



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

School Name/District _____ / _____ ES ___ MD ___ HS ___ Pvt ___

School AED Coordinator _____ Contact Phone Number _____

How long has an AED program been in place? _____ What AED(s) do you use? _____

Number of trained staff in CPR+AED _____ 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.				
School has ___ (#) of AEDs. We have ___ buildings, ___ students, ___ staff.				
The placement of the AED(s) makes it accessible from any of the building or campus within 2-3 minutes (either by fast round-trip walk or by staff transporting to victim when emergency is announced).				
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 always carry a communication device.				
The AED 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 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.				
Local EMS has been notified about the specifics of our program.				
Student athletes must have completed the pre-participation physical form.				
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 are taught CPR in the _____ grade of class. (not necessary but an important part 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:
Courtney Zimmerman, MS
Project ADAM Coordinator
Children’s Hospital Colorado
13123 East 16th Avenue, Box 100
Aurora, CO 80045
Email: projectadam@childrenscolorado.org
Fax: 720-777-7288

Please call 720-777-3872 if you have any questions about your program or any of the requirements to be a Project ADAM Colorado 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 Colorado Heart-Safe Schools. Thank you very much for your participation in this important initiative in Colorado’s schools.