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.
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.
Summary

The overview of Eligibility Requirements provides the framework 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](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](http://www.projectadam.com). The contact phone number: (414)-266-3889.

Inquiries on the application process can be 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
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): __________________________________________________

___________________________________________________________________________
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: __________________________________________________________
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