



John J. Barthelmes
Commissioner

State of New Hampshire

Department of Safety

Division of Fire Standards and Training and Emergency Medical Services
Richard M. Flynn Fire Academy
98 Smokey Bear Blvd, Concord, New Hampshire
Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002



Richard A. Mason
Director

MEMORANDUM

TO: New Hampshire Schools

FROM: Sue Prentiss, BA, NREMT-P, Chief, Bureau of EMS
NH Fire Standards and Training & Emergency Medical Services
Vice Chair, NH AED Advisory Commission

DATE: June 5, 2008

RE: **Automated External Defibrillator (AED) Schools Project**

On behalf of the NH AED Advisory Commission, I would like to inform you that a process has been initiated to assist schools in developing and maintaining AED programs.

The Commission was established in 2006 by House Bill 911 that became effective in July 2007. Its purpose is to provide statewide leadership, education, coordination and advocacy in promoting this lifesaving effort. Although HB 911 does not mandate AED's in schools, the Commission's work provides a mechanism to raise and distribute funds to assist schools in obtaining an AED device. Technical assistance is available to school administrators, nurses and staff to implement and maintain AED programs.

Included is Grant eligibility and application information to request AED funding consideration. Project contact and resource information is provided to assist in your planning efforts and application completion.

The application deadline for the first round of funding is Monday, AUGUST 25, 2008. As noted in the enclosed paperwork, all submissions are due to the NH Bureau of Emergency Medical Services.

Thanks for your interest in joining in the mission of the AED Commission. On behalf of Representative Christine Hamm, Chairperson, and the Commission members, we look forward to working with you all on this important effort to maximize school safety and increase survivability of out-of-hospital sudden cardiac arrests.

Fire Training – Certification – Fire Academy – Emergency Medical Services

Business: (603) 271-2661

Fax: (603) 271-1091

Toll Free: 1-800-371-4503

TDD Access: 1-800-735-2964

<http://www.nh.gov/safety/divisions/fstems/index.html>



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NH SCHOOLS AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

ELIGIBILITY REQUIREMENTS

New Hampshire Schools interested in obtaining AED devices need to provide documentation based on the eligibility criteria noted below:

- ___ Educational facility (public or private) located in New Hampshire
- ___ Submission of a completed “NH Schools AED Request Form”
- ___ Supporting “School Medical Emergency Response Plan” that covers areas of communication, response, risk reduction, training (procedures and equipment) and lay rescuer AED use

Identified components would include:

Communication Plan: Procedures in place for recognizing emergencies throughout the campus, proper staff notification and response with appropriate 911 call placement.

Response Plan: Development of coordinated protocols to manage illness or injury emergencies utilizing school nursing, athletic and administrative staff expertise. Plan response exercises throughout the school year with periodic evaluations.

Risk Reduction: Injury prevention efforts throughout the campus. Identification of students and staff with medical conditions at risk for medical emergencies. Trained and equipped staff to respond to such emergencies.

First Aid/CPR/AED Training: Establish cadre of staff Instructors. Train staff and students in emergency care procedures including equipment available on campus.

Implementation of lay rescuer AED program: AED use, access and response procedures developed, implemented, practiced and evaluated for a sudden cardiac arrest (SCA) incident. Coordination with local EMS and 911 included as components in the procedures.

- ___ AED Maintenance Plan to ensure sustained operational status of AED device(s). Including appropriate device location to ensure immediate access, routine inspection plan and accessories replacement as needed. AED use documentation protocol established.

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Summary

The overview of Eligibility Requirements provides the frame work necessary for consideration in the New Hampshire AED Advisory Commission's efforts to promote AED's for our schools.

An excellent implementation guide is available in the 2004 edition of the American Heart Association's journal, *Circulation*. The article, "Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies" addresses the components recommended for an effective "Medical Emergency Response Plan for Schools". The article can be accessed at <http://circ.ahajournals.org/cgi/content/full/109/2/278>

"Project ADAM" (Automated Defibrillators in Adam's Memory) is a not-for-profit program of the Herma Heart Center at Children's Hospital of Wisconsin. Project ADAM's mission is to serve children and adolescents through education and implementation of life-saving programs that help prevent sudden cardiac arrest. Assistance is available for planning and development of a school AED program. The Project ADAM website is available at www.projectadam.com. The contact phone number: (414)-266-3889.

Inquiries on the application process can directed to:

Bill Wood, Preparedness Coordinator
NH Bureau of Emergency Medical Services
(603)-223-4228/NH: 1-866-552-2661 X 31019
William.Wood@dos.nh.gov

Katherine Rannie, School Nurse Consultant
NH Department of Education
(603)-271-3891
krannie@ed.state.nh.us

Completed application form and supporting eligibility materials should be mailed to:

Bill Wood, Preparedness Coordinator
NH Bureau of EMS
33 Hazen Drive
Concord, NH 03305



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NH Schools Automated External Defibrillator (AED) Request Form

School Facility requesting AED: _____

Contact Person and Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Reason for Request: _____

Unique Needs (multi-use facility, fiscal restraints, etc.): _____

Describe "at risk" population: _____

Will the school accept financial responsibility for the AED(s) (such as replacement/spare defib pads, batteries, AED accessories)? Yes No

Site(s) for intended AED(s): _____

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AED Response Plan in effect? _____ Yes, attach copy _____ No, attach Draft Plan

Are staff currently certified in CPR/AED? _____ Yes, provide #: _____ _____ No
(If No, attach outline for implementing CPR/AED training)

Name and location of Hospital: _____

Local EMS Unit Name: _____

EMS Unit Signature: _____ Fulltime: _____ Volunteer: _____

School Nurse/Designee Signature: _____ Date: _____

Principal/Designee Signature: _____ Date: _____

Superintendent/Designee Signature: _____ Date: _____

Please return completed application & supporting documentation to:

Bill Wood
NH Bureau of EMS
33 Hazen Drive
Concord, NH 03305
(603)-223-4228
(603)-271-4567 (Fax)

For AED Commission Use

_____ Date application received _____ Date processed
_____ School Medical Emergency Response Plan
_____ Core School Personnel CPR/AED identified
_____ AED, CPR Maintenance Plan

Review Comments: _____

Action Taken: _____
