

**AUBURN SCHOOL DISTRICT
USE AND LOCATION OF AUTOMATED EXTERNAL DEFIBRILLATOR(S)**

The Auburn School District has purchased an Automatic External Defibrillator(s) (AED) for use in emergency situations warranting its use. The use/administration/maintenance of the AED is subject to the following conditions:

1. Location of the AED(s)

The Superintendent, working with the Principal and school nurse, shall select and approve the location(s) for the AED(s).

2. Authorized Employees/Training of Users

AEDs will only be administered by those employees designated by the Principal, in consultation with the school nurse. Employees will only be authorized after they have successfully received completed appropriate training in cardiopulmonary resuscitation and AED use.

3. Maintenance

AEDs will be maintained by the School Nurse or his/her designee. Maintenance shall be done according to the AED manufacturer's specifications. The school nurse will maintain a record of all maintenance which has been performed on the AED(s).

4. Registration of AED(s)

In accordance with RSA 153-A:33, the school nurse or his/her designee shall register the AED(s) with the New Hampshire Department of Safety. See sample registration forms in Appendix GBGBA-R.

5. Liability Limited

The Auburn School District, and persons administering the AED(s), shall have the limitations of liability as specified in RSA 153:A-31, as well as other sources of law.

All employees of the District are expected to comply with the administration of this policy. Any violation of this policy shall constitute grounds for disciplinary action, up to and including termination of employment.

Appendix GBGBA-R

Adopted: June 13, 2006
Revised: November 10, 2008

Legal Reference:
*RSA 153-A:28-33, Further information:
State of NH, Bureau of Emergency
Medical Services, 271-4568*

**AUBURN SCHOOL DISTRICT
AUTOMATED EXTERNAL DEFIBRILLATOR(S)**

Contents of GBGBA-R

- Memorandum from the State of New Hampshire, Department of Safety, Division of Fire Standards and Training, and Bureau of Emergency Medical Services
- Automatic External Defibrillation (AED) Registry Form and Instructions

Adopted: June 13, 2006
Revised: November 10, 2008

Official Use
Only-
AED# _____
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Official Use Only-AED# _____

ASD File: GBGBA-R

**New Hampshire Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services**



**Instructions for Completing the
Automated External Defibrillation (AED) Registry Form**

Listed below are instructions intended to assist you while completing the AED Registry Form. The line numbers on this form correspond with the line numbers on the AED Registry Form. If you have any questions or need further assistance completing the form, please contact the NH Bureau of EMS at (603)271-4615 or 866-552-2661 X 230.

Line 1	Required by RSA 153 A:32, list the name of the entity providing the AED program.
Line 2	List the name and phone number, including area code, of the individual at entity to contact for information/questions about the AED program.
Line 3	Select an entity type by placing a checkmark next to the description that best applies to the entity. If "Other" is selected, please specify an entity type.

Line 4	Required by RSA 153 A:32, indicate the street address, city, state and zip code of building/grounds where the AED is located. This address will be entered into the NH 9-1-1 database.
Line 5	Required by RSA 153 A:32, indicate the phone number, including area code, of building/grounds where the AED is located. This number will be entered into the NH 9-1-1 database.
Line 6	Indicate the number of providers trained to use the AED at entity.
Line 7	Describe where the AED is physically located in building/grounds using reference points and landmarks to describe the precise AED location. This description will be entered into the NH 9-1-1 database.

Line 8	List the AED Supplier name.
Line 9	List the AED Manufacturer name.
Line 10	List the AED serial number and AED model number.

Official Use
Only-
AED# _____
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****NEW FORM****

Official Use Only-AED# _____

ASD File: GBGBA-R

**New Hampshire Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services**



Automated External Defibrillation (AED) Registry Form

Entity Providing AED Information

Line 1	Name of Entity* _____		
Line 2	Entity Contact Name _____	Phone Number _____	
Line 3	Entity Type: <input type="checkbox"/> Business <input type="checkbox"/> Industrial Setting <input type="checkbox"/> School <input type="checkbox"/> Stadium <input type="checkbox"/> Municipality <input type="checkbox"/> Corporation <input type="checkbox"/> Store/Shopping Mall <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Physician's Office <input type="checkbox"/> Other, please specify _____		

AED Location Information*

Line 4	Street Address of AED _____		
	City _____	State _____	Zip _____
Line 5	Phone Number at Street Address of AED _____		
Line 6	Number of AED Providers at Location _____		
Line 7	Please describe the precise location of the AED in building/grounds below (using reference points/landmarks): _____ _____ _____		

AED Information

Line 8	Name of AED Supplier _____		
Line 9	Name of AED Manufacturer _____		
Line 10	AED Serial Number _____ AED Model Number _____		

Signature of Person Completing Form _____ Date _____

Printed Name of Person Completing Form _____ Date _____

*Required by RSA 153-A:32
Once completed, send this form to the NH Bureau of EMS at 33 Hazen Drive, Concord, NH 03305