
Cardiac Emergency Response Plan

For Schools

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Contents

Acknowledgements.....	2
Introduction.....	3
Model Cardiac Emergency Response Plan.....	4
Purpose.....	4
List of Abbreviations.....	4
Definition of Sudden Cardiac Arrest.....	5
Forming a Cardiac Emergency Response Team.....	5
Automated External Defibrillator Equipment.....	6
Communication of the Cardiac Emergency Response Plan.....	8
Integration of Local Emergency Medical Services with the School Plan.....	8
Training for CPR and AED Use.....	8
Practice Drill for Cardiac Emergency Response.....	9
Annual Review of the Plan.....	9
Protocol for Cardiac Emergency Response.....	9
CPR and AED Instruction for Secondary Students.....	11
Legal References.....	11
Appendices.....	12
Appendix A: Resources for Schools.....	12
Appendix B: Planning and Evaluation of the CERP Program.....	13

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Minnesota Department of Health
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Introduction

The American Heart Association (AHA) reports more than 350,000 cardiac arrests occurring each year outside of the hospital settingⁱ. For children and adolescents under the age of 18 years old, an estimated 7,000 to 23,000 deaths occur each year due to a sudden cardiac arrest (SCA), with SCA becoming the leading medical cause of death in student athletes^{i, ii, iii}. Evidence has shown survival rates for a SCA event more than doubles with rapid initiation of cardiopulmonary resuscitation (CPR) and automated external defibrillation^{iv, v}.

In accordance with [Minnesota Statutes 2025, section 121A.035](#), the Minnesota Department of Education (MDE) developed this model cardiac emergency response plan (CERP) to support school districts and charter schools in adopting a written and practiced protocol for the preparation of and response to cardiac emergencies in schools and school sponsored events. This plan provides general guidance and best practices and can be adopted for use with a building-specific crisis management plan for emergency medical response.

This model CERP is the result of a collaborative effort between MDE's Equity, Diversity, and Inclusion Center, the Minnesota Department of Health, the American Heart Association-Minnesota, and Project ADAM Minnesota-The Children's Heart Clinic/Children's Minnesota.

Beginning in the 2026-2027 school year, a new requirement for school districts and charter schools goes into place for developing a cardiac emergency response plan as detailed in [Minnesota Statutes 2025, section 121A.241](#). It is recommended that the plan be developed cooperatively with school administrators, school nurses, activities director, athletic trainer, teachers, students, caregivers, community members, emergency medical responders, and any other appropriate persons or organizations. The school district should ensure that local emergency responders have access to the school district's building-specific crisis management plans which should include the school's CERP for responding to a SCA event. It is required that each school establish a cardiac emergency response team (CERT) and provide for annual cardiac emergency response plan drills for school staff and students, so they are prepared to assist in the event of a cardiac emergency.

The following procedures recommended in this model plan provide detailed guidance to schools for responding to a SCA through a written and practiced CERP. The model plan outlines key considerations to ensure a timely response that is comprehensive and includes forming a team prepared in leading the response for cardiac emergencies; automated external defibrillator (AED) procurement, maintenance, and registry; recommendations for staff training and certification; annual review and evaluation of the plan; and a protocol for cardiac emergency response.

This model CERP is intended to guide school districts and charter schools in developing and implementing a written and practiced plan that establishes specific steps to reduce death from cardiac arrest in a school setting. Local medical and legal counsel for the school district should review the CERP prior to implementation to ensure the plan as adopted is consistent with local, state, and federal law.

Model Cardiac Emergency Response Plan

St. Croix Preparatory Academy

Date Adopted by School Board

Purpose

The model cardiac emergency response plan (CERP) was developed to provide Minnesota schools districts and charter schools with a comprehensive strategy for the preparation of and response to cardiac emergencies in the school setting in accordance with [Minnesota Statutes 2025, 121A.035 Crisis Management Policy](#) and [Minnesota Statutes 2025, section 121A.241 Cardiac Emergency Response Plan](#).

This adopted CERP should be included in a building level crisis management plan under crisis-specific procedures. Procedures for responding to cardiac emergencies may be adopted through the model CERP. After approval by the school board, an adopted plan will become an addendum to the crisis management policy. Schools should reference any school board policies guiding the handling of medical emergencies on school district property within the building's written CERP.

List of Abbreviations

Abbreviations	Definitions
AED	automated external defibrillator
CERP	cardiac emergency response plan
CERT	cardiac emergency response team
CPR	cardiopulmonary resuscitation
EMS	emergency medical services
SCA	sudden cardiac arrest

Definition of Sudden Cardiac Arrest

The American Heart Association (AHA) defines sudden cardiac arrest (SCA) as a sudden and unexpected loss of heart function where the heart stops beating due to an irregular heart rhythm in persons who may or may not have been diagnosed with a heart condition. When the heart beats abnormally it affects its ability to pump blood which may lead to cardiac arrest^{vi}. Without immediate response and treatment, the person may lose consciousness and collapse, leading to death within minutes.

Signs of sudden cardiac arrest may include one or more of the following:

- Not moving, unresponsive, or unconscious
- Not breathing normally (e.g., may have irregular breathing patterns, gasping or gurgling, or may not be breathing at all)
- Seizure or convulsion-like movements

It is important to note that SCA may also occur when a person collapses shortly following a firm, sudden, direct hit to the chest.

Forming a Cardiac Emergency Response Team

School districts and charter schools are encouraged to designate one or more staff members as the CERP Coordinator(s) to support the overall development, implementation, and evaluation of a written and practiced plan for cardiac emergencies on school grounds.

The school administrator in each building will select a cardiac emergency response team (CERT) that will be trained to respond to emergency medical situations. This team should include members that are available and willing adults, preferably certified in CPR and AED use, who are responsible for developing, implementing, and annually reviewing the school's adopted CERP.

School administrators may consider including school nurses, physical education teachers, activities director, athletic trainers, coaches, staff overseeing recess, and any other staff who are present before, during, or after the school day. While this team leads the emergency medical response, it is important that all school staff are familiar with the CERP and their role in responding to a cardiac emergency. As an example, any staff member who witnesses a person unexpectedly collapse should know how to recognize a cardiac arrest, initiate a building's emergency medical response, call 9-1-1 to activate emergency medical services (EMS), and where the AEDs are located inside and outside of the building.

Additional Considerations

To ensure a timely response, it is recommended that schools consider building CERTs with enough staff members to account for periodic absences and staff turnover. CERT members will be required to step away from their regular job duties to assist in a cardiac emergency and consideration should be given for classroom coverage in those instances. (Best practice recommendations suggest that at least five people or 10% of overall school staff, 50% of coaches, and 50% of physical educators should hold current CPR/AED certification^{vi}.)

In addition to establishing team roles and responsibilities, communication is a critical component in the team's efficient emergency response. CERTs should determine a communication plan that includes two-way communication covering all areas of the school's campus, both inside and outside the facility. The communication plan should clearly state how staff members activate the CERT and local EMS. Additional considerations should be given for how all CERT members will be alerted in a consistent manner using overhead page, two-way radio, phone, or other communication device.

Members of this school building's Cardiac Emergency Response Team are listed below:

Cardiac Emergency Response Team

Staff Name	CPR/AED Certification Date
Jessica Skilling	10/2026
Allyson Rydberg	9/2026
Rita Thorson	10/2027
Anna Tiffany	10/2027

Automated External Defibrillator Equipment

Automated external defibrillators (AEDs) are devices used to analyze the heart's rhythm and, if necessary, deliver an electrical shock, to restore a normal rhythm. AEDs are lifesaving devices designed to be easy to use with visual and audio guidance.

Procurement

When school districts or charter schools look to procure AEDs, several options may be considered to best meet the school's needs and budget. Options may include, but are not limited to, the following: direct purchase from manufacturers, medical supply distributors, government grants and funding, partnerships with local hospitals or health organizations, fundraising and community donations, nonprofit organizations, bulk purchasing through education cooperatives or consortiums, or online retailers. Best practice recommendations include purchasing

AEDs and AED accessories that have received premarket approval from the [U.S. Food & Drug Administration \(FDA\)](#).

Placement

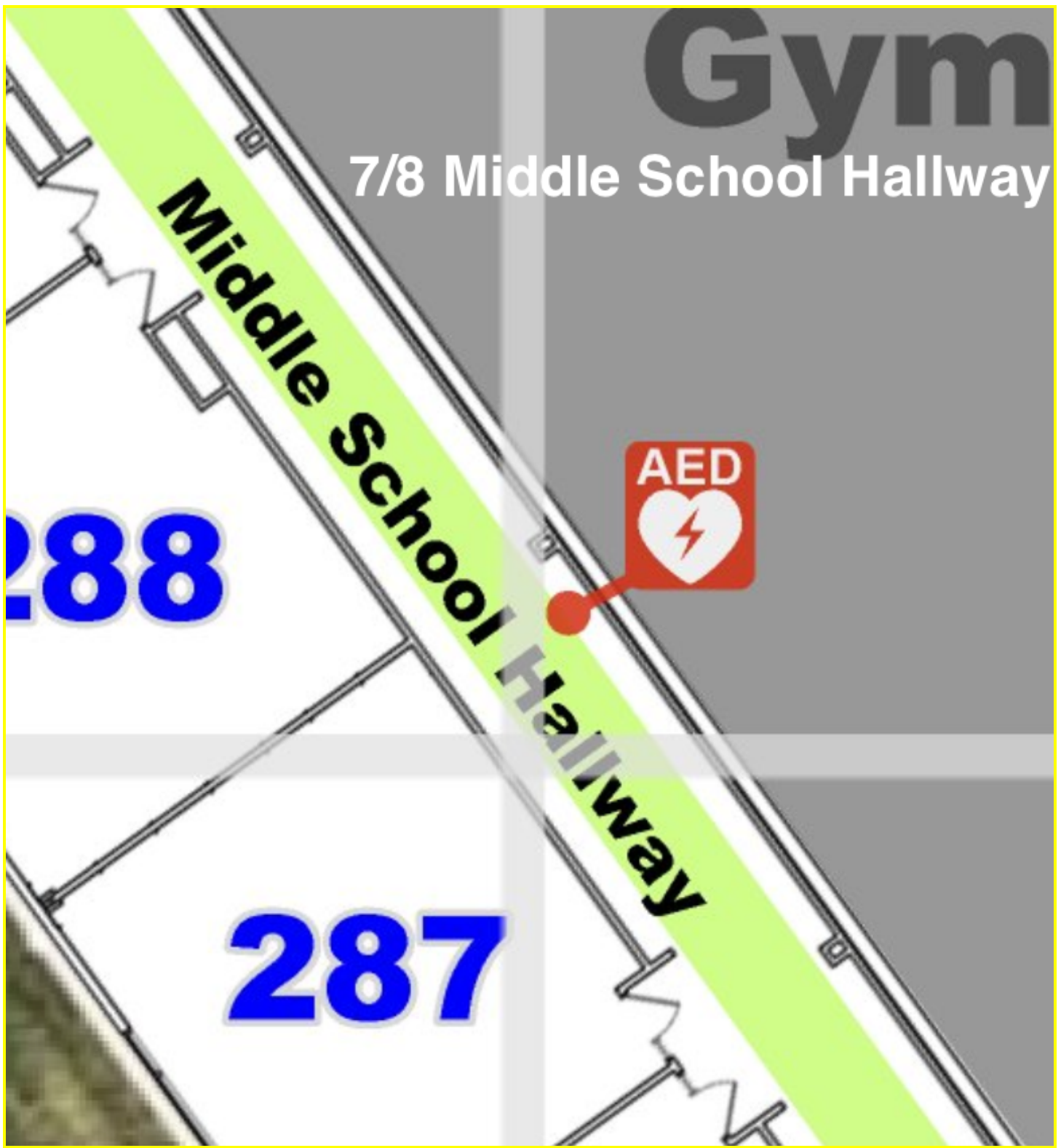
AEDs should be stored in an unlocked case and ensure accessibility for people of all abilities with installation in high traffic areas of the school building like cafeterias and gymnasiums. The device's readiness indicator should be facing outward and visible with signage that clearly indicates the location of the device with AED use instructions available in languages relevant to the school community. The American Heart Association recommends, and Minnesota state law requires, that schools place AEDs in accessible locations throughout the campus to allow for retrieval and delivery to the scene ideally within 3 minutes of being notified of a potential cardiac emergency ^{vi}. Minnesota Statutes 2025, section 121A.241, subdivision 2(2).

School districts and charter schools must address how school staff will respond to cardiac emergencies at school-sponsored activities, including athletic events on or off school grounds. Minnesota Statutes 2025 , section 121A.241, subdivision 2(7). The plan should provide for AED availability at athletic practices and events. For larger campuses, schools may consider climate-controlled AEDs to be mounted outside near athletic fields.

It is best practice for schools to have adult and pediatric pads available in each case for use if needed. If pediatric pads are not available, adult AED pads may be used ^{vi}. Considerations should also be given for including additional items like latex-free gloves, razor, scissors, and a CPR barrier mask.

Gym

7/8 Middle School Hallway



First Floor outside LS Office



At top of Main
Staircase





Maintenance

Schools should consult with their district's health and safety or facilities team to determine best practices for proper installation and maintenance of AEDs, including a process for documenting regular safety checks to verify expiration dates for the device's pads and batteries and to ensure the device is functioning properly. District and charter school teams should determine staff roles and responsibilities for the routine monitoring and tracking of proper function and maintenance of the equipment. Minnesota Statutes 2025, section 121A.241, subdivision 2(3).

Registry

[Minnesota Statutes 2025, section 403.51](#), states that a person who purchases or obtains a public access AED shall register that device with an AED registry within 30 working days of receiving the AED. School districts and charter schools can register their public access AEDs with the National Emergency AED Registry (NEAR) through the PulsePoint Foundation at [PulsePoint AED](#). Questions regarding AED registry can be directed to the PulsePoint Support Team at support@pulsepoint.org.

Schools are advised to consult with their district legal counsel to assess the applicability of Minnesota Statutes 2025, section 403.51, subdivision 1, paragraph (e), in relation to the placement and visibility of AEDs within their facilities.

Communication of the Cardiac Emergency Response Plan

The school's adopted CERP should be distributed broadly as a part of the building's overall crisis management plan to all staff and relevant local emergency responders at the start of each school year. Minnesota Statutes 2025, section 121A.241, subdivision 2(4). School administrators may designate a CERT member as the person responsible for the updating and distribution of the CERP. Washington County has this plan.

The American Heart Association recommends that the CERP protocol be posted near the AEDs and in classrooms, cafeterias, gymnasiums, restrooms, health offices, breakroom spaces, and in main offices ^{i, vi}.

Integration of Local Emergency Medical Services with the School Plan

School administrators and CERT members should develop and implement the CERP in cooperation with relevant local emergency responders, school district health and safety officials, school nurses, athletic staff, and other members of the school or community medical team. The adopted CERP with locations of onsite AEDs should be provided, along with facility diagrams and site plans to first responders, as requested. Minnesota Statutes 2025, section 121A.241, subdivision 2(4). Washington County has this plan.

Training for CPR and AED Use

To effectively respond to cardiac emergencies, school districts and charter schools should include clear procedures for CPR and AED training and certification within the response plan. As a best practice, all school staff and coaches should review the school's CERP annually and be encouraged to learn Hands-Only CPR and AED use. These efforts ensure a coordinated and rapid response to cardiac emergencies within the school setting.

CPR training

Training is the educational process of learning how to recognize sudden cardiac arrest, perform chest compressions (Hands-Only CPR), and use an AED. School staff and coaches are encouraged to participate in annual CPR and AED education to strengthen school-wide readiness and ensure a timely response that meets CERT roles of CPR initiation, AED retrieval, and 911 notification. Annual training should include review of the CERP, recognizing the signs of cardiac arrest, understanding how to initiate the emergency response team, and knowledge of where AEDs are located inside and outside the building ^{i, vi}.

CPR certification

Certification formally recognizes a person's proficiency in performing CPR and AED use. Certification is obtained through a nationally recognized organization, such as the American Heart Association, the American Red Cross, among others, and includes written and in-person hands-on testing. Schools should strongly consider CPR and AED certification for CERT members and renew certification at least every two years to maintain competency. Certification is also recommended for coaches and others who regularly supervise student physical activity.

Nationally recognized cardiovascular care organizations offer certification courses in traditional classroom settings and blended formats that combine online learning with in-person practice and testing.

Practice Drill for Cardiac Emergency Response

Developing and implementing a written and practiced CERP in schools is critical for saving lives and ensures a coordinated and timely response for cardiac emergencies. Research shows that having a CERP in place and conducting regular practice drills can increase a person's chance of survival to 70% compared to less than 10% without such practice ^{vii}.

For schools to be fully prepared to respond to a cardiac emergency, annual drills for school staff and students should be incorporated into the CERP ^{i, iii, vi}. Minnesota Statutes 2025, section 121A.241, subdivision 2(5). The American Heart Association describes a successful cardiac emergency response drill as full completion of the CERP protocol in 5 minutes or less. Schools should perform at least one drill annually, while two or more are recommended by the AHA, noting that one of the drills may include a tabletop exercise with participation of CERT members and school staff ^{vi}. The drills allow the response team time to practice key elements of the plan including effective communication, availability of CPR/AED certified responders, identification of roles and responsibilities, access to AEDs, and coordination with onsite and community medical responders.

Practice drills should be included in a building level crisis management plan under crisis-specific procedures for cardiac emergencies. We do a cardiac medical emergency drill each year.

Annual Review of the Plan

School Boards are required to conduct an annual review and evaluation of the CERP, focusing on ways to improve the effectiveness of the plan. Minnesota Statutes 2025, section 121A.241, subdivision 2(6). This evaluation may include post-event feedback from after-action reviews. Annually, the District's CERP Coordinator(s) and building CERT members should review and update the CERP based on current evidence-based best practices for responding to a cardiac emergency.

Protocol for Cardiac Emergency Response

Although most school staff do not have a background in the medical field, it is possible that a situation will arise that requires quick action from staff to successfully respond to a medical emergency. This protocol provides step-by-step guidance that all staff can follow in an event of a cardiac emergency. Immediate action is critical when responding to a sudden cardiac arrest event. Schools should identify the closest medical facility that is equipped in advanced cardiac care and considerations may be given to obtaining on-site ambulance coverage for higher-risk athletic events.

Scenario: A person is found on the ground, not responding to verbal prompts or physical touch. The person is observed to have abnormal breathing (irregular breaths, gasping, or not breathing at all), and may begin to show seizure-like movements or convulsions. You need to take immediate action.

1. Recognize signs of SCA (may include one or more of the following).
 - a. Not moving, unresponsive, or unconscious
 - b. Not breathing normally (e.g., may have irregular breathing patterns, gasping or gurgling, or may not be breathing at all)
 - c. Seizure or convulsion-like movements
2. The first school staff to observe the unresponsive person calls 9-1-1 or designates another adult to call 9-1-1.
 - a. Provide school building address
 - b. Explain person's condition/symptoms
 - c. Listen carefully to the dispatcher for additional guidance
 - d. Stay on the line and answer dispatcher questions
3. Once 911 has been called, activate the cardiac emergency response team (CERT) immediately using the communication plan outlined in the CERP. Use a calm, clear voice to call the office and state, ***"There is a cardiac emergency in [name specific location within the building] and 911 has been called."***
4. The school staff that finds the unresponsive person should also designate someone to retrieve and deliver an AED from the nearest location to the emergency. Often a team member enroute to the scene can retrieve the AED the fastest.
5. The first staff member at the scene of the emergency should start CPR (Hands-Only CPR if not CPR certified is an effective response and increases chance of survival until a CERT member or EMS arrive on scene)
 - a. Place the person on their back on a firm flat surface.
 - b. Using 2-hands place the heel of one hand in the center of the chest, on the lower half of the breastbone, with the other hand directly on top (or one hand for smaller children), pushing hard and fast to a depth of about 2 inches (or one-third the depth of the chest for smaller children). You can lift or interlock fingers to keep them off the chest.
 - c. 100-120 compressions per minute, allowing the chest to rise fully between compressions.
 - d. If you are able and willing to provide rescue breaths, use a CPR barrier mask and provide 2 breaths after 30 compressions.
 - e. Continue compressions until help arrives.
6. School administrators or office staff should follow communication procedures within the crisis management plan for placing the school in a **"hold"** for medical emergencies, and alert CERT using a two-way communication system to the location of the medical emergency.
7. CERT members should report to the emergency location and respond based on roles and responsibilities assigned, ensuring CPR certified staff remain on scene and additional staff are securing the location and available at entry points to quickly direct EMS personnel to the scene.
8. When the AED arrives, turn the device on immediately.

9. Follow the AED's visual and audio prompts for pad placement and shock advisement. Note: the AED will only deliver electrical shocks if advised by the device. Continue CPR, rotating staff doing chest compressions as needed, until the person becomes responsive, or EMS takes over.
10. Transfer care to EMS upon their arrival reporting the time the unresponsive person was found and when CPR began.
11. A CERT member should be designated to document the emergency, noting the time the event began, when CPR was initiated, when and if the AED delivered a shock, the time EMS arrived on scene and assumed control of the emergency response, and the person's condition when care was transferred to EMS.
12. Following the communication procedures outlined in the building's crisis management plan, a school administrator or office staff should notify emergency contacts for the unresponsive person.
13. Medical providers evaluating the person following the emergency response may request information about what the person was doing at the time of the event as well as retrieval of data from the AED to determine proper treatment. EMS personnel may request that the school send the AED with the person to the hospital. Schools should have a plan for returning the AED back to campus.
14. CERT members should allow for time following the event to debrief the outcome of the cardiac emergency and complete an after-action review to identify successes and areas for improving future emergency medical response, updating plans and protocols accordingly. School boards are required to annually review and evaluate the effectiveness of the plan.
15. Develop a plan for supporting staff and/or student mental health needs following their participation in or observation of a medical emergency response on campus. The plan may include staff support through the Employee Assistance Program (EAP) or the Regional Crisis Response Team ([MDE Model Crisis Management Policy, 2024](#)). Staff may also engage with school-employed mental health professionals to evaluate post-event trauma and identify students who may need additional care and support following the emergency event.

CPR and AED Instruction for Secondary Students

School districts must provide one-time cardiopulmonary resuscitation and automatic external defibrillator instruction as part of their grade 7 to 12 curriculum for all students in that grade beginning in the 2014-15 school year and later. Training and instruction under this section need not result in cardiopulmonary resuscitation certification. Minnesota Statutes 2025, section 120B.236a.

 Automated external defibrillators: How to use an AED

Legal References

Minnesota Statutes 2025, section 121A.241 [Cardiac Emergency Response Plan](#)

Minnesota Statutes 2025, section 120B.236 [Cardiopulmonary Resuscitation and Automatic External Defibrillator Instruction](#)

Minnesota Statutes 2025, section 121A.035 [Crisis Management Policy](#)

Minnesota Statutes 2025, section 403.51 [Automatic External Defibrillation; Registration](#)

Minnesota Statutes 2025, section 604A.01 [Good Samaritan Law](#)

Appendices

Appendix A: Resources for Schools

Table 1: Available resources for schools implementing a cardiac emergency response plan.

Organization	Provided Resource	Web Address
American Heart Association	Implementation guide to assist with developing action plans, practice drills, and evaluation materials including a school checklist	https://cpr.heart.org/en/training-programs/cardiac-emergency-response-plan-cerp
Project ADAM Minnesota	Free assistance in creation and implementation of a practiced CERP	https://www.childrensmn.org/services/care-specialties-departments/cardiovascular-program/conditions-and-services/project-adam/
Parent Heart Watch	Toolkit templates and trainings for school and athletic staff, and programs providing AEDs to schools	https://parentheartwatch.org/resources/sca-prevention/cardiac-emergency-response-plan/ https://parentheartwatch.org/programs/get-charged-up/
Sudden Cardiac Arrest Foundation	National funding resources for AEDs and school-based CPR/AED education programs	https://www.sca-aware.org/campus/funding-sources-for-schools

Appendix B: Planning and Evaluation of the CERP Program

Project ADAM resources. Adapted from Project ADAM National resources; for additional resources please visit www.projectadam.com/Heartsafeschools.

- [CERP Program Checklist](#)
- [Building a Cardiac Emergency Response Team](#)
- [Choosing an AED](#)
- [AED Location: Placement Assessment](#)
- [AED Maintenance Log](#)
- [Drill Checklist](#)
- [How to Plan and Execute a Cardiac Emergency Response Drill](#)
- [Incident AED Report Form](#)
- [Post Sudden Cardiac Arrest \(SCA\) Incident Debriefing](#)

ⁱ American Heart Association. (2023). *Cardiac emergency response planning for schools: A policy statement 2023*. <https://www.heart.org/-/media/Files/About-Us/Policy-Research/Policy-Positions/CPR-and-AED/Cardiac-Emergency-Planning-for-Schools.pdf>

ⁱⁱ Harmon, K. G., Asif, I. M., Maleszewski, J. J., Owens, D. S., Prutkin, J. M., Salerno, J. C., Zigman, M. L., Ellenbogen, R., Rao, A. L., Ackerman, M. J., & Drezner, J. A. (2015). Incidence, cause, and comparative frequency of sudden cardiac death in National Collegiate Athletic Association athletes: A decade in review. *Circulation*, 132(1), 10-19. <https://doi.org/10.1161/CIRCULATIONAHA.115.015431>

ⁱⁱⁱ Parent Heart Watch. (2023). *Out-of-hospital cardiac arrest in youth. Estimated from various sources*. <https://parentheartwatch.org/resources/incidence-of-sca-in-youth/>

^{iv} Sasson, C., Rogers, M. A., Dahl, J., Kellermann, A. L. (2010). Predictors of survival from out-of-hospital cardiac arrest: A systematic review and meta-analysis. *Circ Cardiovasc Qual Outcomes*, 3(1):63-81. <https://doi.org/10.1161/circoutcomes.109.889576>

^v Weisfeldt, M. L., Sitlani, C. M., Ornato, J. P., Rea, T., Aufderheide, T. P., Davis, D., Dreyer, J., Hess, E. P., Jui, J., Maloney, J., Sopko, G., Powell, J., Nichol, G., Morrison, L. J., & ROC Investigators (2010). Survival after application of automatic external defibrillators before arrival of the emergency medical system: Evaluation in the resuscitation outcomes consortium population of 21 million. *Journal of the American College of Cardiology*, 55(16), 1713–1720. <https://doi.org/10.1016/j.jacc.2009.11.077>

^{vi} American Heart Association. (2025). *Cardiac emergency response plan and protocol*. https://cpr.heart.org/en/-/media/CPR-Files/Training-Programs/2025-CERP/Cardiac-Emergency-Response-Plan-and-Protocol042025.pdf?sc_lang=en

^{vii} Evans S, Legg M. (2024). Cardiac emergency response plan: Is your school prepared? *NASN School Nurse*, 39(4):175-180. <https://doi.org/10.1177/1942602X231201087>