

STILLWATER LINCOLN ACADEMY

CHASE MORRIS ACT COMPLIANCE SITE PLAN

Stillwater Lincoln Academy has developed a sudden cardiac emergency response plan. The district has collaborated with the local/responding EMT **LifeNet** on **August 11, 2026**.

SUDDEN CARDIAC EMERGENCY RESPONSE TEAM:

The team **MUST** include a school administrator. The school or administrator will determine other team members and number to be on the team.

<i>Team Member</i>	<i>Role</i>
George Horton	Principal
Carla Nelson	Secretary
Kris Fowler	Teacher
Scott Petermann	Teacher
David Coates	School Nurse

IDENTIFY APPROPRIATE SCHOOL STAFF TO BE TRAINED IN FIRST AID, CARDIOPULMONARY RESUSCITATION, AND THE USE OF AN AED

- All members of the CERT team listed above will be trained in first aid, cardiopulmonary resuscitation and the use of an AED.

HOW TO ACTIVATE THE TEAM:

- Recognize the following signs of sudden cardiac arrest and act quickly in the event of one or more of the following:
 - The person is not moving, unresponsive, or unconscious.
 - The person is not breathing normally (has irregular breaths, gasping or gurgling, or is 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. If it's a true seizure, the AED will not deliver a shock.
 - 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.
- Facilitate immediate access to professional medical help:

- The first responding individual will call 9-1-1 as soon as they suspect a sudden cardiac arrest. Provide the building or location 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 the victim.
- Immediately contact the members of the Cardiac Emergency Response Team (CERT) using walkie talkies and then an intercom system.
- Give the exact location of the emergency (office or room number, 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) in route to the scene and leave the AED cabinet door open as a signal that the AED was retrieved.
- Start CPR
 - Begin continuous chest compressions and have someone retrieve the AED if not at the scene. Referred to simplified adult BLS graphic below.
 - 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.
 - If you are able and comfortable giving rescue breaths, please use a barrier and provide 2 rescue breaths after 30 compressions.
- 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. Be familiar with your school's AED and if you will need to press the shock button or if it will deliver automatically.
 - Note: The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.
 - Minimize interruptions of compressions when placing AED pads to the patient's bare chest.
 - 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.
- Transition care to EMS.
 - Once EMS arrives, there should be a clear transition of care from the CERT to EMS.
 - Team focus should now be on assisting EMS safely out of the building or location.
 - Provide EMS a copy of the patient's emergency information sheet.

HOW WILL THE PLAN BE COMMUNICATED AND DISSEMINATED THROUGHOUT THE SCHOOL?

- The Cardiac Emergency Response Protocol shall be posted as follows:
 - In each classroom, gym, cafeteria, restroom, health room, faculty break room and in all school offices.
 - Adjacent to each AED.
 - Adjacent to each school telephone.
 - Attached to all portable AEDs.
- The Cardiac Emergency Response Protocol shall be distributed to:
 - All campus staff and administrators at the start of each school year, with updates distributed as made.
- Results and recommendations from Cardiac Emergency Response Drills performed during the school year shall be communicated to all staff and administrative personnel following the drills.

DOCUMENT PERIODIC DRILLS FOR PRACTICING THE PLAN:

<i>Date of Drill</i>	<i>Notes</i>
TBD Fall 2026	One CERT drill will take place in the fall semester.
TBD Spring 2027	One CERT drill will take place in the spring semester.

IDENTIFY EMERGENCY MEDICAL PROVIDERS THAT SERVE YOUR AREA

- A CERT team member will contact the appropriate provider based on the specific circumstances surrounding an event.

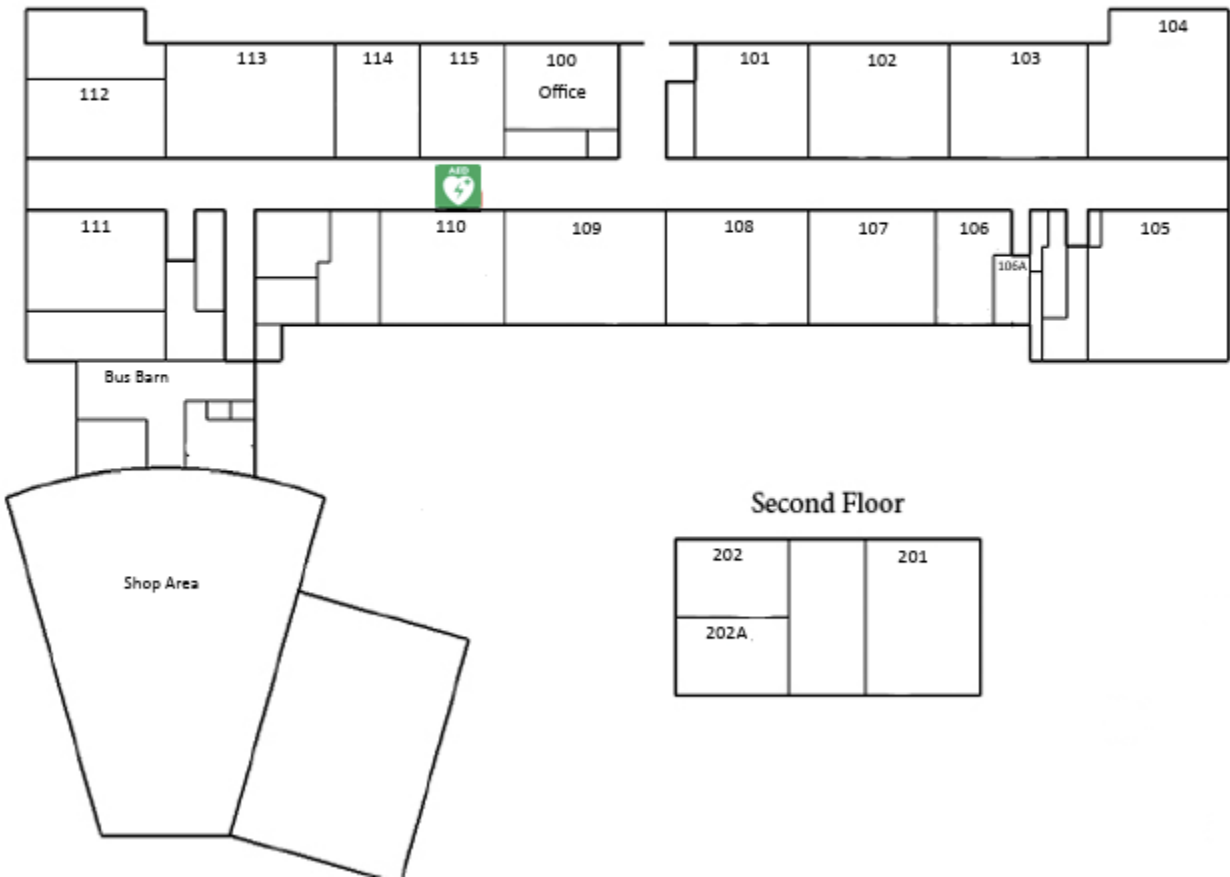
<i>Name of Provider</i>	<i>Contact Information</i>
Stillwater Police Department	911
LifeNet	405-707-0007
Payne County Sheriff	405-372-4522
Stillwater Fire Department	911

LOCATION OF AED'S IN SCHOOL SITE AND MAINTENANCE DATE:

**Check with your manufacturer for the recommended maintenance of your AED.

AED Location	Maintenance Date
Main Hallway - Outside of Room 110	Monthly
*** See Map Below	

Lincoln Academy



DATE UPDATED AND REVIEWED BY THE SCHOOL BOARD

Date of update and school board review: August 12, 2025