

Checklist for comprehensive school program prevention of sudden cardiac death

Name of School _____ ES MS HS Pvt _____

School District _____

Email Address _____

How long have you had an AED program? _____ What brand of AED(s) do you use?

Number of staff trained as CPR/AED rescuers? _____

Training: American Heart _____ Red Cross _____ Other _____

We have _____ or have not _____ had to use our AED.

Please complete this checklist for the current program in your school (one form per school):

Program quality	in place	not in place	need help	comments
A program coordinator is identified, who oversees the overall program.				
Local EMS has been notified about the specifics of our program.				
We have a physician medical director (Check one: local _____, or with AED company _____)				
This facility has _____ (number) AED(s) (We have _____ buildings and _____ students).				
We have a written policy, procedure or guideline for AED use in the school.				
The placement of the AED(s) makes it accessible from any part of the building or campus within 2-3 minutes (either by fast round-trip walk or by staff transporting).				
The device is checked weekly _____, or per manufacturer's directions _____.				
The maintenance check is documented in writing.				
CPR/AED training is updated: annually _____, every 2 years _____, or (list) _____.				
There is a system in place to track training, and identify those who require retraining or practice. <u>All</u> faculty and staff know where the AED(s) are located and how to access them.				
<u>All</u> faculty and staff have had awareness training on sudden cardiac death (warning signs, recognition, communication procedures, other staff roles, etc.)				
Student athletes must have completed the UIL pre-participation physical form. (Not required for ES)				

Program quality	in place	not in place	need help	comments
We have at least an annual practice drill ____, or one is planned for _____.				
We have a communication code (overhead page or other) to notify others in the area that an incident is occurring. Teachers outside with students carry a communication device.				
If our device has been used, an incident debrief and AED maintenance occurred within 24 hours.				
If a device is used for sports events, there is a written plan for when and how it is to be used (i.e. for offsite events or if more than one event is occurring at a time).				
The following items are not required, but we would like to know if they are in place:				
This school has a certified CPR instructor on staff (this is not necessary, but helps maintain the program more inexpensively.)				
Students in our school (MS/HS) are taught CPR in the _____ grade or class. (Also not necessary, but a valuable addition to the curriculum).				
Other groups that use the school building regularly have been made aware of our AED program, location of devices, etc.				
Other comments about your program:				

Please mail or fax this checklist to:
 Laura Friend
 Project ADAM Texas Coordinator
 Cook Children's – Dodson Specialty Clinics
 1500 Cooper St.
 Fort Worth, TX 76104
 Fax: 682-885-7946

Please call Laura at 682-885-6755 if you have any questions about your program or any of these requirements to be a Project ADAM Texas Heart-Safe School.

When your program has been evaluated as complete, we will notify you with presentation of a certificate and add your school to the “community” of Project ADAM Texas Heart-Safe Schools. Thank you very much for your participation in this important initiative in Texas' schools.