufactures Information

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Notification to Local EMS Director

AED vendor: Cardiac Science Corporation – Powerheart 3G Plus AED's
AED Manufacturer Representative: XXXX XXXXX**,** Territory Manager-Carolinas
AED Owner: Swain High School, Swain Middle School, Swain East Elementary, Swain West Elementary, Swain County Pre-Kindergarten (Bright Adventures)

Your AED vendor is responsible for notifying the NC State Office of the Emergency Medical System (OEMS) of a placement of an AED in your facility.

The NC Good Samaritan law states that the AED vendor via AED manufacturer representative shall notify the state department of EMS of the type of AED and placement location.

That is part of periodic reporting (Cardiac Science Corporation reports about two (2) weeks after the end of eachquarter) via Cardiac Science Corporation - Powerheart sent AED notification to the state of North Carolina. Due to this quarterly reporting via Cardiac Science Corporation sent AED notification on: XXXX XXth, 20XX to the state of NC and OEMS contacted Swain County EMS regarding the general (nonspecific) notification of AEDs at our facility (Agency).

The owner (AGENCY via the Primary AED Program Coordinator) of the AED(s) is responsible for notifying your local EMS services of the specific placement of an AED and the location of the AED in your facility (Agency).

Swain High School, Swain Middle School, Swain East Elementary, Swain West Elementary, Swain County Pre-Kindergarten (Bright Adventures) via (name of person here) XXXX XXXX - Swain County AED Program Coordinator sent finalized information with Dr. XXXX XXXX, MD as the Swain County AED Medical Director on this date XXXX XXth, 20XX to Bryson city the local EMS department of Swain County via EMS Director – David Breedlove.

The following was sent to the local EMS department via EMS Director – David Breedlove:

All of Swain County Schools' Automated External Defibrillator (AED) Policy and Procedure Manual:

- A "Pink" binder with all completed information including contact information
- (including, but not limited to) Appendix B – Equipment location and Appendix H – Written EMS notice of AED Program

AED Overview

American Heart Association recommends that an AED be available and implementing the first shock within 3 minutes of collapse. This will give the victim a 70% chance of survival. For each minute from the time of collapse, a victim loses 10% chance of survival.

This document applies to the school's use of the Automatic External Defibrillator (AED), specifically the Powerheart AED G3 Plus Automatic (model 9390A-501P) mentioned in Section 4.0. See **Appendix B** for Equipment Location for Swain County Schools.

Any and all use of the AED, training requirements, policies and procedures reviews, and post event reviews will be under the auspices of the Medical Director/Prescribing Physician, a licensed physician in North Carolina.

Definitions

This section defines terms related to AED policies and procedures.

Definitions

1. AED shall refer to the automatic external defibrillator capable of cardiac rhythm analysis, which will charge and deliver a shock after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia when applied to an unconscious patient with absent respirations and no signs of circulation. The automatic defibrillator requires user interaction in order to deliver a shock.
2. An *authorized individual* refers to an individual, who has successfully completed a defibrillator-training program, has successfully passed the appropriate competency-based written and skills examinations, and maintains competency by participating in periodic reviews. The authorized individuals shall also adhere to policies and procedures in this manual.
3. AED *Service Provider* means any agency, business, organization or individual who purchases an AED for use in a medical emergency involving an unconscious person who has no signs of circulation. This definition does not apply to individuals who have been prescribed an AED by a physician for use on a specifically identified individual.
4. *Prescribing Physician* is a physician licensed in North Carolina, who issues a written order for the use of the AED by authorized individuals.
5. *Medical Director* meets the requirement of a prescribing physician and may also be the prescribing physician. The Medical Director ensures that all AED regulatory requirements are implemented.

Program Coordinator

At all times, while these policies and procedures are in effect, the schools' will maintain a program coordinator. The person is responsible for the overall coordination, implementation, and continued operation of the program.

1. The *program coordinator* and/or alternate contact will be available in person or by phone within a reasonable amount of time to answer any questions or concerns of the authorized individuals.
2. The program coordinator or designee shall ensure that all issues related to training, such as scheduling of basic and periodic reviews, maintenance of training standards and authorized individual status, and record keeping is managed on a continuing basis.
3. The program coordinator or designee will assure that all equipment stock levels are maintained and/or ordered as stipulated in "Equipment Requirement" and readiness checks and record maintenance are done in accordance with Title XXII requirements and manufacturer's recommendations.
4. If the program coordinator or designee needs to have a quality assurance issue addressed, she/he may contact the Medical Director.
5. The program coordinator will have a list of the appropriate telephone numbers in compliance with above paragraphs, numbers 1 and 4. (Appendix A). If any contact information changes, the program coordinator will be notified within 72 hours.
6. The program coordinator or designee shall notify the local EMS agency of the existence, location and type of AED at the company site.

AED TRAINING

The training requirements for authorized individuals are outlined below.

Definition (by NC law) means successful completion of a nationally recognized course or training program in cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use including the programs approved and provided by the:

(a) American Heart Association (AHA)
(b) American Red Cross (AHC)

- Specify who is qualified to use AED
- Type of training and updates required and specify frequency of training and updates as set by your institution (AHA recommends full AED course every two years, but recommend reviews or updates at least every 6 months).
- Define an update: review of book, watch training video, policy manual review, practice drills, etc.
- Maintain written record of training and updates including instructor, training dates, recommended renewal dates, participant's names.

Initial AED training for the public is a 4 hour course incorporating Heartsaver Adult (from age 8 and up) CPR and Choking management with safe and effective use of your AED. If all possible the training of the AED will be done with training devices of the same brand of AED you purchase. For example, if you have the Powerheart plus™ AED, you should be trained using this model.

For Healthcare Professionals, AED training is now incorporated into the American Heart Association BLS for Healthcare Professionals.

AHA CPR & AED renewal is a 2 to 3 hours course that reviews the basic skills of CPR and the use of an AED.

American Heart Association CPR and AED certification cards are good for 2 years. American Red Cross certification cards are good for 1 year.

The course shall consist of not less than four hours and will comply with the American Heart Association (AHA) or American Red Cross (ARC) standards. The required hours for an AED training program can be reduced by no more than two hours for students who can show they have been certified in a basic CPR course in the past year and demonstrate that they are proficient in the current techniques of CPR.

1. The full four-hour course will include the following topics and skills:
    a. Basic CPR skills
    b. Proper use, maintenance, and periodic inspection of an AED
    c. The importance of CPR, defibrillation, advanced life support, adequate airway care, and internal emergency response system
    d. How to recognize the warning signs of heart attack and stroke

2. Overview of the local EMS system, including 9-1-1 access, and interaction with EMS
    a. Assessment of an unconscious patient to include evaluation of airway, breathing, and circulation, to determine if cardiac arrest has occurred and the appropriateness of applying and activation of an AED.
    b. Information relating to defibrillator safety precautions to enable the individual to administer shocks without jeopardizing the safety of the patient or the authorized individual or other nearby persons to include, but not limited to:
        1. Age and weight restrictions for the use of the AED
        2. Presence of water of liquid on or around the victim
        3. Presence of transdermal medications, implanted pacemakers or automatic implanted cardioverter-defirbrillators
    c. Recognition that an electrical shock has been delivered to the patient and that the debrillator is no longer charged.
    d. Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary
    e. Authorized individuals responsibility for continuation of care, such as the repeated shocks if necessary, and/or accompaniment to the hospital, if indicated, or until the arrival of professional medial personnel

3. All successful participants will receive a CPR/AED course completion card.
4. The required text will meet the standards of the AHA or the ARC.
5. Basic and review sessions will be conducted according to the following schedule:

    a) CPR/AED renewal will be conducted at least every other year

    b) Periodic reviews will be at the discretion of the Medical Director, with a one-year minimum. The program coordinator may schedule reviews more often if necessary.

6. CPR/AED Training records that includes documentation of defibrillation skills proficiency will be maintained by the School Nurse, kept in the pink AED binder and the School Nurse will send a copy of this Training record to the AED Medical Director and the Program Coordinators.

AED Protocols

It is highly recommended that the use of an AED on an appropriate patient is used by an authorized individual who is good standing and is trained in compliance with the American Heart Association (AHA) or American Red Cross (ARC) standards for CPR/AED. If such an authorized individual (trained in CPR/AED) is not available during the time of cardiac arrest then an untrained individual in good faith will fall under the "Good Samaritan Law".

Any authorized individual (trained in CPR/AED) meets the following standers:

- Meet the training requirements set forth in these policy and procedures
- Pass competency-based written and skills recognition examinations
- Comply with the requirements set forth in these policies and procedures. Failure to comply with these requirements shall result in the suspension of the individual's authorization.

The authorization period for a trained responder will stay in effect as long as he/she adheres to the program guidelines.

Authorization shall be rescinded in the event of termination of the individual's association with the company.

While the "Good Samaritan law" (see this section) allows AED to be applied to patients by individuals who have not been trained in CPR and AED, the law also requires organizations with AEDs to have authorized individuals.

AED/CPR Training (Example)

Theses personal are trained in the use of the Automated External Defibrillator and CPR (Adult, child, and infant). They have completed the recommended American Heart Association Heartsaver (AHA) or American Red Cross (ARC) standards for CPR/AED: ***(insert the names of instructors and participants for your respective school below – the names below are NOT the actual names – they are examples).*** See **APPENDIX K** for a list of actual personal of trained at this Swain County AGENCY's (facility) **(Circle ONE)** SCHS, SCMS, East Elementary, West Elementary, Pre-K .

AHA Instructor Training & Renewal Date	*Ann Brown – AHA Instructor* **Participants & Departments**
March 22, 2000	*John Jones – math department*
March 22, 2000	*Jackie Barr - librarian*
Recommended renewal	*Don South – var. WBKB coach*
March, 2002	*Mary Down –school nurse*
June 2, 2001	*Tom Jones – woodshop teacher*
April 5, 2000	*Annie Shoe – school Janitor*
Recommended renewal	*Polly Center – cafeteria staff*
April, 2002	*Ken Johns – school principle*

****

CPR/AED Training records that includes documentation of defibrillation skills proficiency will be maintained by the School Nurse, kept in the pink AED binder and the School Nurse will send three copies of this Training record to the (1) AED Medical Director, (2) (Primary, and the (3) Alternate) Program Coordinators.

****

To see the *actual names* of personal at this Swain County facility (SCHS, SCMS, East Elementary, West Elementary, Pre-K) that has been trained in the use of the Automated External Defibrillator and CPR (Adult, child, and infant) according to American Heart Association Heartsaver (AHA) or something equivalent to AHA see the "white tab" under the "Appendix K" in this pink AED binder or contact the Swain County Primary or Alternate Program Coordinator for that information.

Automated External Defibrillator - Use in the School Setting

SWAIN COUNTY POLICY

Swain County Schools (SCHS, SCMS, East Elementary, West Elementary, Pre-Kindergarten – Bright Adventures) are committed to the health and safety of the students, faculty, staff and visitors. Due to technological improvements and lower costs, automated external defibrillators (AEDs) may now be safely acquired, installed and used by schools to save victims of sudden cardiac arrest (this is a condition in which the heart suddenly and unexpectedly stops beating, the person is **unresponsive, suddenly has no pulse and is not breathing**). An AED is used to urgently diagnose and treat ventricular fibrillation.

The goal of this policy is to ensure that AEDs installed on a Swain County school campus (SCHS, SCMS, East Elementary, West Elementary, Pre-Kindergarten – Bright Adventures) are safely maintained and used, and to promote training and easy access to installed AEDs. Swain County Schools chose to acquire AEDs, and will comply with this policy. Schools that acquired an AED will designate a responsible person to oversee the use of the AED.

LIABILITY AND GOOD SAMARITAN LAWS

North Carolina law allows for the use of an AED during an emergency for the purpose of attempting to save the life of another person who is, or who appears to be, in cardiac arrest. Accordingly, North Carolina law also expressly provides immunity from civil liability for those who obtain and maintain AEDs, and those who use such devices to attempt to save a life. Specifically, North Carolina General Statute Section 90-21.15 provides for three classes of persons or entities who are exempt from civil liability related to the procurement and maintenance of AEDs.

- The person or entity that provides the cardiopulmonary resuscitation and AED training to a person using an AED.
- The person or entity responsible for the site where the AED is located when Swain County Schools have provided for a program of training.
- A North Carolina licensed physician who writes a prescription, without compensation, for an AED.

Swain County Schools will maintain AEDs. Responsible school personnel as well as the physician, who writes the prescription for the AED, are exempt from civil liability related to the use of the device to save a life. In addition, North Carolina General Statute 90-21.14 provides that the person who used an AED to attempt to save a life or saved a life will be immune from civil liability unless the person was grossly negligent to intentionally engage in wrongdoing when rendering the treatment.

AED training is offered by the American Red Cross, the American Heart Association, FirstHealth of the Carolinas, and certified instructors of Swain County Schools and includes recognition of cardiac arrest symptoms, cardiopulmonary resuscitation (CPR) and the proper use of an automated external defibrillator.

PHYSICIAN RESPONSIBILITIES

An AED can be purchased by prescription (not required by NC State law, but highly recommended), and its use requires medical direction by a licensed physician. This individual will provide medical expertise on the proper use of AEDs. If an AED is used, the physician or their designee will review its use and review downloaded data.

Legal References: XXXX

Cross References: XXXX

Adopted: XXXX XX, 20XX from Montgomery County Schools
http://www.montgomery.k12.nc.us/1796108994545147/lib/1796108994545147/9205-6130.pdf

Good Samaritan laws

Good Samaritan laws:

- Help protect rescuers voluntarily helping a victim in distress from being successfully sued in tort (i.e. for wrongdoing).
- Are designed to encourage people to help a stranger who needs assistance by reducing or eliminating the fear that, if they do so, they will suffer possible legal repercussions in the event that they inadvertently make a mistake in treating the victim.
- Were primarily developed for first aid situations.
- Differ from state to state
    - Most states require that the victim not object to receiving aid, but do not the victim's consent (which, of course, could not be given if the victim was unconscious).
    - The laws of some states, such as Nevada, apply to all citizens.
    - The laws of other states, such as California, are written specifically for physicians.

The statutes listed below use similar or identical basic standard for assessing the liability of persons rendering emergency medical care:

"Any person who, in good faith, renders emergency medical care or assistance to an injured person at the scene of an accident or other emergency without the expectation of receiving or intending to receive compensation from such injured person for such service, shall not be liable in civil damages for any act or omission, not constituting gross negligence, in the course of such care or assistance."

Relevant individual state statutes are as follows:

North Carolina

N.C. Gen. Stat. §90-21.14 (1975)

- Provides immunity for rescuers
- Provides immunity for acquirers and enablers
- Encourages/requires CPR & AED training

EMERGENCY RESPONSE

Internal Emergency Response System

The first person on the scene:

1. Will initiate the Chain of Survival by calling out for help with a medical emergency. The first person possible will call 911 and delegate someone to go outside to escort the paramedics to the scene. The AED and other medical supplies are to be brought to the patient. If trained, the responder will initiate CPR until the AED arrives.

Initial protocol for the unconscious victim is as follows:

1. Upon arrival, assess the scene safety; use universal precautions
2. Assess patient for unresponsiveness
3. Assess breathing
4. Assess signs of circulation
5. If warranted, perform CPR until the AED arrives

Begin AED treatment:

1. Turn on AED and follow the prompts
2. Dry shave chest with disposable razor if indicated. Discard razor in a safe manner. Wipe chest if it is wet.
3. Apply defibrillation pads. Make sure the AED pads are placed in the proper location and that they make good skin contact with the chest. Do not place AED pads over the nipple, medication patches or implanted devices.
4. Deliver a shock to the patient when advised by the AED after first clearing the patient area. Administer additional shocks as prompted by the AED until the AED advises no shock or a series of three consecutive shocks has been delivered.
5. When advised by the AED, check the patient's airway breathing and signs of circulation, and initiate CPR if signs are absent.
6. Continue to follow AED prompts and perform CPR until EMS takes over

When EMS Arrives:

1. Authorized individual working on the patient should document and communicate important information to the EMS provider such as:

    a. Patient's name
    b. Time patient was found
    c. Initial and current condition of the victim

2. Assist as requested by EMS personnel

Post-use Procedure:

1. One of the individuals working on or involved with the patient's care at the time of the event should complete the documentation (AED Post Incident Report Form) of the sudden cardiac arrest event and give to this School's Principal and School Nurse no later than 24 hours following the event.
2. The School's Principal and/or School Nurse is to contact Swain County's AED Program Coordinator within ONE hour (regardless of the time/day) after learning of the sudden cardiac arrest event, the school is also to give all documentation to the AED Program Coordinator no later then 36 hours following the event.
3. The Program Coordinator will order ALL used AED material within 24 hours after learning of the event.
4. Program Coordinator will contact the AED vendor (Cardiac Science) to download event data from AED. **Do NOT remove the battery**.
5. Program Coordinator will assure that documentation is sent to Swain County's AED Medical Director and a copy of the AED Post Incident Report is sent to Swain County EMS as soon as possible and no later than one week from the date of the event.
6. Program Coordinator and School's designee should conduct emergency incident debriefing as needed.

PRACTICE YOUR EMERGENCY RESPONSE REGULARLY! This will help you identify any problems with rapid deployment of the AED or your Emergency Response Plan.

There are 4 forms included in this section to help you with your Emergency Action Plan development.

1. Emergency Action Plan (EAP) for ALL Swain County Sport sites
2. Location of ALL ALL Swain County AEDs
3. Automated External Defibrillator Written Plan
4. Automated External Defibrillator Action Plan
5. Automated External Defibrillator Post Incident Procedure

Emergency Action Plan (EAP) for ALL Swain County Sport sites

Size of the EAPs have been changed to fit the page, the Head Certified Athletic Trainer (ATC) would have the full version. No signatures or names are required on this page – the ATC has this info.

****The Head Certified Athletic Trainer takes care of this annually. The AED Program Coordinator is to check with the certified athletic trainer (ATC) regarding Swain County Schools' Emergency Action Plans (EAP) making sure the EAP's have been reviewed/updated annually, printed on bright neon green paper, laminated, and placed in there proper locations by the principal, director, supervisor, or ATC that is at that location; this is to be checked on by August 1st annually.**

The emergency action plans for:

- Swain High Football Stadium
- Swain High Volleyball/Basketball Gym
- Swain High Baseball/Softball Field
- Camp Living Water – Swain High Soccer complex
    - Swain Middle Football Field
    - Swain Middle Volleyball/Basketball Gym
        - Swain County Park and Rec Baseball/Softball Field
        - Swain County Park and Rec Basketball Gym /weight room facility
        - Swain County Park and Rec Pool
            - Swain West Elementary Volleyball/Basketball Gym
            - Swain West Elementary "Front" Track and Playground
            - Swain West Elementary "Back" Playground
                - Swain East Elementary Volleyball/Basketball Gym
                    - Swain Pre-Kindergarten (Bright Adventures)

Each emergency action plan is carefully reviewed/updated annually, printed on bright neon green paper, and laminated, and placed in the proper locations and are very visible for all to see. Each action plan is NOT to be removed by anyone other than the certified athletic trainer. All the action plans have been carefully reviewed; any/all revisions or modification have been made and approved by the following personnel; copies if needed are given to each location by August each year. Signatures needed if position(s) change. Swain County EMS Director is made aware and has a copy of all EAP. The EMS Director aware of, as needed, with a new copy of EAP if there are any changes made to EAP.

_____ _____
XXXXX XXXXX – SCHS Principal Date

_____ _____
XXXXX XXXXX – SCMS Principal Date

_____ _____
XXXXX XXXXX – Swain County Park & Rec Supervisor Date

_____ _____
XXXXX XXXXX – West Elementary Principal Date

_____ _____
XXXXX XXXXX – East Elementary Principal Date

_____ _____
XXXXX XXXXX – Pre-K (Bright Adventures) Director Date

_____ _____
XXXXX XXXXX – Camp Living Water Director Date

Swain High School – Football Stadium
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain High School and meet at the Football Stadium we have an injured Student-athlete/bystander in need of emergency medical treatment".**

1415 Fontana Road, Bryson City, NC 28713

Directions:
Take 19/23 to Bryson City (past the Cherokee and Whittier Exits). Take Exit 67 (2nd of Bryson City exits). At the first light, make a right (same side as Bojangles Restaurant), at next light (Everett Street), turn left. Go through town over railroad tracks and up the hill about 4 1/2 miles. <u>The football stadium is just past the High School on the Right hand side (road level).</u> The High School is on your left (down below road level).

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

4. **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

5. **Send bystander to meet EMS at the unlocked gate; (if possible) closest to the injured person.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to field – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain High Office	**(828) 488-2152**		**1-800-273-TALK**

**** <u>Automated External Defibrillators (AED) are located:</u>** **<u>High School (HS)</u>** (•) with HS athletic trainer (•)"<u>Home side</u>" HS basketball/volleyball gym (•) HS Main office **<u>Middle School (MS)</u>** (•) MS Main office

Swain High School – Volleyball/Basketball Gym
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain High and meet at the Volleyball/Basketball Gym we have an injured Student-athlete/bystander in need of emergency medical treatment".**

1415 Fontana Road, Bryson City, NC 28713

Directions:
Take 19/23 to Bryson City (past the Cherokee and Whittier Exits). Take Exit 67 (2nd of Bryson City exits). At the first light, make a right (same side as Bojangles Restaurant), at next light (Everett Street), turn left. Go through town over railroad tracks and up the hill about 4 1/2 miles. Turn left into the High School (down below road level). Drive past the front entrance of the High School go over two speed bumps. The basketball gym is on your left hand side (next to the SCHS fine arts building).

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

4. **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

5. **Send bystander to meet EMS at the front entrance of the Gym; closest door of the injured person.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to gym – make sure all doors are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain High Office	**(828) 488-2152**		**1-800-273-TALK**

**** Automated External Defibrillators (AED) are located: High School (HS)** (•) with HS athletic trainer (•)"Home side" HS basketball/volleyball gym (•) HS Main office **Middle School (MS)** (•) MS Main office

Swain High School – Baseball/Softball Field
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain High and meet at the baseball/softball field we have an injured Student-athlete/bystander in need of emergency medical treatment".**

   1415 Fontana Road, Bryson City, NC 28713

Directions:
Take 19/23 to Bryson City (past the Cherokee and Whittier Exits). Take Exit 67 (2nd of Bryson City exits). At the first light, make a right (same side as Bojangles Restaurant), at next light (Everett Street), turn left. Go through town over railroad tracks and up the hill about 4 1/2 miles. Turn left into the High School (down below road level). Drive past the front entrance of the High School go over two speed bumps; pass the basketball gym (on the left). Go over another speed bump; pass the basketball gym (on the left) to the end of the parking lot. Turn left onto the part paved/gravel road down a little hill. Softball field on the left and baseball field on the right, parallel to the softball field.

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

4. **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

5. **Send bystander to meet EMS at the bottom of the road, just pass the concession stand.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to field – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain High Office	**(828) 488-2152**		**1-800-273-TALK**

**** Automated External Defibrillators (AED) are located: High School (HS)** (•) with HS athletic trainer (•)"Home side" HS basketball/volleyball gym (•) HS Main office **Middle School (MS)** (•) MS Main office

Swain High School – Soccer Complex at Camp Living Water
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

1. **Instruct emergency medical services (EMS) personnel to "Report to Camp Living water and meet at the front parking lot we have an injured Student-athlete/bystander in need of emergency medical treatment".**

1510 West Deep Creek Road, Bryson City, NC 28713

Directions:
Take 19/23 to Bryson City (past the Cherokee and Whittier Exits). Take Exit 67 (2nd of Bryson City exits). Turn downhill off the ramp onto Veterans Blvd, and go through Bryson City (two stoplights and one bridge). Go through town over railroad tracks turn right at the flashing red light, then left at the stop sign onto Everett Street. Take an immediate right-hand fork onto Toot Hollow Circle. Stay on Toot Hollow Circle for about 2 miles to a stop sign. Turn left at the stop sign onto West Deep Creek Road. The complex is 100 yds up the road, a short gravel drive, on the right. There's a big sign "Living Water Ministries" and a flagpole. The Lodge and soccer complex is right in the middle of the camp.

2. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

   - **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

   - **Send bystander to meet EMS at the front sign; (if possible) closest to the injured person.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to field – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**	**Swain High Office**	**(828) 488-2152**
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**	**Suicide Hotline**	**1-800-SUICIDE**
Swain Medical Center	**(828) 488-4205**		**1-800-273-TALK**
Camp Living Water	**(828) 488-6012 / (828) 508-2297**		

**** Automated External Defibrillators (AED) are located: High School (HS)** (•) with HS athletic trainer (•)"Home side" HS basketball/volleyball gym (•) HS Main office **Middle School (MS)** (•) MS Main office

Swain Middle School – Football Practice Field / Middle School Field
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain Middle School and meet at the football practice field / Middle School field, we have an injured Student-athlete/bystander in need of emergency medical treatment".**

135 Arlington Ave, Bryson City, NC 28713

Directions:
Take 19/23 to Bryson City (past the Cherokee and Whittier Exits). Take Exit 67 (2nd of Bryson City Exits). At the first light, make a left (turn on the same side as Shell Gas Station), then bear to the right. Travel approximately 300 yards up a hill to the school. The football practice field / Middle school field is on the right hand side, adjacent to the school. Swain Middle school is on Arlington Avenue.

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

4. **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

5. **Send bystander to meet EMS at the unlocked gate or if locked meet at the top steps – along the entrance of the Middle School football practice field.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to field – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire 911

Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain Middle Office	**(828) 488-3480**		**1-800-273-TALK**

**** Automated External Defibrillators (AED) are located: High School (HS)** (•) with HS athletic trainer (•)"Home side" HS basketball/volleyball gym (•) HS Main office **Middle School (MS)** (•) MS Main office

Swain Middle School – Volleyball/Basketball Gym
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain Middle School and meet at the volleyball/basketball gym, we have an injured Student-athlete/bystander in need of emergency medical treatment".**

135 Arlington Ave, Bryson City, NC 28713

Directions:
Take 19/23 to Bryson City (past the Cherokee and Whittier Exits). Take Exit 67 (2nd of Bryson City Exits). At the first light, make a left (turn on the same side as Shell Gas Station), then bear to the right. Travel approximately 300 yards up a hill to the school. The volleyball/basketball gym is the first building on the left hand side, on top of a small hill, attached to the middle school. Swain Middle school is on Arlington Avenue.

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

4. **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

5. **Send bystander to meet EMS at the top of steps just outside along the entrance of the middle school volleyball/basketball gym.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to gym – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain Middle Office	**(828) 488-3480**		**1-800-273-TALK**

**** Automated External Defibrillators (AED) are located: High School (HS)** (•) with HS athletic trainer (•)"Home side" HS basketball/volleyball gym (•) HS Main office **Middle School (MS)** (•) MS Main office

Swain County Park & Rec. – Baseball / Softball Field
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain Middle School and meet at the volleyball/basketball gym, we have an injured Student-athlete/bystander in need of emergency medical treatment".**

30 Recreation Park Drive, Bryson City, NC 28713

Directions:
Take Highway 74 to Bryson City (past the Cherokee and Whittier Exits). Take Exit 67 (2nd of Bryson City exits). At the first light, make a right (same side as Bojangles Restaurant), at next light (Everett Street), turn left. Go through town over railroad tracks and immediately turn right onto Depot Street, at stop sign turn left then immediate right onto Deep Creek Rd, at split bare left onto West Deep Creek Rd, turn left 0.2 miles past split onto Recreation Park Drive, The baseball/softball fields are up the hill), the road is adjacent to the Rec Department Building. The softball field is the first field on right and the baseball fields are at the top of the hill on the far end.

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

4. **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

5. **Send bystander to meet EMS along the baseball or softball field where the injured Student-athlete/bystander is located.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to gym – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain Park & Rec Office	**(828) 488-6159**		**1-800-273-TALK**

**** Automated External Defibrillators (AED): <u>There is NO AED at this location</u>**

Swain County Park and Rec - Basketball Gym / Weight room facility
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain Middle School and meet at the volleyball/basketball gym, we have an injured Student-athlete/bystander in need of emergency medical treatment".**

240 West Deep Creek Road, Bryson City, NC 28713

Directions:
Take Highway 74 to Bryson City (past the Cherokee and Whittier Exits). Take Exit 67 (2nd of Bryson City exits). At the first light, make a right (same side as Bojangles Restaurant), at next light (Everett Street), turn left. Go through town over railroad tracks and immediately turn right onto Depot Street, at stop sign turn left then immediate right onto Deep Creek Road, at split bare left onto West Deep Creek Road, 0.2 miles past split on right Swain County Recreation Center (before Recreation Park entrance on left).

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

4. **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

5. **Send bystander to meet EMS just outside of the Park and Rec. building so they can direct EMS where the injured Student-athlete/bystander is located.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to gym – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain Park & Rec Office	**(828) 488-6159**		**1-800-273-TALK**

**** Automated External Defibrillators (AED): There is NO AED at this location**

Swain County Park & Rec. - Pool
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain Middle School and meet at the volleyball/basketball gym, we have an injured Student-athlete/bystander in need of emergency medical treatment".**

30 Recreation Park Drive, Bryson City, NC 28713

Directions:
Take Highway 74 to Bryson City (past the Cherokee and Whittier Exits). Take Exit 67 (2nd of Bryson City exits). At the first light, make a right (same side as Bojangles Restaurant), at next light (Everett Street), turn left. Go through town over railroad tracks and immediately turn right onto Depot Street, at stop sign turn left then immediate right onto Deep Creek Rd, at split bare left onto West Deep Creek Rd, turn left 0.2 miles past split onto Recreation Park Drive, (Pool parking lot on right).

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

4. **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

5. **Send bystander to meet EMS just outside of Rec Park office/pool so they can direct EMS where the injured Student-athlete/bystander is located**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to gym – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain Park & Rec Office	**(828) 488-6159**		**1-800-273-TALK**

**** Automated External Defibrillators (AED): <u>There is NO AED at this location</u>**

Swain West Elementary School – Volleyball/Basketball Gym
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain West Elementary School and meet at the volleyball/basketball gym, we have an injured Student-athlete/bystander in need of emergency medical treatment".**

4142 Highway 19 West, Bryson City, NC 28713

Directions:
Take 19/23, west towards Murphy. Go PAST the Alarka exit (64). The school is located less than one mile on the right. Go straight towards the small circle and park there. The volleyball/basketball gym is the main school building, on the left hand side. Enter one of the three main doors on the front of the building. The gym is to your left after passing the Little Theater.

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

   - **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

   - **Send bystander to meet EMS at the main entrance of Swain West Elementary School closes to the volleyball/basketball gym.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to gym – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain West Elem. Office	**(828) 488-2119**		**1-800-273-TALK**

**** Automated External Defibrillators (AED) are located:**
Swain West Elementary School (•) Swain West Elementary Main office

Swain West Elementary School – "Front" Track & Playground
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain West Elementary School and meet at the "front" track and playground, we have an injured Student-athlete/bystander in need of emergency medical treatment".**

4142 Highway 19 West, Bryson City, NC 28713

Directions:
Take 19/23, west towards Murphy. Go PAST the Alarka exit (64). The school is located less than one mile on the right. West Elementary School's "front" track and playground area is located on the right, immediately after entering West Elementary school grounds.

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

   - **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

   - **Send bystander to meet EMS at Swain West Elementary School's front track and playground area.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to field – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain West Elem. Office	**(828) 488-2119**		**1-800-273-TALK**

**** Automated External Defibrillators (AED) are located:**
Swain West Elementary School (•) Swain West Elementary Main office

Swain West Elementary School – "Back" playground
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain West Elementary School and meet at the "back" playground, we have an injured Student-athlete/bystander in need of emergency medical treatment".**

4142 Highway 19 West, Bryson City, NC 28713

Directions:
Take 19/23, west towards Murphy. Go PAST the Alarka exit (64). The school is located less than one mile on the right. The "back" playground is located behind the main building. Follow the main entrance road until you are facing the small circle in front. Before entering the small circle, take a left up the side road. Continue to the "back" of the building. The playground is located at the end of that road.

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

   - **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

   - **Send bystander to meet EMS at Swain West Elementary School's "back" playground.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to field – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain West Elem. Office	**(828) 488-2119**		**1-800-273-TALK**

**** Automated External Defibrillators (AED) are located:**
Swain West Elementary School (•) Swain West Elementary Main office

Swain East Elementary School – Volleyball/Basketball Gym
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain East Elementary School and meet at the volleyball/basketball gym, we have an injured Student-athlete/bystander in need of emergency medical treatment".**

4747 Ela Road, Bryson City, NC 28713

Directions:
From Highway 19/23, take Exit 69 (Hyatt Creek Exit). Follow Hyatt Creek Road to Highway 19. Turn right. In less than 100 yards, turn left into Swain East Elementary School. Enter one of the three main doors on the front of the building. The gym located on the left side of the building after entering.

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

   - **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

   - **Send bystander to meet EMS at the main entrance of Swain East Elementary School close to the volleyball/basketball gym.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to gym – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire 911

Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain East Elem. Office	**(828) 488-0939**		**1-800-273-TALK**

**** Automated External Defibrillators (AED) are located:**
Swain East Elementary School (•) Swain East Elementary Main office

Swain East Elementary School – Playground & Track
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain East Elementary School and meet at the track and playground, we have an injured Student-athlete/bystander in need of emergency medical treatment".**

4747 Ela Road, Bryson City, NC 28713

Directions:
From Highway 19/23, take Exit 69 (Hyatt Creek Exit). Follow Hyatt Creek Road to Highway 19. Turn right. In less than 100 yards, turn left into Swain East Elementary School. The playground & track area is located on the right after entering the school entrance.

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

   - **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

   - **Send bystander to meet EMS at Swain East Elementary School's track and playground area.**

- Provide appropriate emergency care until EMS arrives
- Have coach/parent meet ambulance at entry to field – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain East Elem. Office	**(828) 488-0939**		**1-800-273-TALK**

**** Automated External Defibrillators (AED) are located:**
Swain East Elementary School (•) Swain East Elementary Main office

Swain Pre-Kindergarten (Bright Adventures)
Emergency Action Plan

In case of an emergency please do the following:

1. **Call 911.**

2. **Instruct emergency medical services (EMS) personnel to "Report to Swain Pre-Kindergarten (Bright Adventures) and meet at the Pre-K (Bright Adventures) building, we have an injured child/bystander in need of emergency medical treatment".**

249 School Drive, Bryson City, NC 28713

Directions:
Take 19/23 to Bryson City (past the Cherokee and Whittier Exits). Take Exit 67 (2nd of Bryson City Exits). At the first light, make a left (turn on the same side as Shell Gas Station), then bear to the right. Travel approximately 300 yards up a hill, but rather then make a sharp curve to the right (going to the middle school) go straight then turn at the 2st left, the two Pre-K buildings are on the left hand side at the end.

3. **Provide necessary information to EMS personnel:**
   - **Name, address, telephone number of caller**
   - **Number of victims, condition of victims**
   - **First-aid treatment initiated**
   - **Specific directions as needed to located scene**
   - **Other information as requested by dispatcher**

   - **Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.**

   - **Send bystander to meet EMS at the entrance of the Pre-K building.**

- Provide appropriate emergency care until EMS arrives
- Have teacher/parent meet ambulance at entry to Pre-Kindergarten (Bright Adventures) building – make sure all gates are unlocked and cars are not in the way
- Provide EMS with information (how injury occurred, treatment that was given, medical history, parents notified) and assist with treatment as needed
- Send a coach (if parent is Not present) with EMS to hospital; & continue to call the parent to inform them of incident
- Have copy of emergency consent and information to send with EMS - if parent is not present

Emergency Telephone Numbers

EMS, Police, and Fire	**911**		
Harris Regional Hospital	**(828) 586-7000**	**Poison Control**	**1-800-222-1222**
Swain County Hospital	**(828) 488-2155**		
Swain Medical Center	**(828) 488-4205**	**Suicide Hotline**	**1-800-SUICIDE**
Swain Pre-K	**(828) 488-1494**		**1-800-273-TALK**

**** Automated External Defibrillators (AED) are located: Pre-K** (•)Main Entrance
Middle School (MS) (•) MS Main office

Photo Location of ALL Swain County AEDs

Size of the photos and words have been altered to fit the page, the AED Program Coordinators would have the full unchanged version of all AED photo locators if needed

The AED Program Coordinator is to inspect ALL colored AED photo locator signs for EACH site and will preprint IN COLOR, and laminated any sign(s) that has been destroyed or faded by the sun and re-hang signs as needed by August 1st annually.

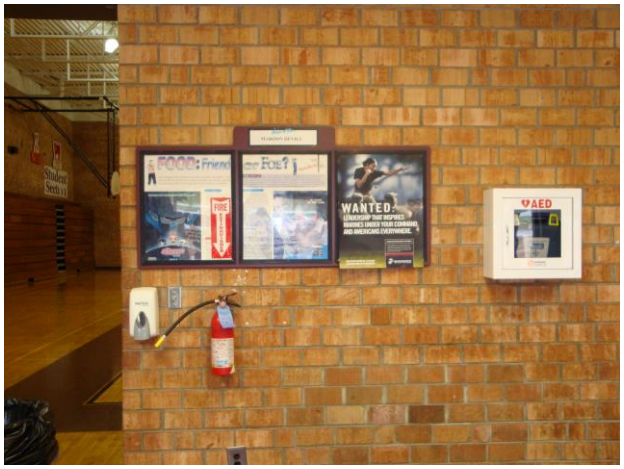
- Swain County High School AED Locator
- Swain County Middle School AED Locator
- Swain County East Elementary AED Locator
- Swain County West Elementary AED Locator
- Swain County Pre-Kindergarten (Bright Adventures) AED Locator

Swain County High School
AED Locator

There are THREE (3) AEDs located at SCHS:

AED #1 - Located in the **Main office** of the high school on the **left wall** behind the desk.

AED #2 - Located on the "**home side**" of the high school **gym**, on the brick wall next to the concession stand.



AED #3 - Located with the Certified Athletic Trainer.

Swain County Middle School
AED Locator

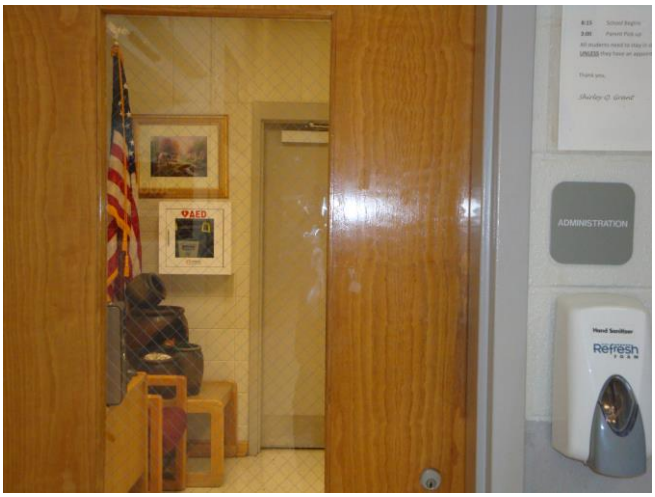
There is ONE (1) AED located at SCMS:

AED #1 - Located in the **Main office** of the Middle school on the **front wall** as you walk in.

Swain County EAST Elementary
AED Locator

There is ONE (1) AED located at Swain County East Elementary:

AED #1 - Located in the **Main office** of EAST Elementary on the **front wall** as you walk in.



Swain County WEST Elementary
AED Locator

There is ONE (1) AED located at Swain County West Elementary:

AED #1 - Located in the **Main office** of WEST Elementary on the **front wall** as you walk in.

Swain County Pre-Kindergarten (Bright Adventures)
AED Locator

There is ONE (1) AED located at Swain County Pre-Kindergarten (Bright Adventures):

AED #1 - Located in the **Main Entrance** of Pre-Kindergarten (Bright Adventures) building, on the **RIGHT wall,** (approximately) 15 feet from the front door.

Automated External Defibrillator Written Plan

This plan is designed to outline the key components of the implementation of the AED program. Answers to "yes" or "no" are in **BOLD CAPS**.

Date: XXXX XX, 20XX See **Appendix B** for Equipment Location for Swain County Schools

Training Course: American Heart Association (AHA) or American Red Cross (ARC) standards for CPR/AED

AED Device: Powerheart AED G3 Plus Automatic (model 9390A-501P).

Powerheart AED G3 Plus user video: http://www.youtube.com/watch?v=aIGSb1zxGlA

Representative: XXXX XXXX, Territory Manager - Carolinas Cardiac Science Corporation
Phone: Cell: (XXX) XXX-XXXX **Address:** XXXX XXXX XXXX. XXXX, NC XXXXX.
Main Cardiac Science Phone: (425) 402-2000 is answered during business hours, 8 – 4:30, weekdays (also have a toll-free number in the U.S., 1-800-426-0337. Cardiac Science main fax number, (425) 402-2001 email: XXXX@cardiacscience.com

Cardiac Science website: http://www.cardiacscience.com

AED Maintenance and Testing Schedule (Per manufacturer. Written records must be kept):

EMS MUST be notified as soon as an emergency exists.

EMS will be Activated by: **Dialing 911** Other Telephone #___N/A___

This program is registered with EMS: **Yes** No

Where will the unit be stored?

UNITS at Swain High School

(1) AED – Main High School Office
(2) AED – High School "Home Side" Basketball/volleyball Gym
(3) AED – With the athletic trainer

UNITS at Swain Middle School, Swain East Elementary, Swain West Elementary, Pre-K

(1) AED – Main School Office

Who can access the AED? Anyone **How will they be contacted?** Any way possible

Who could use the AED in an emergency situation? Anyone. However, a roster of people certified and authorized should will be kept with the school nurse, kept on site in the pink AED binder, and updated regularly. If a certified person is available during the time of emergency they are the primary person to perform CPR/AED action.

A copy of each of the follow is kept with each AED in a "yellow folder": Maintenance and Testing, AED Post Incident Report Form x 2 (APPENDIX I), **AED Post Incident Check List x 1** (APPENDIX J)**, Powerheart G3 Plus User Manual**
This and an additional information is to be kept in a pink binder at each site, with the Nurse at each school; pink binders with this information is also kept with Swain County Superintendent, Program Coordinator(s), supervising physician (Medical Director), and Swain County EMS Director.

Automated External Defibrillator Action Plan

1. Possible Cardiac Arrest or Medical Emergency Recognized

2. AED Accessed

3. EMS / 911 Activated

4. Send personnel to escort EMS to victim if possible.

5. AED Delivered to Victim

6. Establish unresponsiveness

7. Use AED if unresponsive, breathless and pulseless

8. Perform Life Support Measures

9. Give verbal description of Incident to EMS upon arrival

10. AED Data Retrieval and delivery of data to medical personnel

11. Restock Supplies for AED

12. Complete Written Account of AED Use Including Data Card

13. Submit Report to Medical Director, EMS Agency

AED Post incident Procedure

After EACH use of the AED PLEASE complete the following steps. These steps should be completed as SOON after the incident as possible:

Post-use Procedure:

1. One of the individuals working on or involved with the patient's care at the time of the event should complete the documentation (AED Post Incident Report Form) of the sudden cardiac arrest event and give to this School's Principal and School Nurse no later than 24 hours following the event.
2. The School's Principal and/or School Nurse is to contact Swain County's AED Program Coordinator within ONE hour (regardless of the time/day) after learning of the sudden cardiac arrest event, the school is also to give all documentation to the AED Program Coordinator no later then 36 hours following the event.
3. The Program Coordinator will order ALL used AED material within 24 hours after learning of the event.
4. Program Coordinator will contact the AED vendor (Cardiac Science) to download event data from AED. **Do not remove the battery**.
5. Program Coordinator will assure that documentation is sent to Swain County's AED Medical Director and a copy of the AED Post Incident Report is sent to Swain County EMS as soon as possible and no later than one week from the date of the event.
6. Program Coordinator and School's designee should conduct emergency incident debriefing as needed.

Post Incident Procedure for the AED - See **Appendix B** for Equipment Location

- Restock AED, putting it back into the box on the wall
- Close lid of AED and ensure the status indicator is **GREEN** (for Powerheart AED G3 series only)
- Check the battery level to assure sufficient battery life
- Fill out all documentation; "Automated External Defibrillator Use Report (two copies are to be kept with AED)" is under **APPENDIX I**.
- Retrieve rescue data and forward to Oversight Physician or AED Program Medical Director.
    - Hook up the extra pad to the AED, make sure you can see the expiration date; then contact the program coordinator to replace AED pads. (Remember the AED MUST have two sets of pads at all times)
    - Check expiration date on the pad package
    - Restock AED "ready kit" ie: Replace pocket mask and other supplies used

Refer to *AED SUPPLIES and Warranty* for details

ONLY the Program Coordinator is authorized to down-load AED information after AED use:

The Powerheart AED has built-in incident reporting in its internal memory. Powerheart Technical Support (888) 466-8686 for technical questions on downloading data. The CD ROM and cable (that came with the Powerheart AED) connects to the AED to a computer - follow the directions in order to download the information.

Additional information following the use of an AED

1. In addition to information obtained from the AED, documentation of the incident shall be completed as follows:
    a. Documentation shall be initiated whether or not defibrillatory shocks are delivered.
    b. The following information shall be provided if known: (AED Post Incident Report, **Appendix I**)

        1. Date
        2. Event location
        3. Person's name
        4. Person's address
        5. Person's telephone number
        6. Person's sex
        7. Estimated time elapsed from person's collapse until initiation of CPR, if witnessed or heard
        8. Total minutes of CPR prior to application of defibrillation
        9. Person's response to treatment rendered, i.e., regained pulse and breathing
        10. Name of transporting agency
        11. Name of authorized individual completing the report

2. The AED Post Incident Report is to be sent to the Medical Director.
3. The medical director, program coordinator, and/or designee will review the AED record of the event and the AED Post Incident Report and interview the authorized individuals involved in the emergency to ensure that:
    a. The authorized individuals quickly and effectively set up the necessary equipment
    b. When indicated, the initial defibrillator shock(s) was delivered within an appropriate amount of time given the particular circumstances.
    c. Adequate basic life support measures were maintained
    d. Following each shock or set of shocks, as appropriate, the person was assessed accurately and treated appropriately.
    e. The defibrillator was activated safely and correctly
    f. The care provided was in compliance with the internal emergency response guidelines set forth in this policy and procedure manual of this document
4. The medical director will determine the occurrence and the range of action to be taken in response to identified problems or deficiencies, if any, as well as actions to be commended and notify the AED Program Coordinator.
5. The AED Program Coordinator will send a copy of the AED Post Incident Report to:

    Attn: XXXXX XXXX
    Swain County EMS
    XXXX XXXX XXXXX
    XXXXX, NC XXXXX
    (XXX) XXX-XXXX
    XXXXX@swaincountync.gov

Following the post incident review, (found in **Appendix I**) a copy of all written documentation concerning the incident will be sent to the medical director and maintained on site and with the AED Program Coordinator for a period of seven (7) years from the incident date.

For Appendix I: The AED Program Coordinator will submit one copy of this report to the EMS agency, one copy to the AED Medical Director, and the school nurse (where the incidents took place) for their records.

Maintenance

Policy on checking ready status of the AED

There will be daily, monthly, and annually check offs of EACH AED.

- There will be an assigned person(s) to check off and record "daily" duties by the initials on school calendar that is kept with each AED.
- Monthly and Annual check offs will be done by the School Nurse or program coordinator or alternate coordinator as assigned monthly. This will be recorded using "**Daily and Monthly/Annual AED Check off with Basic Maintenance**" in **Appendix D**
- A full check must be done by two people after every use of AED this is to be done by the School Nurse and another qualified person (ie: another school nurse or the Medical Director) if the AED Program Coordinator is unavailable.

    - Records will be maintained using daily school calendar for daily checks and for monthly and annual checks which will be kept with each AED in **Appendix D**.

*see person(s) and AED assignments below

Swain County Schools' AED assignment

AED	Item Description	Where	What School
1	Powerheart AED G3 Plus Automatic	Main High School office	Swain High School
2	Powerheart AED G3 Plus Automatic	Basketball/Volleyball gym	Swain High School
3	Powerheart AED G3 Plus Automatic	With the Athletic Trainer (ATC)	Swain High School
4	Powerheart AED G3 Plus Automatic	Main Middle School office	Swain Middle School
5	Powerheart AED G3 Plus Automatic	Main East Elem. School office	Swain East Elementary
6	Powerheart AED G3 Plus Automatic	Main West Elem. School office	Swain West Elementary
7	Powerheart AED G3 Plus Automatic	Main Entrance Pre-Kindergarten (Bright Adventures)	Swain County Pre-Kindergarten (Bright Adventures)

Swain County Schools' AED Daily/Monthly/Yearly Checks

See attached page from **Appendix C** for this Schools daily/monthly/yearly – primary and alternate people that are to check the AED as well as their contact information. If you need this information regarding another Swain County School please contact the Program Coordinator.

All of Swain County's AED(s) and associated information

Below is a list of all Swain County AED(s), all AED SN#, expiration dates of all (adult and child/infant electrode pads), and information on all Swain County's AED(s) battery levels.

ALL filled-in information can be found in a binder, with the school nurse, at each school's site and with the AED program coordinators. Non-filled in information is kept on-line and with each AED.

Swain County Schools' AED assignment

AED	Item Description	Where	What School
1	Powerheart AED G3 Plus Automatic	Main High School office	Swain High School
2	Powerheart AED G3 Plus Automatic	"Home" Side of Basketball/Volleyball gym	Swain High School
3	Powerheart AED G3 Plus Automatic	With the Athletic Trainer (ATC)	Swain High School
4	Powerheart AED G3 Plus Automatic	Main Middle School office	Swain Middle School
5	Powerheart AED G3 Plus Automatic	Main East Elem. School office	Swain East Elementary
6	Powerheart AED G3 Plus Automatic	Main West Elem. School office	Swain West Elementary
7	Powerheart AED G3 Plus Automatic	Main Entrance Pre-Kindergarten (Bright Adventures)	Swain County Pre-Kindergarten (Bright Adventures)

Swain County HIGH School			
Where:	(1) Main High School office	(2) "Home" Side of Basketball/Volleyball gym	(3) With the Certified Athletic Trainer (ATC/LAT)
AED SN#:	SN# ***Office- #XXXXX***	SN# ***Gym- #XXXXX***	SN# ***ATC- #XXXXX***
Pad Expiration Date	1) **XXXX 20XX** **Adult** or Ped.	1) **XXXX 20XX** **Adult** or Ped.	1) **XXXX 20XX** **Adult** or Ped.
	2) **XXXX 20XX** **Adult** or Ped.	2) **XXXX 20XX** **Adult** or Ped.	2) **XXXX 20XX** **Adult** or Ped.
	3) N/A Adult or Ped.	3) N/A Adult or Ped.	3) N/A Adult or Ped.
	4) N/A Adult or Ped.	4) N/A Adult or Ped.	4) N/A Adult or Ped.
Battery level	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX
	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX
	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX
	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:
	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:
	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:
Note(s):	New battery: Lot# XXXX-XXX, XXX/XX REF XXXX-XXX *Old battery (XXX 20XX-XXX 20XX):* *Lot# XXX-XXX XX/20XX REF XXX-XXX*	New battery: Lot# XXXX-XXX, XXX/XX REF XXXX-XXX *Old battery (XXX 20XX-XXX 20XX):* *Lot# XXX-XXX XX/20XX REF XXX-XXX*	New battery: Lot# XXXX-XXX, XXX/XX REF XXXX-XXX *Old battery (XXX 20XX-XXX 20XX):* *Lot# XXX-XXX XX/20XX REF XXX-XXX*

Swain County HIGH School Cont…			
Where:	(4) N/A		
AED SN#:	SN# N/A		
Pad Expiration Date	1) N/A Adult or Ped.		
	2) N/A Adult or Ped.		
	3) N/A Adult or Ped.		
	4) N/A Adult or Ped.		
Battery level	# of bars: 0 1 2 3 4 N/A As of date:	# of bars: 0 1 2 3 4 N/A As of date:	# of bars: 0 1 2 3 4 N/A As of date:
	# of bars: 0 1 2 3 4 N/A As of date:	# of bars: 0 1 2 3 4 N/A As of date:	# of bars: 0 1 2 3 4 N/A As of date:
Note(s):			

Swain County MIDDLE School		
Where:	(1) Main MIDDLE School office	
AED SN#:	SN# ***Office- #XXXXX***	
Pad Expiration Date	1) **XXXX 20XX** **Adult** or Ped.	
	2) **XXXX 20XX** **Adult** or Ped.	
	3) N/A Adult or Ped.	
	4) N/A Adult or Ped.	
Battery level REF 9146-302 Lot 13495-032 2013/08	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date:
	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date:
	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date:
	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:
	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:
	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:
Note(s):	New battery: Lot# XXX-XXX, XXX/XX REF XXX-XXX *Old battery (XXX 20XX-XXX 20XX):* *Lot# XXX-XXX XX/20XX REF XXX-XXX*	

Swain County EAST Elementary School			
Where:	(1) Main East Elementary School office		
AED SN#:	SN# ***Office- #XXXXX***		
Pad Expiration Date	1) **XXXX 20XX** **Adult** or Ped.		
	2) **XXXX 20XX** **Adult** or Ped.		
	3) **Aug 2014** Adult or **Ped**.		
	4) **Aug 2014** Adult or **Ped**.		
Battery level	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX
	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:
Note(s):	New battery: Lot# XXX-XXX, XXX/XX REF XXX-XXX *Old battery (XXX 20XX-XXX 20XX):* *Lot# XXX-XXX XX/20XX REF XXX-XXX*		

Swain County WEST Elementary School			
Where:	(1) Main WEST Elementary School office		
AED SN#:	SN# ***Office- #XXXXXX***		
Pad Expiration Date	1) **XXXX 20XX** **Adult** or Ped.		
	2) **XXXX 20XX** **Adult** or Ped.		
	3) **XXXX 20XX** Adult or **Ped**.		
	4) **XXXX 20XX** Adult or **Ped**.		
Battery level	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX
	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:
Note(s):	New battery: Lot# XXX-XXX, XXX/XX REF XXX-XXX *Old battery (XXX 20XX-XXX 20XX):* *Lot# XXX-XXX XX/20XX REF XXX-XXX*		

Swain County Pre-Kindergarten (Bright Adventures)			
Where:	(1) Swain County Pre-Kindergarten (Bright Adventures)		
AED SN#:	SN# ***Main Entrance - #XXXXX***		
Pad Expiration Date	1) **XXXX 20XX** **Adult** or Ped.		
	2) **XXXX 20XX** **Adult** or Ped.		
	3) **XXXX 20XX** Adult or **Ped**.		
	4) **XXXX 20XX** Adult or **Ped**.		
Battery level	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX	# of bars: 0 1 2 3 4 As of date: XXX 20XX
	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:	# of bars: 0 1 2 3 4 As of date:
Note(s):	New battery: Lot# XXX-XXX, XXX/XX REF XXX-XXX *Old battery (XXX 20XX-XXX 20XX):* *Lot# XXX-XXX XX/20XX REF XXX-XXX*		

<u>Minimum</u> Manufacturer Recommendations – BASIC AED MAINTENANCE

Daily Scheduled Maintenance

For the Powerheart AED G3 series, check the **STATUS INDICATOR** to ensure that it is **GREEN**. When the indicator is **GREEN**, the Powerheart AED G3 is ready for a rescue. If the indicator is **RED**, refer to the Troubleshooting Table in the manual.

Monthly Maintenance

1. Open the AED lid.
2. Wait for the AED to indicate status:
   For the Powerheart AED G3 series, observe the change of the **STATUS INDICATOR** to **RED**. After less than 5 seconds, verify that the **STATUS INDICATOR** returns to **GREEN**.
3. Observe the expiration date on the pads.
4. Listen for the voice prompts.
5. Close the lid and confirm that **STATUS INDICATOR** remains **GREEN**, (for Powerheart AED G3 series only).

- Check supplies, accessories (ie: ready kit/forms with AED)
- AED alarmed box – lift the AED out of the box making sure the alarm goes off. If it does, replace the AED back in the box stopping the alarm.

Annual Maintenance

Perform the following tests annually to confirm that the diagnostics are functioning properly and to verify the integrity of the case.

Check the Integrity of the Pads and Circuitry

1. Open the AED lid.
2. Remove the pads.
3. Close the lid.
4. Confirm that the **STATUS INDICATOR** turns red, (Powerheart AED G3 series only).
5. Open the lid and confirm that the Pad indicator is lit.
6. Reconnect the pads and close the lid.
7. Make sure the expiration date is visible through the clear window of the lid.
   For the Powerheart AED G3 series, check to make sure that the **STATUS INDICATOR** is **GREEN**.
8. Open the lid and confirm that no diagnostic indicators are lit.
9. Check the expiration date of the pads; if expired, replace them.
10. Check the pad's packaging integrity.
11. Close the lid.

For Swain County's AED maintenance record See **Appendix D – "Daily and Monthly/Annual AED Check off <u>with</u> Basic Maintenance"

AED SUPPLIES and Warranty

<u>ALL supply ordering MUST</u> go through the program coordinator. ONLY the program coordinator can contact - *Sally Jones (not the real name of Swain County's contact person)* in purchasing for purchase order. Supplies <u>MUST</u> be in compliance with Powerheart G3 Plus Automatic: model 9390A-501P.

Supplies/Parts can be ordered through Powerheart Customer Care at 1-800-991-5465. Current state contract (# XXXX, valid through XXXX) pricing for replacement supplies are as follows:

ALL of the following products are **<u>ONLY</u>** for the AED listed:

AED: Powerheart AED G3 Plus Automatic: model 9390A-501P = $XXXXX
AED Products: Powerheart Customer Care: 1-800-991-5465
AED pads: *Adult defibrillation pads: XXXX-XXX = $XX
Pediatric defibrillation pads: XXXX-XXX = $XX
****AED Battery**: XXXX-XXXX = $XXX (4 year full operational guarantee)
AED ready kit: XXXX-XXXX = $XX

* ONE extra set of Adult defibrillation pads is Kept WITH EACH AED. In case of uses of AED, even if only one set of pads are used, a second set Must be ordered ASAP. Pediatric pads are kept with AED(s) at Swain East Elementary, Swain West Elementary, and Swain County Pre-Kindergarten (Bright Adventures).

** Spare AED batteries are NOT kept on hand. The Powerheart AED G3 Plus Automatic, through its daily self-testing, will alert you when the battery is low - at which point there is ***<u>30 days life remaining</u>*** in the battery in order to get a replacement battery.

<u>ONE (1) AED Ready Kit is with EACH AED and should always include the following supplies</u>:

1) CPR Face mask / Barrier device
2) sets of medical gloves (Large and Medium)
1) absorbent cloth / towel (<u>ONE time use ONLY</u>)
1) disposable razor(s) (<u>ONE time use ONLY</u>)
1) Antiseptic Towelette
2) sets of 4 x 4 gauze pad
1) Ink pen / note pad
1) pair of paramedic scissors

<u>Each AED should always include the following supplies</u>:

- 2) sets of Adult defibrillator pads (and 2 sets of Pediatric defibrillator pads with East Elementary, West Elementary, and Swain County Pre-Kindergarten (Bright Adventures) (check expiration dates)
- 1) Post Incident report & AED Policy / Procedure Manual (yellow folder)
- 1) Clipboard with Daily and Monthly AED Check off

Powerheart AED G3 Plus Automatic parts and labor warranty

Powerheart AEDs have a 7 year parts and labor warranty. Powerheart Technical Support can be reached at 1-888-466-8686. In case it is determined that one of the Powerheart AEDs needs to be serviced, appropriate shipping details will be provided by the Poweheart Technical Support Representative at that time. (Also see user manual).

Powerheart G3 Plus Operations Manual

The following is a COPY OF OPERATIONS FOR **ONLY THE POWERHEART AED G3 PLUS AUTOMATIC (model 9390A-501P)**

TYPE OF MEDICAL EMERGENCY

Sudden Cardiac Arrest – Follow "Indications for AED Use" in section VI of the plan.
Other Medical Emergencies – Responder should provide only the patient care that is consistent with his/her training.

INDICATIONS FOR AED USE

Your AED is intended to be used by personnel who have been trained in its operation. The user should be qualified by training in basic life support or other physician-authorized emergency medical response. If a qualified user (someone that has been trained in CPR/AED) is not available at the time of an emergency the user that has not been trained in the use of the AED will fall under the "Good Samaritan law". The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are **unresponsive, no pulse, and not breathing**. Post-resuscitation, if the victim is breathing, the AED should be left attached to allow for acquisition and detection of the ECG rhythm. If a shockable ventricular tachyarrhythmia recurs, the device will charge automatically and advise the operator to deliver therapy.

Unresponsive

Not Breathing

***Apply the AED if: Unresponsive and Not Breathing**

PROCEDURE

A. Assess scene safety.

Is the scene free of hazards?

Rescuer makes sure there are no hazards to them. Some examples are:

- Electrical dangers (downed power lines, electrical cords, etc.)
- Chemical (hazardous gases, liquids or solids, smoke)
- Harmful people (anyone that could potentially harm you)
- Traffic (make sure you are not in the path of traffic)
- Fire, flammable gases such medical oxygen, cooking gas, etc.

B. Determine if patient is:

Unresponsive **AND** Not Breathing

***** Have someone get the closest AED and immediately begin CPR until the AED arrives then - Once the AED arrives *Apply the AED if the patient is still Unresponsive and Not Breathing.**

If the patient is unresponsive and Not breathing

Open Lid:

C. Opening lid "turns on" the AED.

D. Follow Voice Prompts:

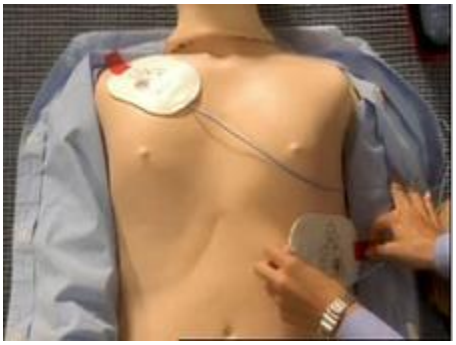
Adult pad placement

1. Place Pads:

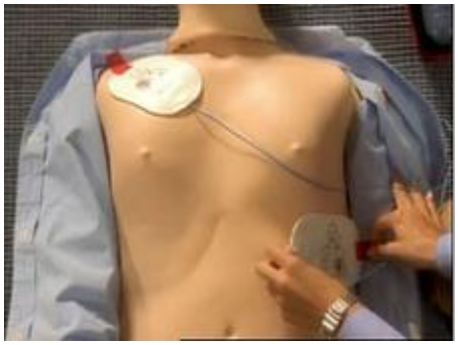
AED will prompt: "Tear open package and remove pads" followed by "Peel one pad from plastic liner."

2. Once pad is peeled:

AED will prompt: "Place one pad on bare upper chest" two times. Rescuer should place pad as shown on pad diagram. ➔



3 ***AED will prompt:*** "Place second pad on bare lower chest as shown". Rescuer should place the second pad as shown on pad diagram.



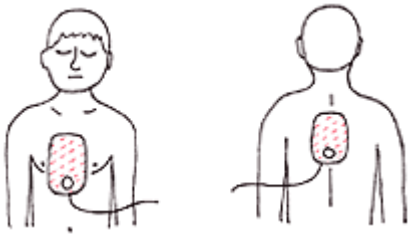
➔

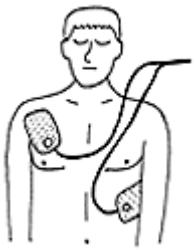
Pediatric/Child pad placement

For patients under 8 years of age or weighs less than 55lbs (25kg):
Use Pediatric Attenuated Defibrillation Electrodes model #XXXX. Therapy should not be delayed to determine the patient's exact age or weight:

a. Locate pediatric electrodes stored with AED (which is in the zipped part – RED ribbon).
b. Open pediatric electrodes.
c. Peel one electrode and place as shown on electrode diagram.
d. Peel second electrode and place as shown on electrode diagram.
e. Connect electrodes to AED.

*Standard Pads Placement in a CHILD (**Recommended**)* *__Alternate__ Pad Placement*





4. Analyze Rhythm

AED will prompt: "Do not touch patient. Analyzing rhythm."

5. Charges

AED will prompt: "Shock advised, charging…"

6. Delivers Defibrillation Pulse

AED will prompt: "Stand clear. Shock will be delivered in 3 seconds, 2 1. ."

Once the AED begins the "Stand clear . . . " prompt, the rescuer will state "clear" and make a visual head-to-toe check of the patient making sure that he/she and any other rescuers are "clear" of contact with the patient prior to the completion of the countdown.

7. Analyze/Charge/Pulse

After the first defibrillation shock, the AED take the rescuer into CPR Prompts.

** Remember that the AED will not advise to defibrillate all pulse less patients. Some cardiac rhythms do not respond to defibrillation.

***Call "911" at this time, if not already done.

8. Rescuer Gives CPR for Two Minutes

AED will prompt: "Start CPR. Give 30 compressions. Then give two breaths."

9. Repeat Analyze/Charge/Defibrillation Pulse

After two minutes of CPR, the voice prompt will say: AED will prompt: "Do not touch patient. Analyzing rhythm."

If the cardiac rhythm is shockable, the AED will guide the rescuer through another defibrillation pulse sequence, followed by two minutes of CPR. This sequence should continue until:

- No shockable rhythm is detected or
- The pads are disconnected or
- Until ambulance personnel arrive on the scene.

10. Patient Converts to a Non-Shockable Rhythm
If at some point during the rescue the patient converts to a heart rhythm that does not require defibrillation: ***AED will prompt:*** "Start CPR. Give 30 compressions. Then give two breaths."

At this point, call "911" or the local emergency access phone number if not already done.

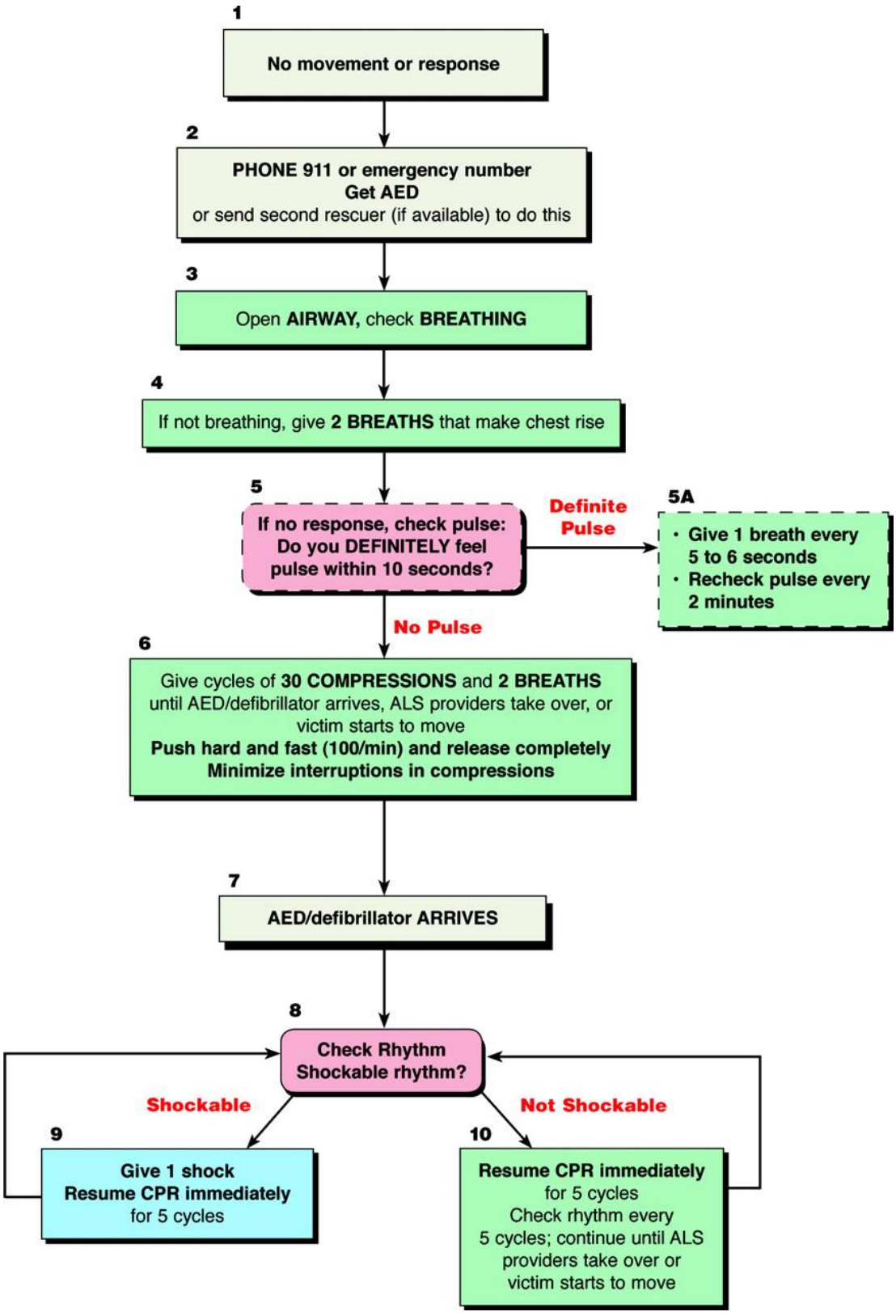
If a pulse is found on the patient and the patient is not breathing, continue rescue breathing. **Leave pads in place** and follow voice prompts.

If the patient regains consciousness, **leave AED pads in place** and make patient as comfortable as possible until ambulance personnel arrive on scene.

****

** Post-resuscitation, if the victim begins to breathe and has a pulse again, the AED pads should be left attached to the victim – do NOT take the AED pads off the chest.
Let a paramedic or doctor do that.

Automated External Defibrillation (AED) Treatment Algorithm (Adult ONLY)



***This concludes the Operations manual for Powerheart AED G3 Plus Automatic**

Powerheart AED G3 Plus Automatic (model 9390A-501P) Operations Manual

Can be found at:

http://www.cardiacscience.com/assets/003/5284.pdf

A hard copy of the Powerheart AED G3 Plus Automatic (model 9390A-501P) Operations Manual can be found attached in all pink binders and in the yellow folder with all AEDs.

APPENDIX A

CONTACT PHONE LIST

No contact information is to be given out unless prior approval is given each time by the owner of the contact information. For information and assistance regarding the AED program, the individuals listed below may be contacted. Every effort should be made to first contact the program coordinator, if unable to contact the program coordinator through all phone numbers listed, leave messages; then contact the alternate program coordinator. **Only the program coordinator or alternate coordinator is allowed to contact the Medical Director.** If any contact information changes, the program coordinator should be notified within 72 hours.

Title	Name	Cell number	Work number	Home number	Email address
Medical Director	Dr. XXXX XXXX, MD	Contact Program Coordinator	Contact Program Coordinator	Contact Program Coordinator	Contact Program Coordinator
Primary Program Coordinator	XXXX XXXX	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx	XXXX@swainmail.org
Alternate Program Coordinator	XXXX XXXX	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx	XXXX@swainmail.org

The Program Coordinator or Alternate Program Coordinator will contact the following as needed:

Title	Name	Cell number	Work number	Home number	Email address
School Principle					
HIGH School	XXXXX XXXX	xxx-xxx-xxxx	828-488-2152	xxx-xxx-xxxx	XXX@swainmail.org
Middle School	XXXX XXXX	xxx-xxx-xxxx	828-488-3480	xxx-xxx-xxxx	XXX@swainmail.org
EAST Elem.	XXXX XXXX	xxx-xxx-xxxx	828-488-0939	xxx-xxx-xxxx	XXX@swainmail.org
WEST Elem.	XXXX XXXX	xxx-xxx-xxxx	828-488-2119	xxx-xxx-xxxx	XXX@swainmail.org
Pre-K director	XXXX XXXX	xxx-xxx-xxxx	828-488-1494	xxx-xxx-xxxx	XXX@swainmail.org
School Nurse					
HIGH School	XXXX XXXX	xxx-xxx-xxxx	828-488-2152	xxx-xxx-xxxx	XXX@swainmail.org
Middle School	XXXX XXXX	xxx-xxx-xxxx	828-488-3480	xxx-xxx-xxxx	XXX@swainmail.org
EAST Elem.	XXXX XXXX	xxx-xxx-xxxx	828-488-0939	xxx-xxx-xxxx	XXX@swainmail.org
WEST Elem.	XXXX XXXX	xxx-xxx-xxxx	828-488-2119	xxx-xxx-xxxx	XXX@swainmail.org
Pre-K director	See above under Pre-K	See above	See above	See above	See above
Other	See attached page from **Appendix C** for this Schools daily/monthly/yearly – primary and alternate people that are to check the AED as well as their contact information. If you need this information regarding another Swain County School please contact the Program Coordinator.				

APPENDIX B

EQUIPMENT LOCATION

Refer to AED photo locator in pink binder of where AED(s) is/are located, for all Swain County School's AED photo locator contact the Program Coordinator for a copy.

Equipment	Building	Location	School
(1) Powerheart AED G3 Plus	Main High School office	On **Left wall** in just pass the high school secretary	**High School**
(2) Powerheart AED G3 Plus	Basketball/Volleyball gym	On the "**Home**" **side**, near the front door	**High School**
(3) Powerheart AED G3 Plus	N/A	With certified athletic trainer	**High School**
(4) Powerheart AED G3 Plus	Main Middle School office	On wall in front of you as you walk into the door	**Middle School**
(5) Powerheart AED G3 Plus	Main East Elem. School office	On wall in front of you as you walk into the door	**East Elementary**
(6) Powerheart AED G3 Plus	Main West Elem. School office	On wall in front of you as you walk into the door	**West Elementary**
(7) Powerheart AED G3 Plus	Main Entrance Pre-Kindergarten (Bright Adventures)	On the RIGHT wall (approximately) 15 feet from the front door	**Swain County Pre-Kindergarten (Bright Adventures)**

<u>On the side of the AED</u> you will find an AED Ready Kit where you will find the following:

1) CPR Face mask / Barrier device
2) sets of medical gloves (Large and Medium)
1) absorbent cloth / towel (<u>ONE time use ONLY</u>)
1) disposable razor(s) (<u>ONE time use ONLY</u>)-
1) Antiseptic Towelette
2) sets of 4 x 4 gauze pad
1) Ink pen / note pad
1) pair of paramedic scissors

<u>In the BACK of the AED (unzipped the RED ribbon) it *could* include the following supplies:</u>

1) extra set of Adult defibrillator pads

1-2) sets of intent/child (Pediatric) defibrillator pads
Found at East Elem., West Elem., & Pre-K

Post Incident report & AED Operator / Service Manual - <u>Can be found behind the AED in the AED cabinet.</u> **<u>NOTE:</u> For Swain County's AED Policy and Procedure Manual - Mostly filled-in information can be found in a pink binder, with the school's nurse at each school's site, and a pink binder can also be found with Swain County's Superintendent and Swain County EMS Director. ALL filled-in information can be found with the AED Program Coordinators and the AED Medical Director. Non-filled in information is kept on the School's website.

APPENDIX C

Daily and Monthly/Annual AED Check-off
COVER LETTER

Attached is the annual cover letter that is to go along with the "Daily and Monthly/Annual AED Check-off" for one AED and for more the one AED schools. For daily and monthly/ checks only one person has to initial. For annual checks there needs to be two qualified people that is check the AED together. All the contact information of each primary and alternate people is kept in the pink binder at each site. A copy of people for all sites is kept with the AED Program Coordinators and AED Medicinal Director. Contact the AED Program Coordinator if you need this information.

The Program Manager (often the School Nurse or director) for each school is to report all contact information to the AED Program Coordinator – a copy will also be given to the Alternate Program Coordinator and AED Medical Director.

APPENDIX D

Daily and Monthly/Annual AED Check-off <u>With</u> Manufacturer Recommendations – BASIC AED MAINTENANCE

Attached is the "Daily and Monthly/Annual AED Check-off <u>With</u> Manufacturer Recommendations – basic and AED maintenance" this is two pages (horizontal) and is to printed off annually, in color, by the Program Coordinator (or as needed if the original gets damaged) and distributed accordingly to each site by May 15th annually .

Annually the filled out "Daily and Monthly AED Check off" is to be given within 72 hours to the AED Program Coordinator and is to be kept on fill for a minimum of (7) seven years.

A "Daily and Monthly/Annual AED Check-off <u>With</u> Manufacturer Recommendations – basic and AED maintenance" are kept with EACH AED.

APPENDIX E

Automated External Defibrillator Manufacturer Information

AED Model Number: Powerheart AED G3 Plus Automatic (model 9390A-501P).

Manufacturer Representative: XXX XXXX, Territory Manager with Carolinas Cardiac Science Corporation (Powerheart) **Phone:** Cell: (XXX) XXX-XXXX email: XXXX@cardiacscience.com

Address: XXXX XXXX XXXX. XXXXX, NC XXXXX.

Main Cardiac Science Phone: (425) 402-2000 business hours, 8 – 4:30, weekdays (toll-free number in the U.S., 1-800-426-0337. **fax number**, (425) 402-2001 http://www.cardiacscience.com

Alternate Manufacturer contact: Powerheart Customer Care 1-800-991-5465

Equipment	Building	Location	School
(1) SN# *Office- #XXXX*	Main High School office	On **Left wall** in just pass the high school secretary	**High School**
(2) SN# *Gym- #XXXX*	Basketball/Volleyball gym	On the "**Home**" **side**, near front door	**High School**
(3) SN# *ATC- #XXXX*	N/A	With athletic trainer	**High School**
(4) SN# *Office- #XXXX*	Main Middle School office	On wall in front of you as you walk into the door	**Middle School**
(5) SN# *Office- #XXXX*	Main East Elem. School office	On wall in front of you as you walk into the door	**East Elementary**
(6) SN# *Office- #XXXX*	Main West Elem. School office	On wall in front of you as you walk into the door	**West Elementary**
(7) SN# *Main Entrance- #XXXX*	Main Entrance Pre-Kindergarten (Bright Adventures)	On the RIGHT wall (approximately) 15 feet from the front door	**Swain County Pre-Kindergarten (Bright Adventures)**

All AED **sites are:** Swain High School, Swain Middle School, East Elementary, West Elementary, and Swain County Pre-Kindergarten (Bright Adventures**).**

APPENDIX F
ANNUAL Program Coordinator check list - done for each site and for each AED

Name of School: _____ AED 1_____ AED 2_____ AED 3_____ AED 4_____

- Collect all Annual Maintenance (*which is done annually - June 1st OR LAST week of school*) within 72 hours. All annual maintenance records are kept for seven (7) years before being destroyed. A new "Daily and Monthly/Annual AED Check-off With Manufacturer Recommendations – basic and AED maintenance" will be printed off IN COLOR and given to EACH site and for EACH AED by May 15th annually. Date & completed by whom:_____ **AED 1 AED 2 AED 3 AED 4**

- Contact each site School's Principal and School Nurse by phone or in person to update any changes in primary and alternate daily and monthly/yearly assigned AED check off people. As well as make sure the School's Principal and School Nurse has in print and located in their office with easy access to the AED Program Coordinator and Alternate AED Program Coordinator contact information and make sure they understand the post AED-use procedure this is to be done by August 1st annually. Date & completed by whom:_____ **AED 1 AED 2 AED 3 AED 4**

- Send via email document called "Swain County AED info for ALL facility & staff" which is AED video/information" and also includes an attachment of the school's AED photo locator – sent to the Superintendent or someone higher up in the Central office to send out to ALL facility and staff (HS, MS, East, and West) via email so the information can be reviewed at the date as they return from break this is to be done by August 1st or Jan 1st annually. Date & completed by whom:_____

- Check and have the appropriate site school's IT/computer tech update if needed the School's website regarding that school's AED this is to be done by August 1st annually. Date & completed by whom:_____ **AED 1 AED 2 AED 3 AED 4**

- The AED Program Coordinator is to check with the certified athletic trainer (ATC) regarding Swain County Schools' Emergency Action Plans (EAP) making sure the EAP's have been reviewed/updated annually, printed on bright neon green paper, laminated, and placed in there proper locations by the ATC; this is to be checked on by August 1st annually. Date & completed by whom:_____

- The AED Program Coordinator is to update the USB pen drive that holds **ALL** AED information that is kept with the pink binder EVERYTIME, ANY changes or updates are made. A double check this is has been done is to be checked by August 1st annually. Date & completed by whom:_____

- ALL updated, print any changes and info to be placed in each assigned site's pink binder (AED **sites are:** Swain High School, Swain Middle School, East Elementary, West Elementary, and Swain County Pre-Kindergarten (Bright Adventures); as well as pink binders that are also with: The AED Medical Director, Swain County Superintendent, Swain County EMS Director, AED Program Coordinator, and Alternate AED Program Coordinator this is to be done by August 1st annually. Date & completed by whom:_____

- Inspect ALL colored AED photo locator signs for EACH site and will preprint IN COLOR, have laminated any sign(s) that has been destroyed or faded by the sun and re-hang signs as needed by August 1st annually. Date & completed by whom:_____ **AED 1 AED 2 AED 3 AED 4**

- Inspect ALL yellow 3-D AED signs that hang over each AED and will preprint IN COLOR on yellow paper, have laminated any 3-D sign(s) that has been destroyed or damaged and re-hang 3-D sign(s) as needed by August 1st annually. Date & completed by whom:_____ **AED 1 AED 2 AED 3 AED 4**

- Inspect all clapboards, ink pens, color photos/information, the "yellow folder" with the AED Policy / Procedure Manual & Post Incident report kept with each AED case (just behind the AED). Thoroughly inspect all equipment in the "Ready Kit", ****** replace ALL/(sizes) pairs of gloves regardless if not used (annually), replace any destroyed or damaged or non-functioning clapboards, ink pens, color photos/information as needed by August 1st annually. Date & completed by whom:_____ **AED 1 AED 2 AED 3 AED 4**

- Check EACH AED pads and AED battery level. And check with Cardiac Science for any updates necessary and ensure all information is up to date and update as needed the Cardiac Science representative for Swain County area by August 1st annually. Date & completed by whom:_____ **AED 1 AED 2 AED 3 AED 4**

- Send all "daily/monthly/yearly check off sheets" for all sites, send this completed form, and update MD on any AED or info changes, if there was any "incident" during the year double check with the MD if any changes are needed. Check to see if the MD thinks there needs to be any changes with the AED program. Set up any walk-through if needed with the AED Medical Director. Update MD regarding CPR/AED training of coaches. Needs to be by August 15st annually. Date & completed by whom:_____ **AED 1 AED 2 AED 3 AED 4**

***** ONLY** the AED Program Coordinator **or** Alternate AED Program Coordinator is to fill in the **GREEN "date & completed by whom",** this record is kept for seven (7) years before being destroyed.

APPENDIX H

Written EMS Notice of Automated External Defibrillator (AED) Program

This is sent to: EMS director of Bryson city with the local EMS department of Swain County.
This plan is designed to outline the key components of the implementation of the AED program.

Entity: Swain High School, Swain Middle School, East Elementary, West Elementary, Swain Pre-K

Location in facility where AED(s) are kept (with attach AED photo locator of AED(s) on site):

Equipment	Building	Location	School
(1) Powerheart AED G3 Plus	Main High School office	On **Left wall** in the Main office, just pass the HS secretary's desk	**High School**
(2) Powerheart AED G3 Plus	Basketball/Volleyball gym	On the "**Home**" **side**, near front door and "Home" concession stand	**High School**
(3) Powerheart AED G3 Plus	N/A	With certified athletic trainer	**High School**
(4) Powerheart AED G3 Plus	Main Middle School office	On the wall in front of you, as you walk through the Main office door	**Middle School**
(5) Powerheart AED G3 Plus	Main East Elem. School office	On wall in front of you, as you walk through the Main office door	**East Elementary**
(6) Powerheart AED G3 Plus	Main West Elem. School office	On wall in front of you, as you walk through the Main office door	**West Elementary**
(7) Powerheart AED G3 Plus	Main Entrance Pre-Kindergarten (Bright Adventures)	On the RIGHT wall (approximately) 15 feet from the front door	**Pre-K (Bright Adv.)**

AED Manufacturer / Model: Powerheart AED G3 Plus Automatic (model 9390A-501P).
AED Manufacturer Representative: XXX XXXX, Territory Manager - Carolinas Cardiac Science Corporation

Phone: Cell: (XXX) XXX-XXXX

How to Access AED:
Open the AED case where AED is kept – there is no alarm

Times AED is available: Normal School Hours of Operation

Swain County Schools AED Policy and Procedure Effective Date is:

As of Date *XXXX XXth, 20XX* **the following people are active as:**

Swan County AED Medical Director: Dr. XXXX XXXXX, MD
Swan County AED Primary AED Program Coordinator: XXXX XXXX
Swan County AED Alternate AED Program Coordinator: XXXX XXXX

APPENDIX I

AED Post Incident Report Form (two copies are to be kept with each AED)

Incident Date: _____ Incident time: _____ Incident Location:_____

What Happened? (Write on back or attach additional sheet if necessary)

Patient Information: Name (if known)_____ Age _____ Male OR Female

Patient Condition Upon Your Arrival (circle all that apply)?:

Conscious	Breathing	Pulse	No CPR
Unconscious	Not Breathing	No Pulse	CPR in progress

What Did You Do (circle all that apply)?

Established Unresponsiveness Call 911 Start CPR Get AED Monitored Patient Other (describe)

AED operator:		**AED Assistant:**
Did the AED say shock was needed? Yes No		**Was shock delivered? Yes No** **How many shocks were delivered:_____**
Estimated time from patient's collapse until CRP begun:		**Estimated total time of CPR until application of AED**
Was cardiac arrest witnessed? **Yes No Unknown**	**Time:**	**By whom:**
Was CPR started? **Yes No**	**Time:**	**By whom:**
Did the patient ever regain a pulse? **Yes No Unknown**	**Time:**	**Did the patient begin breathing?** **Yes No Unknown**
Did patient ever regain consciousness? **Yes No Unknown**	**Time:**	**Hospital patient taken to:**
Names of the people involved in the patient's care **(1) (3) (5) (7)** **(2) (4) (6) (8)**		
Other treatment:		**Transporting agency:**

Condition of patient on EMS Arrival:

Conscious	Breathing	Pulse	No CPR
Unconscious	Not Breathing	No Pulse	CPR in progress

Additional Information Attached? Yes No

This report is completed by: _____ **Phone #** (____)_____

****Notify this School's Principal and School Nurse of this incident ASAP so they can contact and give this AED Post Incident Report Form to Swain County's AED Program Coordinator**

The person that received this data is: _____ Time:_____

APPENDIX J
AED Post Incident Check List

Incident Date: _____ Incident time: _____ Incident Location:_____

Patient Information: Name (if known)_____ Age _____ Male OR Female

- Was an "AED Post Incident Report Form" (Appendix I) turned into the School's Principal and/or School Nurse and/or Program Coordinator within 24 hours? ***YES*** No
- Did the school Principal and/or School Nurse is to contact Swain County's AED Program Coordinator within ONE hour (regardless of the time/day) after learning of the sudden cardiac arrest event? ***YES*** No
- Did the school give all documentation to the AED Program Coordinator no later then 36 hours following the event? ***YES*** No
- Did the Program Coordinator order all used AED material within 24 hours after learning of the event? ***YES*** No
- Did the Program Coordinator contact the AED vendor (Cardiac Science) to download event data from AED. **Do NOT remove the battery**. ***YES*** No
- Program Coordinator send a copy of documentation/AED Post Incident Report to Swain County's AED Medical Director on_____ and Swain County EMS on_____ within one week from the date of the event.
- ***Done____*** Program Coordinator and School's designee should conduct emergency incident debriefing as needed

Done____ **ONLY the Program Coordinator is authorized** to down-load AED information after AED use:

The Powerheart AED has built-in incident reporting in its internal memory. Powerheart Technical Support (888) 466-8686) for technical questions on downloading data. The CD ROM and cable - connect to the AED and to a computer - follow the directions in order to download the information.

****

Post Incident Procedure for the AED - See **Appendix B** for Equipment Location

- ***Done____*** Restock AED, putting it back into the box on the wall
- ***Done____*** Close lid of AED and ensure the status indicator is **GREEN** (for Powerheart AED G3 series only)
- ***Done____*** Check the battery level to assure sufficient battery life
- ***Done____*** Fill out all documentation; "Automated External Defibrillator Use Report (two copies are to be kept with AED)" is under **APPENDIX I**.
- ***Done____*** Retrieve rescue data and forward to Oversight Physician or AED Program Medical Director.
    - ***Done____*** Hook up the extra pad to the AED, make sure you can see the expiration date; then contact the program coordinator to replace AED pads. (Remember the AED MUST have two sets of pads at all times)
    - ***Done____*** Check expiration date on the pad package
    - Restock AED "ready kit" ie: Replace pocket mask and other supplies used
        - ***Done____*** 1) CPR Face mask / Barrier device
        - ***Done____*** 2) sets of medical gloves (Large and Medium)
        - ***Done____*** 1) absorbent cloth / towel (ONE time use ONLY)
        - ***Done____*** 1) disposable razor(s) (ONE time use ONLY)
        - ***Done____*** 1) Antiseptic Towelette
        - ***Done____*** 2) sets of 4 x 4 gauze pad
        - ***Done____*** 1) Ink pen / note pad
        - ***Done____*** 1) pair of paramedic scissors

Does the AED have the following supplies after the incident:

- ***Done____*** 2) sets of Adult defibrillator pads (and 2 sets of Pediatric defibrillator pads with East Elementary, West Elementary, and Swain County Pre-Kindergarten (Bright Adventures) (within the expiration date)
- ***Done____*** *) Post Incident report **x 2,** Post Incident check list **x 1,** & AED Policy / Procedure Manual **x 1** (in a yellow folder – in the AED case, hung behind the AED)
- ***Done____*** 1) Clipboard with Daily and Monthly AED Check off

Post Incident Procedure for the AED done together by:

1. _____ 2._____ Date:_____

School Nurse Program Coordinator

APPENDIX K

This AGENCY's AED/CPR Trained Providers

Attached are the *actual names* of people at this Swain County AGENCY's (facility): **(Circle ONE)** SCHS, SCMS, East Elementary, West Elementary, Pre-K that has been trained in the use of the Automated External Defibrillator and CPR (Adult, child, and infant) according to American Heart Association Heartsaver (AHA) or American Red Cross (ARC) standards for CPR/AED or something equivalent to AHA/ARC. See the "white tab" under this "Appendix K" in this pink AED binder or contact the Swain County Primary or Alternate Program Coordinator for that information.

****

CPR/AED Training records that includes documentation of defibrillation skills proficiency will be maintained by the School Nurse, kept in the pink AED binder and the School Nurse will send three copies of this Training record to the (1) AED Medical Director, (2) (Primary, and (3) Alternate) Program Coordinators.

APPENDIX L
Information found with Primary & Alternate AED Program Coordinators

No contact information is to be given out unless prior approval is given each time by the owner of the contact information.

Title	Name	Cell number	Work number	Home number	Email address
Primary Program Coordinator	XXXX XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	XXXX@swainmail.org
Alternate Program Coordinator	XXXX XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	XXXX@swainmail.org

The AED Primary & Alternate Program Coordinators' also kept on file the following information:

- To see the *actual names* of people at a Swain County facility (SCHS, SCMS, East Elementary, West Elementary, Pre-K) that has been trained in the use of the Automated External Defibrillator and CPR (Adult, child, and infant) according to American Heart Association Heartsaver (AHA) or something equivalent to AHA. Contact that facility (SCHS, SCMS, East Elementary, West Elementary, Pre-K) for that information.

Contact the Swain County Primary or Alternate Program Coordinator for the following information if needed:.

- Post AED use incident procedures manual for the AED Coordinators
- Any incidents which an AED from one of Swain County facilities (SCHS, SCMS, East Elementary, West Elementary, Pre-K) was used (kept for seven years).
- Receipts (kept for seven years).
- Annual daily, monthly, yearly check off names and the annual check off records (kept for seven years).

****

The following people & places is where you can find a "PINK" AED binder & flash drive

Equipment	With who	School/place
(1) Swain County AED pink 1 ½" binder & one flash drive with all AED info	Dr. XXXX XXXX, MD	AED Medical Coordinator
(2) Swain County AED pink 2" binder & one flash drive with all AED info	XXXX XXXX	Primary Program Coordinator
(3) Swain County AED pink 2" binder & one flash drive with all AED info	XXXX XXXX	Alternate Program Coordinator
(4) Swain County AED pink 1" binder	XXXX XXXX	Swain County EMS Director
(5) Swain County AED pink 1" binder	XXXX XXXX	Swain County Superintendent
(6) Swain County AED pink 1" binder	XXXX XXXX	High School
(7) Swain County AED pink 1" binder	XXXX XXXX	Middle School
(8) Swain County AED pink 1" binder	XXXX XXXX	East Elementary
(9) Swain County AED pink 1" binder	XXXX XXXX	West Elementary
(10) Swain County AED pink 1" binder	XXXX XXXX	Pre-K (Bright Adventures)
(11) Swain County AED pink 1" binder	XXXX XXXX	Health Services Coordinator
(12) Swain County AED pink 1" binder	XXXX XXXX	Safe Schools Coordinator