

## Series 3000: Operations, Finance, and Property

### 3400 School Safety and Security

#### 3402-AG Drills, Plans, and Reports

##### Cardiac Emergency Response Plan

The board is committed to maintaining a safe environment for the administration of automated external defibrillators.

The superintendent or the designee will develop and implement regulations that enable Okemos Public Schools to offer an appropriate response in the event of a cardiac emergency. These procedures will include, but are not limited to:

1. The use and regular maintenance of automated external defibrillators located within the district.
2. Activation of a cardiac emergency response team/medical emergency response team in the event of an identified cardiac emergency.
3. The methods for effective and efficient communication in the building or outside area in which the emergency arises.
4. A training plan for the use of automated external defibrillators and cardiopulmonary resuscitation techniques.
5. The incorporation or integration of a local emergency response system and emergency response agencies in the district's procedures.

For the purposes of the Cardiac Emergency Response Plan, Medical Emergency Response Team (MERT) and Cardiac Emergency Response Team (CERT) are interchangeable.

This Cardiac Emergency Response Plan is developed in compliance with Section 19 of the Michigan Fire Prevention Code.

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 can include one or more of the following:

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

*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.*

##### **A. Developing a Cardiac Emergency Response Team**

1. Per District, Building teams are to be overseen by the District Health Team.
2. The Cardiac Emergency Response Team/Medical Emergency Response Team

shall be composed of those individuals who have current CPR/AED certification. It will include a building administrator, office staff, educators, athletic personnel, and/or others within the school.

3. Members of the Cardiac Emergency Response Team/Medical Emergency Response Team are identified in the “Cardiac Emergency Response Team” (Appendix A), to be updated annually and as needed to remain current. One of the team members shall be designated as the Cardiac Emergency Response Team Coordinator.
4. All members of the Cardiac Emergency Response Team/Medical 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.

#### **B. Activation of Cardiac Emergency/Medical Emergency Response Team**

1. The members of the Cardiac Emergency Response Team/ Medical Emergency Response Team shall be notified immediately when a cardiac emergency is suspected.
2. The protocol for responding to a cardiac emergency is described in “Protocol for Posting” (Appendix B).
3. The members of the Cardiac Emergency/Medical Emergency Response Team shall be notified when other medical crises occur.

#### **C. Automated External Defibrillators (AEDs) – Placement and Maintenance**

1. Minimum recommended number of AEDs:
  - *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 Okemos Public Schools Okemos, Michigan school building, A sufficient number is estimated by time to scene from recognition to AED placement within 2-5 minutes.
  - *Outside the school building* on school grounds / athletic fields for school-sanctioned sports and Community Education run sports– The number of AEDs, either stationary or in the possession of an on-site athletic trainer, coach, or other qualified people, 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 2 minutes of being notified of a possible cardiac emergency.
    - It is the responsibility of Community Education and School Athletics to check out an AED for outside activities
  - *Back-up AEDs* – One or more AEDs shall be held in reserve for use as a replacement for any AED which may be out-of-service for maintenance or other issues. The backup AED(s) should also be available for use by the school’s athletic teams or other groups traveling to off-site locations within the state.
2. The Director of Operations or the designee will develop a process to regularly check and maintain each AED used OPS purposes in accordance with the AED’s operating manual and maintain a log of the maintenance activity. The Operations Director or the designee shall be responsible for verifying equipment readiness and maintaining maintenance activity records.
3. Additional Resuscitation Equipment: A resuscitation kit shall be connected to the AED carry case. The kit shall contain latex-free gloves, razors, scissors, towel antiseptic wipes, and a CPR barrier mask.
4. AEDs shall not be locked in an office or stored in a location that is not easily and

quickly accessible at all times.

5. AEDs shall be readily accessible for use in responding to a cardiac emergency, during both school-day activities and after-school activities within the buildings, in accordance with this plan. Each AED shall have one set of defibrillator electrodes connected to the device and one spare set with the AED case. All AEDs should have clear AED signage to be easily identified. Locations of the AEDs are to be listed on the protocol for posting (Appendix B).

#### **D. Communication of this Plan executed by the Health and Safety Team**

1. Locations of the nearest AED shall be *posted* as follows:
  - In each classroom, cafeteria, hallway restroom, faculty break room, auditorium, and in all school offices.
  - In the gymnasium, swimming pool area, and at other strategic school campus locations, including outdoor physical education and athletic areas.
2. The Cardiac Emergency Response protocol shall be:
  - Included in each classroom's emergency procedures folder.
  - Adjacent to the school telephone in the main office, guidance office, and
  - Registrar's office, when these exist.
  - Adjacent to the Meridian Senior Center main office telephone.
3. The Cardiac Emergency Response Protocol shall be distributed by the building Principal or Director to:
  - All staff and administrators at the start of each school year, with updates distributed as they are made.
  - 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.
  - All Club Directors at the start of each school year and as applicable at the start of the season for each activity, with updates distributed as made.
4. Results and recommendations from Cardiac Emergency Response Drills performed during the school year shall be communicated to building staff by the building Principal or Director.
5. A copy of this Cardiac Emergency Response Plan may be found on the OPS website at [www.Okemosk12.net](http://www.Okemosk12.net).

#### **E. Training in Cardiopulmonary Resuscitation (CPR) and AED Use**

1. Staff Training:
  - Training shall be provided by a member of the Health Team who may or may not be a school staff member, currently certified by a nationally recognized organization to conform to current American Heart Association guidelines for teaching CPR and/or Emergency Cardiac Care (ECC).
  - Training may be traditional classroom or blended instruction but should include cognitive learning, hands-on practice, and testing.
2. Cardiac Emergency Response Drills:

Cardiac Emergency Response Drills are an essential component of this plan. Principals or Directors in conjunction with the health team will ensure that their building performs a minimum of two successful Cardiac Emergency Response Drills each school year with the participation of administrators, teachers, athletic

trainers, coaches, other targeted responders, and emergency personnel, if possible. A successful Cardiac Emergency Response Drill is defined as full and successful completion of the drill in 5 minutes or less. Schools shall prepare and maintain a Cardiac Emergency Response Drill Report for each drill (Appendix C). These reports shall be maintained for a minimum of 5 years locally with other safety documents and housed in the district's drill reporting system, currently Munetrix. A member of the Health and Safety Team shall be present at each drill performed with a debriefing of the drill afterwards.

#### **F. Local Emergency Medical Services (EMS) Integration**

1. The Safety Team shall provide a copy of this plan to 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) with updates distributed as made.
2. The Safety Team shall work with local emergency response agencies to
  - Coordinate this plan with the local emergency response system and
  - To inform local emergency response systems of the number and location of on-site AEDs.

#### **G. Annual Review and Evaluation of the Plan**

The Health and Safety Team shall conduct an annual internal review of the school district's plan. The annual review should focus on ways to improve the school response process, including:

1. A *post-event review* following an event (Appendix E). This includes a review of existing school-based documentation for any identified cardiac emergency that occurred on the school campus or at any off-campus school-sanctioned function. The Principal or Director shall designate the person who will be responsible for establishing the documentation process. Post-event documentation and action shall include the following:
  - A contact list of individuals to be notified in case of a cardiac emergency.
  - Determine the procedures for the release of information regarding the cardiac emergency.
  - Date, time, and location of the cardiac emergency and the steps taken to respond to the cardiac emergency.
  - The identification of the person(s) who responded to the emergency.
  - 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.
  - 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.
  - 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.
2. A review of the documentation for all Cardiac Emergency Response Drills performed during the school year.

3. A determination, at least annually, as to whether or not additions, changes, or modifications to the plan are needed (Appendix F). Reasons for a change in the plan may result from a change in established guidelines, an internal review following an actual cardiac emergency, or changes in school facilities, equipment, processes, technology, administration, or personnel.

#### **H. Incident Reporting**

1. Each building shall be responsible for appointing its own Emergency Communicator and a backup in the event that this staff member is not available. This staff shall be responsible for contacting and relaying emergency information to
  - a. 911 or emergency personnel
  - b. School Nurse or Human Resources if there is no Nurse available
  - c. Student's parent/guardian or staff member's emergency contact
  - d. Operations to replenish equipment

Legal authority: MCL 29.19, 29.19b; MCL 380.1241, 380.1308, 380.1308a, 380.1308b, 380.1310a, 380.1319, 380.1901, et seq.

Date adopted:

Date revised:



## Appendix B: Protocol for Posting Cardiac Emergency - Response Team Protocol

Sudden cardiac arrest events can vary greatly. Faculty, staff, and Cardiac Emergency Response Team (CERT) members must be prepared to perform the duties outlined below. Immediate action is crucial 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.

### Building Location Information

**School Name & Address** \_\_\_\_\_

**School Emergency Phone#** \_\_\_\_\_

**Cross Streets** \_\_\_\_\_

**AED Location** \_\_\_\_\_

Follow these steps in responding to a suspected cardiac emergency:

**(a) 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 (irregular breaths, gasping, gurgling, or not breathing at all).
- The person appears to be having a seizure or is experiencing convulsion-like activity. (Cardiac arrest victims commonly 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 demonstrates signs of cardiac arrest described above and is treated the same.

**(b) 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. o 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 and flag down 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) en route to the scene and leave the AED cabinet door open; the alarm typically signals the AED was taken for use.

**(c) Start CPR:**

- Begin continuous chest compressions and have someone retrieve the AED.
- Press hard and fast in the center of the chest. The 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 1/3<sup>rd</sup> the depth of the chest for children under 8 years old).
- Follow the 9-1-1 dispatcher's instructions, if provided.

**(d) Use the nearest AED:**

- When the AED is brought to the patient's side, press the power-on button, and attach the pads to the patient as shown in the diagram on the pads. Then follow the AED's audio and visual instructions. If the person needs to be shocked to restore a normal heart rhythm, the AED will deliver one or more shocks. *Note:* The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.
- Continue CPR until the patient is responsive or a professional responder arrives and takes over.

**(e) Transition care to EMS:**

- Transition care to EMS upon arrival so that they can provide advanced life support.

**(f) Action to be taken by Office / Administrative Staff:**

- Confirm the exact location and the condition of the patient.
- 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.
- Perform "Crowd Control" – directing others away from the scene.
- Notify other staff: school nurse, athletic trainer, athletic director, etc.
- 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.).
- Notify staff and students when to return to the normal schedule.
- Contact school district administration and the Operations Department for the replacement of any equipment used.

## Appendix C: School-Based Cardiac Emergency Response Drill Report

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

Y	N	NA	
			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?
			Victim checked for breathing 5-10 seconds?
			CPR started with chest compressions?
			Compressions at least 2 inches deep and at a rate of approx. 30 compressions in 18 seconds?
			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 the scene within 3 minutes?
			AED pads applied immediately and without pause in compressions except to apply pads?
			Team members communicated with each other throughout the drill?
			Shift of roles completed smoothly?

**Questions for post-drill review:**

What did the Cardiac Emergency Response Team do right?

What could the Cardiac Emergency Response Team do better?

What was easy to remember?

What was difficult to remember?

**Appendix D: School-Based Cardiac Emergency Response Plan  
Annual Review of Drills**

*Examine each Drill Summary Checklist when completing  
this annual review for your school documentation.*

**School Name:**

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**Number of Drills performed:**

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**Months Drills were performed:**

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**List staff strengths during drills leading to appropriate responses:**

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

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

**Appendix E: School-Based Cardiac Emergency Response Plan  
Post-Event Review**

**Designated person completing documentation:** \_\_\_\_\_

**School Name: Location of Event:** \_\_\_\_\_

**Date/ Time off 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:
- 
- Discussions with medical personnel:
- 
- General comments:

**Debriefing process for responders and post-event support** (Aftercare services and counselors):

**Appendix F: School-Based Cardiac Emergency Response Plan  
Annual CERP Evaluation**

*Examine the Annual Post Event and Drill reviews when completing the annual CERP evaluation for your school documentation.*

**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 any changes to be made to the categories of your CERP for next school year.** (Consider school facilities, processes, equipment, administration, personnel, and other changes in conditions.)

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