

Project S.A.V.E.



Children'sSM
Healthcare of Atlanta

A Comprehensive School Program for prevention of Sudden Cardiac Death Implementation Checklist

Name of School and District _____ / _____ ES ___ MS ___ HS ___ Pvt ___

AED Coordinator _____ Contact phone number _____

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

Number of staff trained as CPR /AED rescuers? _____ Training: Am. Heart ___ Red Cross ___ Other ___

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

Please complete this check list 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 overall program.				
School has ___ (#) AEDs. We have ___ buildings, ___ mobile units, ___ students, ___ staff.				
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 to victim).				
There is a designated emergency response team and CPR/AED training is updated: annually ____, every 2 years ____, or (list) _____.				
There is a system in place to track CPR/AED training, and identify those who require retraining or practice (including budget or plan for retraining).				
All faculty and staff know where the AEDs are located and how to access them.				
All faculty and staff have had awareness training on sudden cardiac death (warning signs, recognition, communication procedures, other staff roles, etc.)				
We have a communication code (overhead page or other) to notify responders and others in the area that an incident is occurring. Teachers outside with students carry a communication device.				
The device is checked monthly ____, or per manufacturer's directions _____.				
This maintenance check is documented each time in writing.				
We keep a CPR barrier device, scissors, gloves, razor, and towel in a case or pack near or attached to the AED.				

Program Quality	In Place	Not In Place	Need Help	Comments
We hold at least an annual AED practice drill to test our emergency plan, communication and emergency responders.				
We have a written policy, procedure or guideline for AED use in the school.				
Local EMS has been notified about the specifics of our program.				
Student athletes must have completed the 2004 GHSA pre-participation physical form. (If another form is used, please include a copy. Not required for ES or MS).				
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 emergency action 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.				
We have a physician medical director (Check one: local___ or with AED company___).				
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. (not necessary, but an important addition to the curriculum).				
Other community 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 send or fax this checklist to:

Richard Lamphier, RN
 Clinical Program Manager
 Project S.A.V.E

Children’s Healthcare of Atlanta
 1405 Clifton Rd. NE
 Atlanta, GA 30322-1026
 Fax: 404-785-1885

Please call at 404-785-7201 if you have any questions about your program or any of these requirements to be a Project S.A.V.E. 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 S.A.V.E. Heart-Safe Schools. Thank you very much for your participation in this important initiative in Georgia’s schools.