CARDIAC EMERGENCY RESPONSE PLAN (CERP)

IMPORTANT: This is a draft document intended for use in formulating a plan for adoption by a school/school district. Medical and legal counsel for the school/school district should review this Plan before implementation. It is the responsibility of the school/school district to ensure that the Cardiac Emergency Response Plan as adopted is consistent with local, state, and federal law.

Cardiac Emergency Response Plan

Name of School District

[This Cardiac Emergency Response Plan is adopted by (insert name of school/school district), effective (insert date). This plan was reviewed and approved by medical and legal counsel for (insert name of school/school district) on (insert date).] Keep if recommended by your school district medical and legal counsel.

A cardiac emergency requires immediate action. Cardiac emergencies may arise as a result of a sudden cardiac arrest (SCA) or a heart attack, but can have other causes. SCA occurs when the electrical impulses of the heart malfunction resulting in sudden death.

Signs of sudden cardiac arrest - an individual who has collapsed and is

- Not moving, unresponsive, unconscious, and
- Not breathing normally (may have irregular breathing, gasping or gurgling, or may not be breathing at all).
- There may be seizure or convulsion-like activity.

The Cardiac Emergency Response Plan shall be as follows:

1. Cardiac Emergency Response Team

- (a) A Cardiac Emergency Response Team shall be developed following Cardiac Emergency Response Team. (Attachment 1-A)
- (b) Members of the Cardiac Emergency Response Team are identified in the "Cardiac Emergency Response Team" (Attachment 1 B) to be updated annually and as needed to remain current. One of the members shall be designated as the Cardiac Emergency Response Team Coordinator.
- (c) All members of the Cardiac Emergency Response Team shall receive and maintain nationally recognized training, which includes a certification card with an expiration date of not more than 2 years.
- (d) As many other staff members as reasonably practicable shall receive training in hands only CPR and the use of an AED.

2. Activation of Cardiac Emergency Response Team during an identified cardiac emergency

- (a) The members of the Cardiac Emergency Response Team shall be notified immediately when a cardiac emergency is suspected.
- (b) The protocol for responding to a cardiac emergency is described in Section 10 -Protocol for Cardiac Emergency Response Team.

3. Automated external defibrillators (AEDs) – placement and maintenance

- (a) Minimum recommended number of AEDs:
 - (1) *Inside school building* The number of AEDs shall be sufficient to enable the school staff or another person to retrieve an AED and deliver it to any location within the school building, ideally within 3 minutes of being notified of a possible cardiac emergency.
 - (2) Outside the school building on school grounds / athletic fields The number of AEDs, either stationary or in the possession of an on-site athletic trainer, coach, or other qualified person, shall be sufficient to enable the delivery of an AED to any location outside of the school (on school grounds) including any athletic field, ideally within 3 minutes of being notified of a possible cardiac emergency.
 - (3) *For additional information* see Attachment 3-A Guidelines For Installation Of Automated External Defibrillators (AEDs)
- (b) (insert name of school) will regularly check and maintain each school-owned AED in accordance with the AED's operating manual and maintain a log of the maintenance activity.
- (c) The school shall designate a person who will be responsible for verifying equipment readiness and for maintaining maintenance records.
- (d) Additional Resuscitation Equipment: A resuscitation kit shall be connected to the AED carry case. The kit shall contain latex-free gloves, razor, scissors, towel antiseptic wipes, and a CPR barrier mask.
- (e) AEDs shall be readily accessible for use in responding to a cardiac emergency, during both school-day activities and after-school activities, in accordance with this Plan. Each AED shall have one set of defibrillator electrodes connected to the device and one spare set. All AEDs should have clear AED signage so as to be easily identified. Locations of the AEDs are to be listed in the CERT Protocol.
- (f) AEDs shall not be locked in an office or stored in a location that is not easily and quickly accessible at all times.
- (g) Instructions for the use of the AED shall be posted next to the AED. (Attachment 3-B)

4. Communication of this Plan throughout the school campus

- (a) The Cardiac Emergency Response Protocol shall be *posted* as follows:
 - (1) Adjacent to each AED.
 - (2) In each classroom, cafeteria, restroom, health room, faculty break room, and in all school offices (preferably adjacent to the telephone).
 - (3) In the gym, near the swimming pool, and in all other indoor locations where athletic activities take place.
 - (4) At other strategic school campus locations, including outdoor physical education and athletic areas.
- (b) The Cardiac Emergency Response Protocol shall be *distributed to*:

- (1) All staff and administrators at the start of each school year, with updates distributed as made.
- (2) All Health Services staff including the school nurse, health room assistants, and self-care assistants.
- (3) All athletic directors, coaches, and applicable advisors at the start of each school year and as applicable at the start of the season for each activity, with updates distributed as made.
- (c) Results and recommendations from Cardiac Emergency Response Drills performed during the school year shall be communicated to all staff and administrative personnel.
- (d) A copy of this Cardiac Emergency Response Plan shall be provided to any organization using the school. A signed acknowledgment of the receipt of this Plan and the Protocol by any outside organization using the school shall be kept in the school office. School administration and any outside organization using the school shall agree upon a modified Cardiac Emergency Response Plan. The modified Plan shall take into consideration the nature and extent of the use and shall meet the spirit and intent of this Plan which is to ensure that preparations are made to enable a quick and effective response to a cardiac emergency on school property. (Attachment 4-A)

5. Training in Cardiopulmonary Resuscitation (CPR) and AED Use

- (a) Staff Certification/Training:
 - (1) In addition to the school nurse, a sufficient number of staff shall be certified in cardiopulmonary resuscitation (CPR) and in the use of an AED to enable the successful use of this Plan.
 - The school shall designate the person responsible for coordinating staff training/certification as well as the medical contact for school based AEDs, if available.
 - Training/certification shall be provided by an instructor, who may be a school staff member, currently certified by a nationally-recognized organization to conform to current American Heart Association or similar certifying organization guidelines for teaching CPR and/or Emergency Cardiac Care (ECC).
 - Training may be traditional classroom, on-line, or blended instruction but should include cognitive learning, hands-on practice, and testing.
 - Certification shall be renewed at least every two years or according to the certifying organization guidelines.
 - (2) In addition to the staff certified in CPR/AED, as many other staff members as reasonably practicable shall receive training in hands only CPR and the use of an AED.

6. Cardiac Emergency Response Drills

Cardiac Emergency Response Drills are an essential component of this Plan.

(a) (insert name of school) shall conduct a minimum of 2 successful Cardiac Emergency Response Drills each school year with the participation of staff. Athletic trainers, athletic training students, team and consulting physicians, school nurses, coaches, campus maintenance, campus safety officials, and other targeted responders shall be included in the Drill(s). A successful Cardiac Emergency Response Drill is defined as full and successful completion of the Drill in 5 minutes or less. (Attachment 6-A)

- (b) A Cardiac Emergency Response Drill Report shall be prepared and maintained for each Drill. (Attachment 6-A.) (It is suggested that the schools consider incorporating the use of students in the Drills.)
- (c) These reports shall be maintained for a minimum of 5 years with other safety documents.

7. Local Emergency Medical Services (EMS) integration with the school/school district's plan

- (a) A copy of this Plan shall be given to the local emergency response and dispatch agencies (e.g., the 9-1-1 response system), which may include local police and fire departments and local Emergency Medical Services (EMS).
- (b) The development and implementation of the Cardiac Emergency Response Plan shall be coordinated with the local EMS Agency, campus safety officials, on-site first responders, administrators, athletic trainers, school nurses, and other members of the school and/or community medical team.
- (c) (Insert name of school) shall work with local emergency response agencies to 1) coordinate this Plan with the local emergency response system and 2) to inform local emergency response system of the number and location of on-site AEDs.

8. Post-Event Review

- (a) A *post-event review* shall follow any identified cardiac emergency that occurred on the school campus or at any off-campus school-sanctioned function.
- (b) Post-event documentation using the Cardiac Emergency Response Plan Post Event Review (Attachment 8-A) shall include:
 - (1) Date, time, and location of the cardiac emergency and the steps taken to respond to the cardiac emergency.
 - (2) The identification of the person(s) who responded to the emergency.
 - (3) The outcome of the cardiac emergency. This shall include, but not be limited to, a summary of the presumed medical condition of the person who experienced the cardiac emergency to the extent that the information is publicly available. Personal identifiers should not be collected unless the information is publicly available.
 - (4) An evaluation of whether the Plan was sufficient to enable an appropriate response to the specific cardiac emergency. The review shall include recommendations for improvements in the Plan and in its implementation if the Plan was not optimally suited for the specific incident. The post-event review may include discussions with medical personnel (ideally

through the school's medical counsel) to help in the debriefing process and to address any concerns regarding on-site medical management and coordination.

(5) An evaluation of the debriefing process for responders and post-event support. This shall include the identification of aftercare services including aftercare services and crisis counselors.

9 Annual Review and Evaluation of the Plan

(insert name of school) shall conduct an annual internal review of the school's Plan using the Annual Cardiac Emergency Response Plan (CERP) Evaluation form (Attachment 9-A) and Annual Review of Drills form (Attachment 9-B).

The annual review should focus on ways to improve the school's response process.

10. Protocol for Cardiac Emergency Response Team

Sudden cardiac arrest events can vary greatly. Faculty, staff, and Cardiac Emergency Response Team (CERT) members must be prepared to perform the duties as outlined in the Cardiac Emergency Response Protocol (Page 2 of Completed Sample Plan). <u>Immediate action is crucial</u> in order to successfully respond to a cardiac emergency. Consideration should be given to obtaining on-site ambulance coverage for high-risk athletic events. The school should also identify the closest appropriate medical facility that is equipped in advanced cardiac care.

ATTACHMENTS

- Attachment 1A Developing CER Team
- Attachment 1B Cardiac Emergency Response Team Roster
- Attachment 3A Guidelines for AED Installation
- Attachment 3B Procedure for Use of AED
- Attachment 4A Letter to Facility Users/Renters
- Attachment 6A Practice Drills
- Attachment 8A Post SCA Event Review
- Attachment 9A Annual CERP Evaluation
- Attachment 9B Annual Review of Drills

What is a Cardiac Emergency Response Team (CERT)?

The Cardiac Emergency Response Team is a group of school staff members who have current CPR/AED training and are designated to respond to and provide CPR/use an AED during a cardiac emergency.

The CERT should be established prior to the start of each school year to plan, implement, and evaluate the school's Cardiac Emergency Response Plan (CERP).

Who are potential members of a Cardiac Emergency Response Team?

Potential team members include:

- Staff members
- School administrators
- Athletic director/athletic trainer
- School nurse
- Health and physical educators
- Coaches or after-school event advisors

What are the roles of a Cardiac Emergency Response Team?

Roles of the team include:

- Read, be familiar with, the Cardiac Emergency Response Plan.
- Commit to respond to and provide basic life support during a cardiac emergency
- Meet monthly to plan, implement, and evaluate the Cardiac Emergency Response Plan
- Evaluate the Cardiac Emergency Response Plan annually and provide feedback & data
- Assist with the annual update of the Cardiac Emergency Response Plan
- Establish and maintain current CPR/AED certification.

In addition to the CERT, it is recommended that as many other staff members as reasonably practicable shall receive training in hands only CPR and the use of an AED.

CARDIAC EMERGENCY RESPONSE TEAM

__ School Year

The following persons compose the Cardiac Emergency Response Team.

All members shall have current CPR/AED training and are hereby designated to respond to and provide basic life support during a cardiac emergency. Those closest to the emergency shall be contacted first.

Team Member Name	CPR/AED Training Expiration	LOCATION Room Number	LOCATION #2 Alternate Location	During School Hours Phone/Extension	After-School Hours Phone/Extension
Team Coordinator -					

Principal

Date

Note: Other students and staff not listed here may initiate a response and provide basic life support as needed if Team Members are not immediately available.

GUIDELINES FOR INSTALLATION OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

Site Assessment:

An AED(s) shall be strategically located where it/they are readily accessible and immediately available to trained responders and the general public in the event of a cardiac emergency.

The goal is to have an AED available to deliver a shock within three minutes of a sudden cardiac arrest victim's collapse.

Other factors to consider when determining the location for an AED:

- For schools with one AED, locate the AED where the most traffic occurs (e.g. gym, auditorium, MPR)
- For schools with multiple AEDs consider the size/geography of the campus, locating the AEDs to meet the response goal
- Highly visible location consider adjacent to fire extinguisher
- Always accessible never locked away in a cabinet or office consider: access before/during/after school hours

Automated External Defibrillator Readiness: AEDs shall be maintained in operable condition and shall be kept in their designated places at all times when they are not being used for a cardiac emergency. It is recommended that schools or school districts enroll AEDs in a maintenance program and/or designate an onsite coordinator to conduct monthly checks (battery, pads, general upkeep).

Automated External Defibrillator Installation: AEDs shall be installed using any of the following:

- Cabinet shall be approved for such purpose and be surface mounted or wall recessed. Cabinets housing AEDs shall not be locked.
- On Bracket/Wall rack supplied by AED manufacturer and/or approved for such purpose.

Regardless of which mount is chosen, AEDs shall be placed so that the AED's readiness indicator faces outward. During installation, it is important to make sure that screws, bolts, and wall anchors will not penetrate electrical wires or pipes inside wall.

ADA Installation Guidelines: Placed at an unobstructed height of 48 inches from the floor (it may be lower) to provide optimum accessibility; and in a wall cabinet that shall not protrude more than 4 inches from the wall into walks, corridors, passageways, or aisles, for compliance with American Disabilities Act.

Signage: Universal AED sign(s) shall be used to indicate AED location(s). These should be visible from the normal path of travel. A projecting (three-dimensional) universal AED sign shall be installed above cabinet or bracket/wall rack clearly marking the location of AED(s).

AED Registration: Registration with the County EMS Agency is **required** in California. Registering your AED with an AED maintenance program and your local EMS Medical Director may facilitate preparedness to save a life.

- Facilitates monthly AED inspection
- Alerts for battery and pads expiration dates
- Recall and warranty alerts for documented device serial numbers

- Resources for onsite coordinator to alert school community of AED location and Cardiac Emergency Response Plan
- AED location will be available to 911 dispatchers

Section 504/IEP AED Requirement

If a child has been diagnosed by a physician or cardiologist to have a heart condition, they are entitled to have access to an AED as part of a 504 Plan or Individual Education Plan (IEP). The school district is responsible for purchasing the AED, maintaining it, making it publicly accessible, and having staff trained to use it. Visit www.ed.gov/about/offices/list/ocr/504faq.html.

PROCEDURE FOR USE OF AED

- > If someone collapses tap the victim and shout "Are you OK?" If no response & the victim is not breathing or not breathing normally ➤ Call 9-1-1 and get the AED If someone else is present, send them to call 9-1-1 and get the AED ➢ Begin Hands Only CPR – Push hard and fast in the center of the chest \succ Use the AED as soon as it arrives Open the lid and turn on the AED • Follow the voice prompts Expose the patient's chest –if wet, wipe dry \succ Apply the electrode pads to the patient's exposed chest, as shown in the pictures \succ Listen to the voice prompts –Clear (do not touch) the patient when instructed to do so Press the SHOCK button, if instructed to do so Restart compressions on chest Continue to follow the voice prompts
 - If the patient starts moving or breathing normally, stop compressions and place the patient in the recovery position (on left side)

KEEP AED ATTACHED UNTIL EMS ARRIVES

Sample letter to introduce community groups, youth athletic organizations and governmental agencies utilizing your school facility to the Cardiac Emergency Response Plan – this should be included with the Facility Use/Rental Agreement

Dear Facility User/Renter:

The statistics are startling. In 2013, the American Heart Association reported 9,500 cases of out-ofhospital cardiac arrest in youths. What's more, across the United States, even the best emergency medical services (EMS) systems can't reach cardiac arrest victims for 3 to 5 minutes. Therefore, *the actions taken by bystanders during the first few minutes of a cardiac emergency are critical*. Prompt action can double or triple a victim's chance of survival. It has been proven that a carefully coordinated response to cardiac emergencies will reduce death and disability.

We are pleased to announce that we have implemented a lifesaving Cardiac Emergency Response Plan.

How can you be prepared?

As our school has taken the time to implement this plan, which includes educating our school community about sudden cardiac arrest, getting our cardiac emergency response team CPR trained, maintaining our AED(s) so they are ready to be utilized, and documenting and practice drilling our response plan, we recommend that your organization do likewise.

If you are renting the facility outside school hours, you can orient your organization to the cardiac chain of survival, which entails having a plan for who is going to perform the steps below:

- **Recognize Sudden Cardiac Arrest** (assume SCA in anyone collapsed and unresponsive)
- Call 911
- Retrieve an Automated External Defibrillator (AED) (AED LOCATION MAP ATTACHED)
- Begin Hands-Only CPR (push hard and fast in center of the chest about 100 times a minute)
- **Direct EMS to the scene** (a member of your team is outside the school entrance directing *EMS to the victim*)

Every person associated with your organization can take a few minutes to watch a video demonstrating the Cardiac Chain of Survival at <u>www.heart.org/handsonlycpr</u>. These videos demonstrate hands-only CPR in action. You can also locate and attend a classroom-based CPR and AED course. Visit <u>www.heart.org/cpr</u> and click the red "Find a Course" button.

In the event of a cardiac emergency, after implementing response, please notify **INSERT NAME OF SCHOOL ADMINISTRATOR** at **INSERT CONTACT INFORMATION** for a post-event debrief.

Thank you for your support.

Acknowledgement of the receipt of the Cardiac Emergency Response Plan and Protocol, to be signed by outside organization using the school and kept in the school office.

I, PRINT NAME, acknowledge the receipt of the Cardiac Emergency Response Plan for SCHOOL NAME. I agree to orient my organization to the cardiac chain of survival and, in the case of an emergency, will implement the Cardiac Emergency Response Plan.

Name: _____

Organization:	
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Signature: _____

Date: _____

CONDUCTING A CARDIAC EMERGENCY RESPONSE DRILL

Regular cardiac emergency response drills are the best way to find out if your Cardiac Emergency Response Plan works. Drills are beneficial for testing your communication system and your response team's readiness. Drills should be performed at least 2 times annually to assure optimal performance during an actual emergency. You should consider multiple drills if you have more than one response team. Use the steps below to execute a basic drill. Advanced practice scenarios are labeled as Level I, II III and IV.

Utilize the *Drill Summary Checklist* for an objective post-drill review.

Planning the Drill:

When: Inform your team that you will be doing a cardiac emergency response drill in the next few weeks so they have time to review the Cardiac Emergency Response Plan in advance. Do not tell them exactly when you will do the drill. It is important once the drill is underway that it be clearly communicated to all involved that this is only a drill.
Who: The drill will involve your Site Champion, Cardiac Emergency Response Team, office staff, and an objective observer (to record times on the Drill Summary Checklist). It is recommended a Site Champion be identified at each school to set up the drills. Determine the manner in which classes will be "covered" during a drill or true cardiac emergency if classroom teachers are on the Cardiac Emergency Response Team. All other team members should be responsible for making sure CPR and the AED are initiated promptly.

What: You will need:

- AED Training Unit
- Manikin
- Cell Phone or Telephone
- Drill Summary Checklist on clipboard with pen or pencil
- Stopwatch

Where: Location of drills should be anywhere on campus so all staff consider what they will be looking for (victim who is unresponsiveness with abnormal or no breathing) and what they will do. If students are on campus be sure they are informed beforehand about what the drill may look like and that it is only a drill.

Code: *Cardiac/AED Emergency* will be the code/term used to initiate a response to a cardiac emergency by the Cardiac Emergency Response Team. This code/tem should be communicated on the drill day and in a real cardiac emergency as defined in your communication plan. Encourage team members to be descriptive in addition to a code name and state there is a medical emergency in room #, teacher's name (optional), and geographic location. e.g. "Cardiac/AED Emergency – Medical Emergency - Room 22 next to the boy's gym."

Establish a Communication System: How will the Cardiac Emergency Response Team know the drill has been initiated? Choose a method of mass communication to the team (e.g. overhead announcements, intercoms, walkie-talkies, cell phones, etc.). It is best to practice using the methods that would be used in an actual emergency.

2. The Day of the Drill:

The Site Champion should place a manikin and an AED training unit at the drill site prior to the initiation of the drill. Have the finder call the front office advising them that this is only a drill. Finder tells the office that they have an unresponsive victim who is not breathing/not breathing normally and gives the room # and geographic location. Your plan now goes into effect. The school's Cardiac Emergency Response Team should be notified announcing *Cardiac/AED Emergency Drill* using the teams established Communication System (e.g. overhead announcements, intercoms, walkie-talkies, cell phones, etc.). Your designated observer should record the times each step happens using the *Drill Summary Checklist*. The Site Champion gives the first rescuer to arrive (Rescuer 1) the short scenario if applicable. The AED training unit is swapped out with the real school AED brought to the scene. (Never use the real AED pads for drills.) Proceed as if this was a real cardiac arrest situation.

3. After the Drill:

Thank everyone for responding. Spend a few minutes reviewing the checklist together, noting times and duration of different steps of the response. Ask the responders for feedback and discuss suggestions and concerns. Consider whether there are any action steps needed. Were there specific communication problems? If the drill points to changes to the plan and protocol, discuss these with your Cardiac Emergency Response Team and administrator. Consider making revisions. If changes are made, communicate the changes clearly to your team. Plan another drill to test the revised plan.

Cardiac Emergency Response Plan DRILL SUMMARY CHECKLIST

School Name: Date: Drill #: Location of the Victim: Time from Victim down to found (min/sec): Time from Victim down to shock (min/sec): Goal: Complete the drill in under 3 minutes

Υ	Ν	N/A	
			Communication of emergency is clear and without delay?
			Team responded with urgency?
			Scene checked for safety?
			Victim checked for responsiveness?
			Someone directed to call 9-1-1?
			Staff sent to wait for EMS?
			CPR started with chest compressions?
			Compressions at least 2 inches deep and at a rate of approximately 100/minute?
			Full recoil?
			2 breaths given with just enough air to make the chest rise?
			Nose was pinched while giving breaths?
			Compressions resumed immediately after 2 breaths administered?
			AED arrived at scene within 3 minutes?
			AED turned on?
			AED applied immediately and without pause in compressions?
			Team members communicated with each other throughout drill?
			Shift of roles completed smoothly?

Questions for post-drill review:

What did the Cardiac Emergency Response Team do well?

What could be improved?

What was easy to remember?

What was difficult to remember?

CARDIAC EMERGENCY RESPONSE PLAN DRILL LEVEL I (Elementary Student)

Drills should be a part of any school-based Cardiac Emergency Response Plan. Drills include scenarios designed to practice and reinforce CPR and AED skills for trained responders/rescuers in a school setting. Drills should be performed at least 2 times annually to assure optimal performance during an actual emergency.

Purpose:	Management of a cardiac emergency in an elementary-aged student requiring the performance of CPR and AED.
<u>Materials Required:</u>	 AED Training Unit Manikin Cell Phone or Telephone Drill Summary Checklist – on clipboard with pen or pencil Stopwatch
<u>Set Up:</u>	Administration and office staff must be alerted of the drill in advance to avoid unintentional calls to EMS. The Site Champion determines the location of the drill and places the manikin and AED Training Unit at the location of the drill. (training unit to be swapped out with the real school AED).
AED Training Unit Settings:	AED training units offer different scenarios based on the model. Start with a shockable rhythm, 1 shock, CPR 2 minutes, 2 nd shock, CPR 2 minutes, 3 rd shock – converts to a non-shockable rhythm, and normal breathing resumes. It is helpful to run through 2 minutes so they learn to trust the AED Training Unit will re-analyze every 2 minutes.
<u>Roles:</u>	Site Champion – Plans and sets up the drills. Chooses drill location and places manikin and AED Training Unit at the scene the day of the drill. Initiates drill Code indicating a cardiac emergency. Rescuer 1 – CPR rescuer, first responder to the scene Rescuer 2 – 911 caller and meets EMS at front of school Rescuer 3 – AED rescuer Rescuer 4 – Observer/ time keeper (completes checklist
<u>Scenario:</u>	Mrs. Smith's 1st grade class is on the playground for recess. John, one of Mrs. Smith's students, is playing soccer and develops shortness of breath but keeps playing. Suddenly John collapses and begins having seizure-like activity. You (Rescuer 1) are on the playground and see John on the ground. You and another teacher (Rescuer 2) are the first responders to reach him. You assess and manage the victim.

CARDIAC EMERGENCY RESPONSE PLAN DRILL LEVEL I (Elementary Student)

Assessment Findings	<u>Cardiac</u> <u>Emergency</u> <u>Response Site</u> <u>Champion</u>	<u>Rescuer 1</u> : CPR rescuer	<u>Rescuer 2</u> : 911 caller	<u>Rescuer 3</u> : AED rescuer	<u>Rescuer 4</u> : Observer/time keeper
Rescuer 1 assesses victim • Victim has seizure-like activity. • Seizure-like activity stops. • Victim is not responding • There is no breathing. Rescuer 2 calls EMS Note: Seizures can be from lack of oxygen and can occur in Sudden Cardiac Arrest.	 Notifies administration and office staff of drill to avoid unintentional 911 call. Chooses drill location. Places manikin and AED training Unit at drill location. 	 Confirms the scene is safe. Assesses victim: Checks responsiveness (tap and shout "are you OK?"). Looks for normal breathing If no response call for <i>Rescuer 2</i> to call 9-1-1 and <i>Rescuer 3</i> to retrieve the school AED. If unresponsive, not breathing or not breathing normally (gasping), immediately begin chest compressions: 30 compressions to 2 breaths OR administer Hands-Only CPR. 	 Calls EMS/ front office to call 911/ notify others. ("Student with sudden loss of consciousness") Instructs <i>Rescuer</i> <i>3</i> to obtain AED in school. Meets EMS at front of school. 	• Runs or calls for school AED. (In a real emergency, another rescuer should be clearing other students from the scene.)	 Completes Drill Checklist. Times Drill with stopwatch.
Rescuer 3 arrives with school AED (will switch out with AED Training Unit for actual use)		• Continues chest compressions as best as you are able while <i>Rescuer 3</i> readies the AED Training Unit and places the pads on		 Arrives with the AED Exchanges AED for AED training unit Exposes the chest. Turns AED Training Unit on. 	
 Victim's initial rhythm is Ventricular Fibrillation (VF). Rhythm remains VF for 1 shock. Victim remains unconscious. 		• Performs CPR for 2 minutes.		 Clears & Analyzes. Clears & shocks 1 time. 	
 After 2 minutes of CPR, rhythm continues in VF. Rhythm remains VF for 2nd shock. Victim remains unconscious 		• Performs CPR for 2 minutes.		 Clears & Analyzes. Clears & give 2nd "shock". 	
 After 2 minutes of CPR, rhythm continues in VF. After 3rd shock, rhythm converts to Normal Sinus Rhythm. Victim appears to be conscious. 		 Places victim in recovery position. Monitors victim until EMS arrives. 		 Clears & Analyzes. Clears & give 3rd "shock". Student moves and begins normal breathing. 	

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CARDIAC EMERGENCY RESPONSE PLAN DRILL LEVEL II (Secondary Student)

Drills should be a part of any school-based Cardiac Emergency Response Plan. Drills include scenarios designed to practice and reinforce CPR and AED skills for trained responders/rescuers in a school setting. Drills should be performed at least 2 times annually to assure optimal performance during an actual emergency.

<u>Purpose:</u>	Management of a cardiac emergency with a secondary student lying in a puddle of water requiring the performance of CPR and AED and removing the victim from standing water and drying the chest. After 3 rd "shock" the victim is resuscitated.
<u>Materials Required:</u>	 AED Training Unit Manikin Cell Phone or Telephone <i>Drill Summary Checklist</i> – on clipboard with pen or pencil Stopwatch
<u>Set Up:</u>	Administration and office staff must be alerted of the drill in advance to avoid unintentional calls to EMS. The Site Champion determines the location of the drill and places the manikin and AED Training Unit at the location of the drill. (training unit to be swapped out with the real school AED).
AED Training Unit Settings:	AED training units offer different scenarios based on the model. Start with a shockable rhythm, 1 shock, CPR 2 minutes, 2 nd shock, CPR 2 minutes, 3 rd shock – converts to a non-shockable rhythm, and normal breathing resumes. It is helpful to run through 2 minutes so they learn to trust the AED Training Unit will re-analyze every 2 minutes.
<u>Roles:</u>	Site Champion – Plans and sets up drill. Day of the drill chooses drill location and places manikin and AED Training Unit at the scene. Rescuer 1 – CPR rescuer, first responder to the scene Rescuer 2 – 911 caller and meets EMS at front of school Rescuer 3 – AED rescuer Rescuer 4 – Observer/ time keeper (completes checklist)
<u>Scenario:</u>	MS or HS Students are changing classes in the hallway. Sue, a student, was dizzy when she got up. Sue goes to the water fountain for a drink of water and suddenly collapses. You (Rescuer 1) are in the hallway and hear a student call for assistance. You and another teacher (Rescuer 2) are the first responders to reach the student. The student is in a puddle of water under the water fountain. You assess and manage the victim.

CARDIAC EMERGENCY RESPONSE PLAN DRILL LEVEL II (Secondary Student)

Assessment Findings	<u>Cardiac Emergency</u> <u>Response Site</u> <u>Champion</u>	<u>Rescuer 1</u> : CPR rescuer	<u>Rescuer 2</u> : 911 caller	<u>Rescuer 3</u> : AED rescuer	<u>Rescuer 4</u> : Observer/time keeper
 Rescuer 1 assesses victim. Victim is unresponsive. There is no breathing. Victim is lying face down in a puddle of water. Rescuer 2 calls 911 	 Notifies administration and office staff of drill to avoid unintentional 911 call. Chooses drill location. Places manikin and AED training Unit at drill location. 	 Confirms the scene is safe. Assesses victim: Checks responsiveness (tap and shout "are you OK?"). Looks for normal breathing If no response call for <i>Rescuer</i> 2 to call 9-1-1 and <i>Rescuer</i> 3 to retrieve the school AED. If not breathing or not breathing normally (gasping), immediately begin chest compressions: 30 compressions to 2 breaths OR administers Hands-Only CPR. Continues CPR until AED arrives. 	 Call 911/ front office to notify others. Instructs <i>Rescuer 3</i> to obtain the school's AED. Meets EMS at front of school. 	• Runs or calls for AED in the school. (In a real emergency, another rescuer should be clearing other students from the scene.)	 Completes <i>Drill Checklist</i>. Times Drill with stopwatch.
Rescuer 3 arrives with school AED (will switch out with AED Training Unit for actual use) Note: Rescuer must move and dry victim before attaching electrode pads.		 Continues chest compressions as best as you are able to while <i>Rescuer 3</i> readies the AED Training Unit and places the pads on the victim. Performs CPB for 2 minutes. 		 Arrives with the AED Exchange AED for AED Training Unit Exposes the chest. Dries chest with towel. Turns AED training Clears & Analyzes. 	
 Ventricular Fibrillation (VF). Rhythm remains VF for 1 "shock". Victim remains unconscious. 		• renorms cricitor 2 minutes.		• Clears & "shocks" 1 time.	
 After 2 minutes of CPR, victim's rhythm continues in VF. Rhythm remains VF for 2nd "shock". 		• Performs CPR for 2 minutes.		 Clears & Analyzes. Clears & give 2nd "shock". 	
 After CPR, rhythm reanalyzed. "No Shock Advised". Victim appears conscious. 		 Places victim in recovery position. Monitors victim until EMS arrives. 		 Clears & Analyzes. "No Shock Advised". 	

<u>Review:</u> Review the Cardiac Emergency Response Plan Drill Summary Checklist

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CARDIAC EMERGENCY RESPONSE PLAN DRILL LEVEL III (Adult Staff Member)

Drills should be a part of any school-based Cardiac Emergency Response Plan. Drills include scenarios designed to practice and reinforce CPR and AED skills for trained responders/rescuers in a school setting. Drills should be performed at least 2 times annually to assure optimal performance during an actual emergency.

Purpose:	Management of a cardiac emergency with an adult faculty member requiring the performance of CPR and AED and removal of a medication patch worn by victim. After the 2 nd "shock" the victim is resuscitated.
<u>Materials Required:</u>	 AED Training Unit Manikin with additional piece of tape that represents a medication patch on the chest at the location for the right AED pad Cell Phone or Telephone Drill Summary Checklist – on clipboard with pen or pencil Stopwatch
<u>Set Up:</u>	Administration and office staff must be alerted of the drill in advance to avoid unintentional calls to EMS. The Site Champion determines the location of the drill and places the manikin and AED training unit at the location of the drill. (training unit to be swapped out with the real school AED).
AED Training Unit Settings:	AED training units offer different scenarios based on the model. Start with a shockable rhythm, 1 shock, CPR 2 minutes, 2 nd shock, CPR 2 minutes, 3 nd shock – converts to a non-shockable rhythm, and normal breathing resumes. It is helpful to run through 2 minutes so they learn to trust the AED Training Unit will re-analyze every 2 minutes.
<u>Roles:</u>	Site Champion – Plans and sets up the drills. Chooses drill location and places manikin and AED Training Unit at the scene the day of the drill. Initiates drill Code indicating a cardiac emergency. Rescuer 1 – CPR rescuer Rescuer 2 – 911 caller and meets EMS at front of school Rescuer 3 – AED rescuer Rescuer 4 – Observer/ time keeper (completes checklist)
<u>Scenario:</u>	The school day is over and Mr. Jones, the custodian, is fixing the gym doors as the basketball team gets ready to practice. Mr. Jones has had shortness of breath and chest pain all day and thinks, "I must have eaten something that is giving me heartburn." You (Rescuer 1) hear a sound as if someone has fallen. As you look you see Mr. Jones lying on the floor. You yell to a coach (Rescuer 2) for assistance and you are the first responders to reach the custodian. An AED is in the school. You assess and manage the victim.

CARDIAC EMERGENCY RESPONSE PLAN DRILL LEVEL III (Adult Staff Member)

Assessment Findings	<u>Cardiac Emergency</u> <u>Response Site</u> Champion	<u>Rescuer 1</u> : CPR rescuer	<u>Rescuer 2</u> : 911 caller	<u>Rescuer 3</u> : AED rescuer	<u>Rescuer 4</u> : Observer/time kooper
Rescuer 1 assesses victim. • Victim is unresponsive. • There is no breathing. Rescuer 2 calls EMS	 Notifies administration and office staff of drill to avoid unintentional 911 call. Chooses drill location. Places manikin and AED training Unit at drill location. 	 Confirms the scene is safe. Assesses victim: Checks responsiveness (tap and shout "are you OK?"). Looks for normal breathing. If no response call for <i>Rescuer 2</i> to call 9- 1-1 and <i>Rescuer 3</i> to retrieve the school AED. If not breathing or not breathing normally (gasping), immediately begin chest compressions: 30 compressions to 2 breaths OR administer Hands-Only CPR. Continues CPR until AED arrives. 	 Call EMS/ front office to notify others. ("Victim- Adult male- down suddenly and unresponsive".) Instructs <i>Rescuer 3</i> to obtain the school's AED. Meets EMS at front of school. 	• Runs or calls for AED in the school.	• Completes Drill Checklist. • Times Drill with stopwatch.
<u>Rescuer 3</u> arrives with school AED (will switch out with AED Training Unit for actual use) Note: Rescuers must remove medication patch and wipe skin before attaching the pads.		• Continues chest compressions as best as you are able to while Rescuer 3 readies the AED Training Unit and places the patches on the victim.		 Arrives with the AED Exchanges AED for the AED Training unit Removes clothing. Removes medication patch and wipes skin. Turn AED Training Unit 	
 Victim's initial rhythm is Ventricular Fibrillation (VF). Rhythm remains VF for 1 "shock". Victim remains unconscious. 		• Performs CPR for 2 minutes.		 Clears & Analyzes. Clears & "shocks" 1 time. 	
 After 2 minutes of CPR, victim's rhythm continues in VF. Rhythm remains VF for 2nd shock. 		• Performs CPR for 2 minutes.		 Clears & Analyzes. Clears & give 2nd "shock". 	
 After 2nd "shock", victim's rhythm converts to Normal Sinus Rhythm. Victim appears conscious. 		 Places victim in recovery position. Monitors victim until EMS arrives. 			

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CARDIAC EMERGENCY RESPONSE PLAN DRILL LEVEL IV (Athletic Student)

Drills should be a part of any School-Based Cardiac Emergency Response Plan. Drills include scenarios designed to practice and reinforce CPR and AED skills for trained responders/rescuers in a school setting. Drills should be performed at least 2 times annually to assure optimal performance during an actual emergency.

Purpose:	Management of a cardiac emergency with an athlete requiring the performance of CPR and AED with poor pad contact and correction (drying) required. After 1 st "shock" the victim continues to be unresponsive without breathing, but no shock is advised.
Materials Required:	AED Training Unit
	Cell Phone of Telephone Drill Summany Checklist on sliphoard with non or ponsil
	Stopwatch
<u>Set Up:</u>	Administration and office staff must be alerted of the drill in advance to avoid unintentional calls to EMS. The Site Champion determines the location of the drill and places the manikin and AED training unit at the location of the drill. (training unit to be swapped out with the real school AED).
AED Training Unit Settings:	AED Training Units offer different scenarios based on the model
u = u =	Start with a shockable rhythm, 1 shock, CPR 2 minutes, 2 nd shock, CPR 2 minutes, 3 rd shock – converts to a non-shockable rhythm, and normal
	breathing resumes It is helpful to run through 2 minutes so they learn to trust the AED Training Unit will re-analyze every 2 minutes.
Roles:	Site Champion – Plans and sets up the drills. Chooses drill location and places manikin and AED Training Unit at the scene the day of the drill. Initiates drill Code indicating a cardiac emergency.
	Rescuer 1 – CPR rescuer, first responder to the scene
	Rescuer 2 – 911 caller and meets EMS at front of school
	Rescuer 3 – AED rescuer
	Rescuer 4 – Observer/ time keeper (completes checklist)
Scenario:	The high school football team is practicing after school on the football field. Tom, one of the players, has shortness of breath and dizziness.
	Suddenly Tom collapses. You (Rescuer 1) are on the coaching staff and hear one of the other players call for assistance. You and another
	coach (Rescuer 2) with a cell phone are the first responders to reach the student. An AED is in the field house. You assess and manage the
	victim.

CARDIAC EMERGENCY RESPONSE PLAN DRILL LEVEL IV (Athletic Student)

Assessment Findings	Cardiac Emergency	<u>Rescuer 1</u> :	Rescuer 2:	Rescuer 3:	Rescuer 4:
	Response Site	CPR rescuer	911 caller	AED rescuer	Observer/time
	Champion				keeper
Rescuer 1 assesses victim. • Victim is unresponsive. • There is no breathing. Rescuer 2 calls EMS	 Notifies administration and office staff of drill to avoid unintentional 911 call. Chooses drill location. Places manikin and AED training Unit at drill location. 	 Confirms the scene is safe. Assesses victim: Checks responsiveness (tap and shout "are you OK?"). Looks for normal breathing If no response call for <i>Rescuer 2</i> to call 9- 1-1 and <i>Rescuer 3</i> to retrieve the school AED. If not breathing or not breathing normally (gasping), immediately begin chest compressions at a rate of 30 compressions to 2 breaths OR administer Hands-Only CPR. Continues CPR until AED arrives. 	 Call EMS/ front office to notify others. ("Student suddenly unconscious on the football field".) Instructs <i>Rescuer 3</i> to obtain AED in field house. Meets EMS at front of school. 	• Runs or calls for AED in the field house.	Completes Drill Checklist. Times Drill with stopwatch.
Rescuer 3 arrives with school AED (will switch out with AED Training Unit for actual use) • Victim's chest is sweaty causing poor pad contact that requires the victim's chest to be dried before the pads will attach successfully. Note: Suggested solutions (pressing down on pads, check cable connections, comment "the victim is sweaty.")		• Continues chest compressions as best as you are able to while <i>Rescuer 3</i> readies the AED Training Unit and places the pads on the victim.		 Arrives with the AED Exchanges AED for AED Training Unit. Exposes chest. Dries chest. Turns AED Training Unit "on". Attaches pads. 	
 Victim's initial rhythm is Ventricular Fibrillation (VF). Rhythm remains VF for 1 shock. Victim remains unconscious. 				 Clears & Analyzes. Clears & shocks 1 time. 	
 "No Shock Advised" Remains unresponsive Not breathing. 		• Performs CPR for 2 minutes.		 Clears & Analyzes. "No Shock Advised". 	
 Victim continues to be unresponsive. 		• Continues CPR/AED analysis until EMS arrives and takes over.			

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Cardiac Emergency Response Plan Post Event Review

Designated person completing documentation:

SCHOOL:

LOCATION of Event:

DATE:

TIME of Event:

List all steps taken to respond to the cardiac emergency:

Was the victim a student, staff member, parent or other adult?

List all person(s) who responded to the emergency (including Name, Role):

List the outcome of the cardiac emergency (summary of the presumed medical condition as publicly available):

CERP Evaluation

- List components of the CERP that contributed to an effective response:
- List recommendations for improvements to the CERP to help ensure a more effective response:
- Was CPR done? Yes No
- Was an AED used?
 - If AED used, was a shock recommended? Yes No
 - If a shock was recommended how many shocks were delivered?
- Was the victim transported to the hospital? Yes No
- General comments:

Debriefing process for responders and post-event support (List aftercare services provided and crisis counselors):

Annual Cardiac Emergency Response Plan (CERP) Evaluation

The Cardiac Emergency Response Plan shall be evaluated annually.

The evaluation shall include an examination of each *Post Event and Drill Reviews*.

Review each section of the CERP.

- 1. Developing a Cardiac Emergency Response Team
- 2. Activation of Cardiac Emergency Response Team during an identified cardiac emergency
- 3. Automated external defibrillators (AEDs) placement and maintenance
- 4. Communication of this Plan throughout the school campus
- 5. Training in Cardiopulmonary Resuscitation (CPR) and AED Use
- 6. Local Emergency Medical Services (EMS) integration with the school/school district's plan
- 7. Annual review and evaluation of the plan
- 8. Protocol for School Cardiac Emergency Responders

List all strengths in carrying out the CERP during this school year (including strengths of the CERP in action and/or strengths of those who carried it out).

List recommendations for improvements/changes to be made to the CERP for the next school year.

(Consider school facilities, processes, equipment, administration, personnel, and other changes in conditions.)

Revise the CERP to assure the most effective response.

Cardiac Emergency Response Plan Annual Review of Drills

Drills shall be reviewed as part of the annual Cardiac Emergency Response Plan evaluation.

SCHOOL:

Number of Drills performed: Months Drills were performed:

List staff strengths during drills leading to appropriate responses:

List areas for improvement during drills to lead toward more effective responses:

List recommendations for improvements to the CERP to help ensure a more effective response:

RESOURCES, POSTERS, & HANDOUTS

- Sample Plan & Protocol
- Quick-Start Guide
- Cardiac Chain of Survival Poster
- Letter to Parents
- SCA Warning Signs Poster
- SCA Handout for Parents
- Opportunities to Raise Awareness

(Name of School) CARDIAC EMERGENCY RESPONSE PLAN

A cardiac/AED emergency means there is an individual not responding to verbal comments or physical touch. The individual my not be breathing/breathing normally and is in need of immediate assistance.

Response Cardiac Emergency Response Team Members are: (List trained Staff)

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

OUR PLAN

Person finding unresponsive individual designates someone near the victim to call 9-1-1.

Person finding victim informs office/administration: "There is a **CARDIAC/AED EMERGENCY** at (*location*)." Also inform office/administration that 9-1-1 has been called.

The secretary announces on the PA system <u>twice:</u> "There is a **CARDIAC/AED EMERGENCY** at (*location*)."

Anyone near an AED should remove the AED from the cabinet and take the AED to the location.

- All available Cardiac Emergency Response Team members report to the victim's location.
- First person on scene immediately starts hands-only CPR.
- When the AED arrives turn on the AED and follow the audio/written instructions.
- S e n d o ne or two individuals to wait outside the school entrance/nearest access to the location of the emergency to direct EMS to the victim.

SCHOOLWIDE RESPONSE

- All students remain in the classroom until there is an "all clear" announcement.
- Students who are temporarily out of the classroom are to return immediately to their classroom.
- The cafeteria during lunch periods and the gymnasium during physical education classes are treated the same as classrooms.
- This is an opportunity for the classroom teacher to explain the possible reason for the CARDIAC/AED EMERGENCY, the importance of the defibrillator in the building and not tampering with it, and continue teaching.

Cardiac Emergency Response Protocol

Follow these steps in responding to a suspected cardiac emergency:

- 1. Recognize the following signs of sudden cardiac arrest and take action in the event of one or more of the following:
 - The person is not moving, or is unresponsive, or appears to be unconscious.
 - The person is not breathing normally (has irregular breaths, gasping or gurgling, or is not breathing at all).

The person may appear to be having a seizure or is experiencing convulsion-like activity. (Cardiac arrest victims may appear to be having convulsions).

Note: If the person received a blunt blow to the chest, this can cause cardiac arrest, a condition called commotio cordis. The person may have the signs of cardiac arrest described above and is treated the same.

2. Facilitate immediate access to professional medical help:

- Call 9-1-1 as soon as you suspect a sudden cardiac arrest. Provide the school address, cross streets, and patient condition. Remain on the phone with 9-1-1. (Bring your mobile phone to the patient's side, if possible.) Give the exact location and provide the recommended route for ambulances to enter and exit. Facilitate access to the victim for arriving Emergency Medical Service (EMS) personnel.
- Immediately contact the members of the Cardiac Emergency Response Team.
 - Give the exact location of the emergency. ("Mr. /Ms.____Classroom, Room #, gym, football field, cafeteria, etc.").
 - Be sure to let EMS know which door to enter.
 - Assign someone to go to that door to wait for EMS responders and escort them to the exact location of the patient.
- If you are a CERT member, proceed immediately to the scene of the cardiac emergency.
 - The closest team member should retrieve the automated external defibrillator (AED) enroute to the scene and leave the AED cabinet door open; the alarm typically signals the AED was taken for use.

3. Start CPR:

- Begin continuous chest compressions and have someone retrieve the AED.
- Here's how:
 - Press hard and fast in center of chest. Goal is 100 compressions per minute. (Faster than once per second, but slower than twice per second.)
 - Use 2 hands: The heel of one hand and the other hand on top (or one hand for children under 8 years old), pushing to a depth of 2 inches (or 1/3rd the depth of the chest for children under 8 years old.
 - The 9-1-1 dispatcher may give instructions. Follow them if provided or let them know someone is doing CPR.

4. Use the nearest AED:

• When the AED is brought to the patient's side, press the power-on button. Follow the AED's

audio and visual instructions. Attach the pads as shown in the diagram on the pads.

- If the person needs to be shocked to restore a normal heart rhythm, the AED will deliver a shock and prompt you back to CPR.
- The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered and the AED will prompt you back to CPR.
- Continue to follow the AED audio and visual instructions until the patient is responsive or a professional responder arrives and takes over.

5. Transition care to EMS:

• Transition care to EMS when they prompt you to do so.

6. Action to be taken by Office / Administrative Staff:

- Confirm the exact location
- Activate the Cardiac Emergency Response Team and give the exact location if not already done.
- Confirm that the Cardiac Emergency Response Team has responded.
- Confirm that 9-1-1 was called. If not, call 9-1-1 immediately.
- Assign a staff member to direct EMS to the scene, if not already done.
- Perform "Crowd Control" directing others away from the scene.
- Notify other staff: principal, school nurse as per school policy.
- Ensure that medical coverage continues to be provided at the athletic event if on-site medical staff accompanies the victim to the hospital.
- Consider delaying class dismissal, recess, or other changes to facilitate CPR and EMS functions.
- Designate people to cover the duties of the CPR responders.
- Copy the patient's emergency information for EMS.
- Notify the patient's emergency contact (parent/guardian, spouse, etc.) following school policy.
- Notify staff and students when to return to the normal schedule.
- Contact school district administration.

Building Location Information						
School Name & Address						
School Emergency Phone# Insert #s for school-hours & after-hours, may be office during school hours						
Cross Streets						
AED Location	AED Location					
AED Location	AED Location					
AED Location	AED Location					

CARDIAC EMERGENCY RESPONSE TEAM PROTOCOL

Simplified Adult BLS



PROCEDURE FOR USE OF AED

- > If someone collapses tap the victim and shout "Are you OK?"
- > If no response & the victim is not breathing or not breathing normally

Call 9-1-1 and get the AED

- ➢ If someone else is present, send them to call 9-1-1 and get the AED
- > Begin Hands Only CPR Push hard and fast in the center of the chest
- Use the AED as soon as it arrives
 - $\circ~$ Open the lid and turn on the AED
 - Follow the voice prompts
 - > Expose the patient's chest –if wet, wipe dry
 - > Apply the electrode pads to the patient's exposed chest, as shown in the pictures
 - > Listen to the voice prompts –Clear (do not touch) the patient when instructed to do so
 - Press the SHOCK button, if instructed to do so
- Restart compressions on chest
- Continue to follow the voice prompts
- If the patient starts moving or breathing normally, stop compressions and place the patient in the recovery position (on left side)

KEEP AED ATTACHED UNTIL EMS ARRIVES

BE PREPARED TO PREVENT SUDDEN CARDIAC DEATH AT YOUR SCHOOL

Sudden Cardiac Arrest (SCA) is the leading cause of death on school campuses, and the #1 killer of student athletes. That's why it's critical for your school to have a written and well-practiced Cardiac Emergency Response Plan (CERP). A CERP is a vital step towards sudden cardiac death prevention.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
APPOINT A CARDIAC EMERGENCY RESPONSE TEAM	DOCUMENT EMERGENCY RESPONSE PLAN	INSTALL & MAINTAIN AEDS PROPERLY	CONDUCT LIFE-SAVING DRILLS	SHARE PLAN WITH SCHOOL Community
The on-site team helps document the plan, conduct drills and be the first responders.	Include CERP in your school/district EAP, School Improvement Plan, or Safe School Environment.	AEDs must be installed so that they are accessible.	CERPs only work if you practice them. Test your team's readiness and your plan's effectiveness.	Educate students, parents, staff, coaches and facility users how they can be prepared to save a life.
Use the toolkit to:	Use the toolkit to:	Use the toolkit to:	Use the toolkit to:	Use the toolkit to:
 Identify team members who are/will be CPR/AED certified 	Personalize the plan to document the exact emergency action relevant to your school	 Properly install AEDs and register with manufacturer and EMS 	Plan your annual cardiac emergency drill (like fire drills). Involve local EMS	 Send notices to your school community about SCA awareness and your CERP
 Review recommended guidelines for overall staff training 	• Evaluate your plan annually	Establish protocol to conduct monthly checks & keep batteries and pads current	Evaluate your drills and make improvements	Circulate and post AED location throughout your school community

Visit viaheartproject.org for free resources, posters, and videos to help prevent sudden cardiac death.



Cardiac Chain of Survival

If someone suddenly collapses, they may be in cardiac arrest. Get help immediately.

Every minute delayed decreases the chance of survival by 10%.

LIVES DEPEND ON YOUR QUICK ACTION!





Dear Parent,

The safety of your children while they are in our care is paramount to us.

We are pleased to announce that <mark>School Name</mark> is among the first in the nation to implement a brand-new lifesaving Cardiac Emergency Response Plan.

The statistics are startling. In 2013, the American Heart Association reported 9,500 cases of out-ofhospital cardiac arrest in youths. What's more, across the United States, even the best emergency medical services (EMS) systems can't reach cardiac arrest victims for 3 to 5 minutes. Therefore, *the actions taken by bystanders during the first few minutes of a cardiac emergency are critical*. Prompt action can double or triple a victim's chance of survival.

It has been proven that a carefully orchestrated response to cardiac emergencies will reduce death and disability.

What is a Cardiac Emergency Response Plan?

Simply put, it is a written document that establishes specific steps to take in a cardiac emergency at school.

We're pleased to inform you that our staff will learn about the components and will be involved in these essential elements: establishing an effective communication system; training anticipated responders in CPR and automated external defibrillator (AED) use; obtaining access to an AED for early defibrillation; acquiring necessary emergency equipment; coordinating and integrating onsite responder and AED programs with the local EMS system; and practicing and reviewing the response plan.

An AED(s) has/have been placed on our campus. - AED Location(s)

How can parents help?

As our school staff learn how to respond to a cardiac emergency, **we encourage all parents to learn CPR** through one of these options:

- 1. Take 60 seconds to watch the free Hands-Only CPR video at <u>www.heart.org/handsonlycpr</u>.
- 2. Locate and attend a classroom-based CPR and AED course. Visit <u>www.heart.org/cpr</u> and click the red "Find a Course" button.

If you have any questions about the new Cardiac Emergency Response Plan being implemented, please contact Principal Name at Phone Number. You may also visit <u>www.heart.org/CERP</u>.

Thank you for your support,

Keep Your Heart in the Game

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

Cardiac conditions are the leading cause of death among athletes at all levels. Speak up if you experience any of these symptoms. It's better to check in than check out!

WARNING SIGNS FOR SUDDEN CARDIAC ARREST

- Fainting or seizure, especially during or right after exercise
- Fainting with excitement or startle
- Excessive shortness of breath even after regular exercise
- Racing or fluttering heart palpitations, especially when you're at rest
- Dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

RISK FACTORS FOR A HEART CONDITION

- Family history of sudden death before age 40
- Family history of known heart abnormalities, repaired or not
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Excessive energy drinks, diet pills or performance-enhancing supplements
- Drug use





Keep Their Heart in the Game

Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

WHAT IS SUDDEN CARDIAC ARREST?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction can be caused by a congenital or genetic defect in the heart's structure.

HOW COMMON IS SCA?

As the leading cause of death in the U.S., SCA is also the #1 killer of student athletes and the leading cause of death on school campuses.

WHO IS AT RISK FOR SCA?

SCA is more likely to occur during exercise or physical activity, putting student-athletes at greater risk. While there may be no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. They may be embarrassed, don't want to jeopardize their playing time, mistakenly think they're out of shape, or they simply ignore the symptoms. A family history of heart disease may increase the risk of SCA.

WHAT ARE WE DOING TO HELP PROTECT STUDENT ATHLETES?

California has passed several acts of legislation relating to SCA prevention and treatment. These bills help to educate coaches on SCA signs and symptoms (Eric Paredes SCA Prevention Act, AB 1639), require CPR be taught to all high school students with a health education class requirement (CPR Graduation Requirement, AB 1719), and require an AED on the campus of any California school with interscholastic sports programs (Interscholastic School AED Bill, AB 2009).

We urge everyone to discuss the warning signs and risk factors associated with Sudden Cardiac Arrest, and to become familiar with the Cardiac Chain of Survival. Publicize the location of your AEDs, learn CPR, and review your Cardiac Emergency Response Plan with your team each season.

RECOGNIZE THE SIGNS & RISK FACTORS

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

POTENTIAL INDICATORS THAT SCA MAY OCCUR

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

FACTORS THAT INCREASE THE RISK OF SCA

- Family history of known heart abnormalities or sudden death before age 40
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

CARDIAC CHAIN OF SURVIVAL

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delayed in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Be prepared to take action in the first minutes of collapse.

RECOGNITION OF SUDDEN CARDIAC ARREST

Victim is collapsed, unresponsive and not breathing normally. SCA victims may gasp, gurgle, or exhibit breathing noises or seizue-like activity.

CALL 9-1-1

Follow emergency dispatcher's instructions. Notify Emergency Response Team.

HANDS-ONLY CPR

Begin CPR immediately. Hands-only CPR involves fast and continual chest compressions — two-inches deep, about 100 per minute.

DEFIBRILLATION

Immediately retrieve and use an automated external defibrillator (AED) to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

ADVANCED CARE

Designate a bystander to direct EMS to the victim.

FOR MORE INFORMATION ABOUT SUDDEN CARDIAC ARREST VISIT:

Via Heart Project viaheartproject.org

California Department of Education **cde.ca.gov** California Interscholastic Federation (CIF) **cifstate.org** NFHS Free 20-Minute Coach/Parent Video nfhslearn.com/courses/61032



www.viaheartproject.org | info@viaheartproject.org

SCA Awareness Months & Messages

OPPORTUNITIES TO RAISE AWARENESS IN YOUR COMMUNITY

February American Heart Month

March National Athletic Trainer's Month

April National Youth Sports Safety Month June CPR/AED Awareness Week

July National Youth Sports Week

August Back to School

May National Physical Fitness & Sports Week/Month **October** Sudden Cardiac Arrest Awareness Month

SAMPLE EMAIL COMMUNICATION

Sudden Cardiac Arrest (SCA) in youth is not a rare occurrence. It is the #1 killer of young athletes and the leading cause of death on school campuses. One of the biggest misconceptions about SCA is that "it just happens" and there's nothing you can do to stop it. The truth is that SCA IS preventable—but that doesn't happen by chance.

February is American Heart Month — a perfect time to underscore the critical importance for our community to recognize the need for sudden cardiac arrest prevention strategies that protect young hearts.

- 1. Recognize the warning signs of a potential heart condition
- 2. Get a preventative heart screening for your child
- 3. Learn hands-only CPR
- 4. Know where your school's AED is (the only device that will restart a heart)
- 5. Know the Cardiac Chain of Survival
 - Early recognition of SCA
 - Call 9-1-1 and designate a bystander to direct EMS
 - Begin CPR immediately
 - Retrieve and begin use of an AED immediately
- 6. Know your school's Cardiac Emergency Response Plan so you are ready to act within the critical 3 to 5-minute window for a life to be saved

Visit viaheartproject.org for more information.

