



McGregorEMS.org
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McGregor Memorial EMS

formerly Durham Ambulance Corps
 "Committed to Compassionate Excellence"

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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 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.				
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).				
<u>All</u> faculty and staff know where the AEDs 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.)				
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 _____.				



Recognizing a school's commitment to children's health and safety.

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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.				
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.				
Program Quality	In Place	Not In Place	Need Help	Comments
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:				

For help on performing this evaluation or for more information or questions regarding this form for please contact Nathan Duclos, CPR Safe Manager at: nduclos@mcgregorems.org or 603-862-3674