Montana School for the Deaf and the Blind
NONINSTRUCTIONAL OPERATIONS

Automatic External Defibrillator Incident Report 8450F1

Name of person completing report: ________________________________________________

Date report is being completed: ____________________ Date of Incident: _________________

Name of patient on which AED was applied: __________________________ Age __________

Known status of patient
  ○ Student
  ○ Parent of Student
  ○ Other, explain ______________________________________

Describe incident: ______________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

List series of events from the start of the emergency until its conclusion: ______________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Your Signature: _____________________________________________

Please forward to the Superintendent of Schools no later than forty-eight (48) hours after
the incident.
Date:

To: Staff members

Re: Notification to School Staff of the Physical Fitness Facility Medical Emergency Response Instructions and AED Availability

We would like to notify you about our plan for responding to medical emergencies that might occur in our gymnasium or other indoor physical fitness facility. This plan includes access to an Automatic External Defibrillator (AED) in the following locations in these buildings:

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<tr>
<th>Building</th>
<th>Location</th>
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The AEDs are strategically placed and readily accessible to predetermined AED users to maximize rapid use. The AED is available during school hours and after school during on-site school activities. The predetermined AED users are school nurses and any other person who has received AED training (American Heart Association, American Red Cross, or equivalent training) and has a completion card on file with the Superintendent.

The following information is posted with each AED:

1. Instructions to immediately call 9-1-1 and instructions for emergency care.

2. A statement that the AED is to be used only by trained users.

3. Instructions for using an AED.

Please contact me if you would like information on becoming a trained AED user. We appreciate your support.

Sincerely,

Superintendent
Montana School for the Deaf and the Blind  
NONINSTRUCTIONAL OPERATIONS

Automatic External Defibrillator Service Log  

<table>
<thead>
<tr>
<th>Date</th>
<th>Inspected and In-Service</th>
<th>Inspected and Out-of-Service</th>
<th>Signature of Designee</th>
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Once per month or more often the designee will inspect the AED. If the AED is out-of-service or does not have the appropriate equipment, the designee will contact the Superintendent of Schools or designee immediately.