

Cardiac Emergency Response Team (CERT)



Agenda

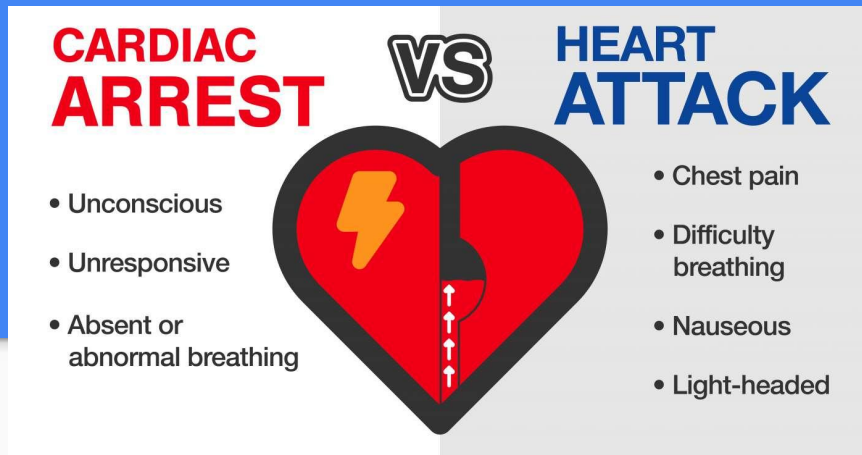
- Review the Cardiac Emergency Response Plan (CERP)
- Clarify roles and responsibilities of members
- Educate about rapid response and communication in a cardiac event
- Provide readiness and confidence for a real emergency

Learning Objective

- Identify the signs/symptoms of cardiac arrest
- Educate staff members on how to activate CERT and 911
- Review/educate about AED and CPR procedures

Cardiac Arrest

- What is cardiac arrest?
 - This occurs when the heart malfunctions and stops beating unexpectedly.
- Why is a quick response crucial?
 - Survival decreases by 10% for every minute without defibrillation
- Benefits of stating CPR right away
 - It can double or triple a person's chance of survival. If there is an effective CERT response, it can increase survival rates about 70%.



Components of a CERP

- Designated CERT members
- Accessible AED
- Emergency communication protocols
- On-going training/review process



Roles and Responsibilities

- **School nurse: begins CPR and initiates AED**
 - If school nurse is not on the scene, the first responder who notices will begin CPR, call for help or 911, and possibly get the AED
- **Front Office: provide an announcement for “CPR staff members to go to the scene/room number/teacher room”**
 - Julie, Nuvia, Lisa, Melissa, Sue, or Amanda
- **AED runner and calls 911: closest person to the victim**
 - If you call 911 and do not know how to perform CPR, the 911 dispatcher will educate you and tell you how to perform it
- **Staff bystanders: Manages crowd and direct EMS to the scene**
 - Administrators, teachers, other CPR or non CPR staff members
 - CPR recertification will be March 13, 2026 SIP day

Communication Protocol

- Notify main office/nurse
- Call 911 immediately
- Activate the AED
- Use designate communication phrase
 - “CPR Staff to room/location”
- Have additional staff members meet EMS
- Have office staff print information sheet or pull up staff emergency information for victim

AED Placement

- Central:
 - Outside gym doors
 - In the common before walking up the stairs
- Portable
 - In the Central nurses office when there is no tack or soccer season
- Primary
 - Outside gym doors



Summary

- Every second counts in cardiac events
- Practicing/reviewing helps
- Working as a team can provide a positive/good outcome

	Recommendations		
Component	Adults	Children	Infants
Recognition	Unresponsive (for all ages)		
	No breathing or no normal breathing (ie, only gasping)	No breathing or only gasping	
	No pulse palpated within 10 seconds for all ages (HCP only)		
CPR sequence	C-A-B		
Compression rate	At least 100/min		
Compression depth	At least 2 inches (5 cm)	At least 1/2 AP diameter About 2 inches (5 cm)	At least 1/2 AP diameter About 1 1/2 inches (4 cm)
Chest wall recoil	Allow complete recoil between compressions HCPs rotate compressors every 2 minutes		
Compression interruptions	Minimize interruptions in chest compressions Attempt to limit interruptions to <10 seconds		
Airway	Head tilt–chin lift (HCP suspected trauma: jaw thrust)		
Compression-to-ventilation ratio (until advanced airway placed)	30:2 1 or 2 rescuers	30:2 Single rescuer 15:2 2 HCP rescuers	
Ventilations: when rescuer untrained or trained and not proficient	Compressions only		
Ventilations with advanced airway (HCP)	1 breath every 6-8 seconds (8-10 breaths/min) Asynchronous with chest compressions About 1 second per breath Visible chest rise		
Defibrillation	Attach and use AED as soon as available. Minimize interruptions in chest compressions before and after shock; resume CPR beginning with compressions immediately after each shock.		