

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.

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Operational Services

8450F2

Exhibit - School Staff AED Notification Letter
On District letterhead

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:

Building	Location
_____	_____
_____	_____
_____	_____

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

