

Cardiac Emergency Response Plan

Meridian CUSD #223

Last Reviewed: January 2025

Purpose

1. This document provides direction and detailed guidance for responding to a sudden cardiac arrest (SCA) through a Cardiac Emergency Response Plan (CERP). This plan outlines Cardiac Emergency Response Teams (CERTs), AED maintenance and locations, and related staff training/certification.
2. Sudden cardiac arrest (SCA) can happen anywhere and at any time. According to the American Heart Association (AHA), early intervention that includes CPR and restoration of normal heart rhythm with the use of an AED increases the chance of survival.

Development of a Cardiac Emergency Response Team (CERT)

1. The Director of Health Services will serve as the Cardiac Emergency Response Team Coordinator who oversees CPR-AED program activities, training, education, and evaluation.
2. All individuals on CERT should have current CPR/AED training from a nationally recognized organization.
3. The Cardiac Emergency Response Team (CERT) in each school shall include, but is not limited to, the following members: 1) school nurse, 2) school principal(s)/administrator(s), and 3) Any CPR/AED certified staff members. A list of these individuals and their CPR certifications will be maintained in each school's main office.

Automated External Defibrillators (AEDs) – Placement, Installation and Maintenance

1. AEDs are located throughout the schools and school grounds to help ensure a person is able to retrieve the AED and deliver it to any location within the building, athletic field, or location of outdoor physical activity within 3 minutes of being notified of a possible cardiac emergency.
2. Locations of the AEDs will be listed in the "Protocol for Cardiac Emergency Response Team".
3. 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.
4. AEDs will be accessible for responding to a cardiac emergency, during sports activities, after-school, or work activities.

5. Each AED will have one set of AED pads connected to the device. Both pediatric and adult pads are available with each district AED. If the model of AED uses a child key instead of child pads, a child key will be stored with each corresponding AED.
6. All stationary AEDs will be stored in a labeled wall cabinet, with clear signage, and placed so that the AED's readiness indicator is facing outward. The Athletic Trainer's AED will be stored in a case and will be carried with the Athletic Trainer.
7. The AED wall cabinets will be unlocked to ensure accessibility at all times.
8. The AHA Simplified Adult BLS diagram from the AHA will be posted near each AED cabinet.
9. All district AEDs will be checked at least once monthly. A maintenance log will be maintained for each AED.
10. In the event that any AED may be out-of-service for maintenance or other issues, the nearest AED will serve as the back-up AED.

Communication of CERP

1. The Cardiac Emergency Response Plan (CERP) should be posted broadly in places such as (but not limited to):
 - a. In each classroom, cafeteria, restroom, health room, break room and in all offices.
 - b. Adjacent to each AED.
 - c. In the gym, and in all other indoor locations where athletic activities take place.
 - d. At other strategic locations on school campus, including outdoor physical education and athletic venues and facilities.
 - e. Attached to all portable AEDs.
2. The Cardiac Emergency Response Plan will be distributed to:
 - a. All staff and administrators at the start of each school year, with updates distributed as made.
 - b. All staff will be educated on the Cardiac Emergency Response Plan in their school yearly.
 - c. New staff members will receive the CERP in their orientation materials.
3. A facility user or renter should have their own plan, especially those using the facility after school hours.

Training in Cardiopulmonary Resuscitation (CPR) and AED Use

1. Staff training

- a. A sufficient number of staff (in addition to the school nurse) should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED. The American Heart Association recommends that at a minimum, at least 10% of staff, 50% of coaches, and 50% of physical education staff in schools should have current CPR/AED certification. Training shall be renewed at least every two years.
 - b. The Director of Health Services shall be responsible for coordinating staff training.
 - c. CPR/AED certification is available for any staff member through American Heart Association (AHA) classes offered by the district.
 - d. Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice, and testing.
 - e. Annual training for all staff will include: SCA and understanding how to recognize a cardiac arrest, how to initiate the response team, and where the AEDs in the building are located.
2. Cardiac Emergency Response Drills:
- a. The site should perform at least 2 successful Cardiac Emergency Response Drills each year with the participation of staff, safety officials and other targeted responders. A successful Cardiac Emergency Response Drill is defined as full and successful completion of the Drill in 5 minutes or less. One drill may include a tabletop exercise with all the staff and CERP members present.
 - b. Include as many other people as possible (staff, faculty, coaches, students, parents, etc.) who can receive additional CPR/AED education and awareness of the plan.
 - c. A checklist outlining response steps will be used to ensure all actions are being completed. An observer will time the event and check off steps as they occur.
 - d. After the drill, a debrief with staff about how the response can be improved, if the CERP needs to be edited, and that the team feels confident in a real response.

Local Emergency Medical Services (EMS) Integration with the School Plan

1. A copy of this Plan will be provided to local police and fire departments and local Emergency Medical Services (EMS).
2. 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.

3. When possible, local EMS and first responders will be invited to the Cardiac Emergency Response Drills to give feedback and provide information about realistic situations.

Conduct Practice Drills

1. The American Heart Association (AHA) CERP Drill recommendations will be utilized to conduct practice drills.

Annual Review and Evaluation of the Plan

1. An annual internal review of the Cardiac Emergency Response Plan (CERP) will include:
 - a. A post-event review following an event. This includes review of existing documentation for any identified cardiac emergency that occurred at the location or at any sanctioned function.
2. Post-event documentation and action shall include the following:
 - a. A contact list of individuals to be notified in case of a cardiac emergency.
 - b. Determine the procedures for the release of information regarding the cardiac emergency.
 - c. Date, time, and location of the cardiac emergency and the steps taken to respond to the cardiac emergency.
 - d. The identification of the person(s) who responded to the emergency.
 - e. 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.
 - f. An evaluation of whether the CERP was sufficient to enable an appropriate response to the specific cardiac emergency. The review shall include recommendations for improvements to 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.
 - g. 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.
 - h. A review of the documentation for all Cardiac Emergency Response Drills performed during the year. Consider pre-established Drill report forms to be completed by all responders.

- i. A determination, at least annually, as to whether additions, changes or modifications to the Plan are needed. Reasons for a change in the Plan may result from a change in established guidelines, an internal review following an actual cardiac emergency, or from changes in facilities, equipment, processes, technology, administration, or personnel.

Activation of Cardiac Emergency Response Team During an Identified Cardiac Emergency

1. Activate the Cardiac Emergency Response Team immediately when a cardiac emergency is suspected.
 2. All members should be alerted uniformly via overhead page.
 3. The Protocol for responding to a cardiac emergency should be posted and readily accessible to anyone.
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Protocol for Cardiac Emergency Response Team **Meridian CUSD #223**

Sudden cardiac arrest events can vary greatly. All 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. One should also identify the closest appropriate medical facility that is equipped in advanced cardiac care.

Follow these steps in responding to a suspected cardiac emergency:

- 1. Recognize the following signs of sudden cardiac arrest and act quickly in the event of one or more of the following:**
 - a. The person is not moving, unresponsive, or unconscious.
 - b. The person is not breathing normally (has irregular breaths, gasping or gurgling, or is not breathing at all).
 - c. The person appears to be having a seizure or is experiencing convulsion-like activity. Cardiac arrest victims commonly appear to be having convulsions. If it's a true seizure, the AED will not deliver a shock.

- d. 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:

- a. Call 9-1-1 as soon as you suspect a sudden cardiac arrest. Provide the school address, cross streets, and patient's condition. Remain on the phone with 9-1-1. (Bring your mobile phone to the patient's side and put on speaker, if possible.) Give the exact location and provide the recommended route for ambulances to enter and exit and escort to the victim.
- b. Immediately contact the members of the Cardiac Emergency Response Team (CERT) using your school's designated communication system (i.e. walkie talkies, overhead page).
- c. 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.
- d. If you are a CERT member, proceed immediately to the scene of the cardiac emergency.
- e. The closest team member should retrieve the automated external defibrillator (AED) in route to the scene and leave the AED cabinet door open as a signal that the AED was retrieved.

3. Start CPR:

- a. Begin continuous chest compressions and have someone retrieve the AED if not at the scene. Referred to simplified adult BLS graphic below.
 - i. Press hard and fast in the center of the chest, at 100-120 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 at least 2 inches (or 1/3rd the depth of the chest for children under 8 years old). Follow the 9-1-1 telecommunicator's instructions, if provided.
 - ii. If you are able and comfortable giving rescue breaths, please use a barrier and provide 2 rescue breaths after 30 compressions.

4. Use the nearest AED:

- a. 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. Be familiar with your school's AED and if you will need to press the shock button or if it will deliver automatically.
 - i. i. Note: The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.
- b. Minimize interruptions of compressions when placing AED pads to patient's bare chest.
- c. Continue CPR until the patient is responsive or a professional responder arrives and takes over. Make sure to rotate persons doing compression to avoid fatigue.

5. Transition care to EMS:

- a. Once EMS arrives, there should be a clear transition of care from the CERT to EMS.
- b. Team focus should now be on assisting EMS safely out of the building/parking lot.
- c. Provide EMS a copy of the patient's emergency information sheet.

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

- a. Confirm the exact location and the condition of the patient.
- b. Activate the Cardiac Emergency Response Team and give the exact location.
- c. Confirm that the Cardiac Emergency Response Team has responded.
- d. Confirm that 9-1-1 was called. If not, call 9-1-1 immediately.
- e. Assign a staff member to direct EMS to the scene.
- f. Perform "Crowd Control" – directing others away from the scene.
- g. Notify other staff: school nurse, athletic trainer, athletic director, safety director, safety manager, and or sports facilities manager, etc.
- h. Consider medical coverage to continue to be provided at the athletic event if continued after the event.
- i. Consider having the students stay in place (ie. delaying class changes or hallway traffic, dismissal, recess, or other changes) to facilitate CPR and EMS functions.

- j. Designate people to cover the duties of the CPR responders.
- k. Copy the patient's emergency information for EMS.
- l. Notify the patient's emergency contact (parent/guardian, spouse, etc.).
- m. Notify faculty and students, staff, employees, and sports attendees when to return to the normal schedule.
- n. Contact school district administration, human resources and/or sports facility management.

7. Debrief

- a. Discuss 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.
- b. An evaluation of whether the CERP was sufficient to enable an appropriate response to the specific cardiac emergency. The review shall include recommendations for improvements to 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 to help in the debriefing process and to address any concerns regarding on-site medical management and coordination.
- c. 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.