

STILLWATER PUBLIC SCHOOLS

Emergency Operations Site Plan

Chase Morris Sudden Cardiac Arrest Response Plan

SKYLINE ELEMENTARY



OKLAHOMA
Education

CHASE MORRIS ACT

Oklahoma Statutes Citationized

Title 70. Schools

Chapter 1 - School Code of 1971

Article Article XXIV - Miscellaneous Provisions

Section 24-156 - Chase Morris Sudden Cardiac Arrest Prevention Act

Cite as: 70 O.S. § 24-156 (OSCN 2024)

A. This act shall be known and may be cited as the “Chase Morris Sudden Cardiac Arrest Prevention Act”.

B. As used in the Chase Morris Sudden Cardiac Arrest Prevention Act, “athletic activity” means any sport sanctioned and offered in grades seven through twelve by a school district.

C. The State Department of Health and the State Department of Education shall jointly develop and post on their publicly accessible websites guidelines and other relevant materials to inform and educate students participating in or desiring to participate in an athletic activity, their parents, and their coaches about the nature and warning signs of sudden cardiac arrest including the risks associated with continuing to play or practice after experiencing one or more symptoms of sudden cardiac arrest including unexplained fainting, difficulty breathing, chest pains, dizziness, and abnormal racing heart rate. In developing the guidelines and materials, the State Department of Health and the State Department of Education may utilize existing materials developed by other entities or organizations.

D. A student participating in or desiring to participate in an athletic activity and the student’s parent, or guardian shall, each school year and prior to participation by the student in an athletic activity, sign and return to the student’s school an acknowledgement of receipt and review of a sudden cardiac arrest symptoms and warning signs information sheet jointly developed by the State Department of Health and the State Department of Education.

E. A school may hold an informational meeting prior to the start of each athletic season for all ages of competitors regarding the symptoms and warning signs of sudden cardiac arrest. In addition to students, parents, coaches, and other school officials, informational meetings may include physicians, pediatric cardiologists, and athletic trainers.

F. A student who collapses or faints without a concurrent head injury while participating in an athletic activity shall be removed by the coach from participation at that time.

G. A student removed or prevented from participating in an athletic activity pursuant to subsection F of this section shall not return to participation until the student is evaluated and cleared for return to participation in writing by a health care provider as defined in Section 3090.2 of Title 63 of the Oklahoma Statutes.

H. Once each year, a coach of an athletic activity, school nurses, and athletic trainers shall complete:

1. The sudden cardiac arrest training course offered by a provider approved by the State Department of Health; and
2. Training in first aid, cardiopulmonary resuscitation, and use of an automated external defibrillator. The training shall follow guidelines set by a nationally recognized, guidelines-based organization focused on emergency cardiovascular care.

A coach of an athletic activity shall not coach the athletic activity until the coach completes the training course required under this subsection.

I. Each public school in this state shall develop a sudden cardiac emergency response plan. The plan shall be formulated by a school site administrator and presented to the school district board of education. The plan shall:

- 1. Establish and provide for membership of a sudden cardiac emergency response team for each school site. Each team shall include a school site administrator;**
- 2. Activate the team in response to a sudden cardiac arrest;**

- 3. Implement automated external defibrillator (AED) placement and routine maintenance within the school as needed and dictated by the plan and in accordance with guidelines set by a nationally recognized, guidelines- based organization focused on emergency cardiovascular care. The plan shall provide for implementation of clearly marked and easily accessible AED placement;**
 - 4. Provide for communication and dissemination of the plan throughout the school campus;**
 - 5. Require the response team to practice the plan by conducting periodic drills;**
 - 6. Provide for coordination with emergency medical service providers that serve the area in which the school is located;**
 - 7. Address athletic events and athletic facilities at each middle school and high school site provided:**
 - a. an AED shall be placed at each athletic venue or be accessible within one to three minutes of each venue where athletic practices or competitions are held, or**
 - b. a mobile AED device shall be on the premises in accordance with guidelines set by a nationally recognized, guidelines-based organization focused on emergency cardiovascular care;**
 - 8. Provide for appropriate school staff to be trained in first aid, cardiopulmonary resuscitation, and the use of an AED in accordance with guidelines set by a nationally recognized, guidelines-based organization focused on emergency cardiovascular care. The plan shall stipulate the appropriate staff to receive training which shall include, but not be limited to, athletic coaches, school nurses, and athletic trainers; and**
 - 9. Be reviewed by the school district board of education and sudden cardiac emergency response team members and updated annually.**
- J. The sponsors of youth athletic activities not associated with a school are encouraged to follow the guidance stated in the Chase Morris Sudden Cardiac Arrest Prevention Act.
- K. Nothing in the Chase Morris Sudden Cardiac Arrest Prevention Act shall be construed to create, establish, expand, reduce, contract, or eliminate any civil liability on the part of any school or school employee.
- L. The State Board of Health and the State Board of Education shall promulgate rules to implement the provisions of the Chase Morris Sudden Cardiac Arrest Prevention Act.

Historical Data

Laws 2015, SB 239, c. 272, § 1, emerg. eff. July 1, 2015; Amended by Laws 2024, SB 1921, c. 451, § 1, emerg. eff. July 1, 2024 ([superseded document available](#)).

SKYLINE ELEMENTARY

CHASE MORRIS ACT COMPLIANCE SITE PLAN

Skyline Elementary has developed a sudden cardiac emergency response plan. The district has collaborated with the local/responding EMT **LifeNet** on **August 12, 2025**.

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>
Natalie Fluty	Principal
Claire Clark	Assistant Principal
Rachel Horschler	Special Education Teacher
Terri Krick	Paraprofessional
Amy Spiva	School Nurse
TBD	Health Assistant

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:

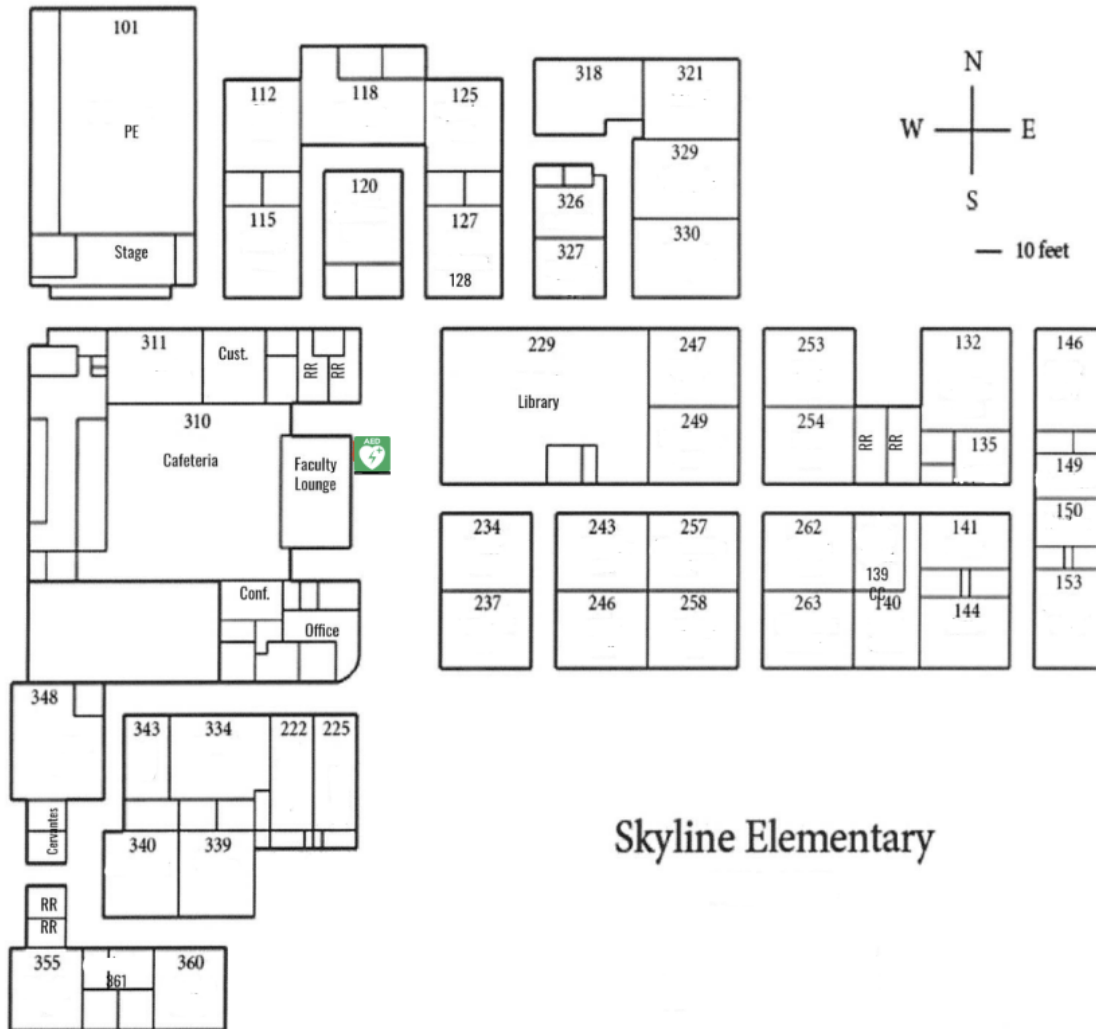
<i>Date of Drill</i>	<i>Notes</i>
TBD Fall 2025	One CERT drill will take place in the fall semester.
TBD Spring 2026	One CERT drill will take place in the spring semester.

IDENTIFY EMERGENCY MEDICAL PROVIDERS THAT SERVE YOUR AREA

<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:

<i>AED Location</i>	<i>Maintenance Date</i>
Front Hall in front of the lounge	Monthly
*** See Map Below	



Skyline Elementary

DATE UPDATED AND REVIEWED BY THE SCHOOL BOARD

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