

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN

Stillwater Public Schools will follow the American Heart Association guidelines for automatic external defibrillator (AED) use and storage. Responders' use of the AED should not replace the care provided by emergency medical services (EMS), but is meant to provide a lifesaving bridge during the first few critical minutes it takes for advanced life support providers to arrive.

In the United States, it is estimated that annually 356,000 adults experience out-of-hospital cardiac arrest as well as 23,000 pediatric cardiac arrests (Mozaffarian, D, 2015; Okubo, M et al, 2020) . Although approximately 90% of those people will not survive the event, the likelihood of survival increases with prompt intervention. 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.

Guidance in this policy will be used by all District sites to develop a Cardiac Emergency Response Plan (CERP) and create site Cardiac Emergency Response Teams (CERTs) to respond to sudden cardiac arrest (SCA) incidents.

This document does not replace any district policies or local, state, or national regulations.

Developing a Cardiac Emergency Response Team (CERT)

1. The AED coordinator will oversee the CPR-AED program activities, training, education, and evaluation.
2. Each site will designate one person as the Cardiac Emergency Response Team Coordinator. The CERT Coordinator will assign staff to serve as members of the CERT. This team should be comprised of at least 5 people or 10% of staff.
3. All individuals on CERT should have current CPR/AED training from a nationally recognized organization.
4. A list of these individuals and their CPR certifications should be maintained on-site in a readily accessible area.
5. Designate one person to call 9-1-1 and direct EMS to the location of the sudden cardiac arrest (SCA).

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

1. Inside District buildings, the number of AEDs shall be sufficient to enable a person to retrieve an AED and deliver it to any location within the building, ideally within 3 minutes of being notified of a possible cardiac emergency. All AEDs should be clearly marked in a backpack or hard case.
2. Outside District buildings (e.g., on school grounds, venues, or athletic fields) – The number of AEDs, either stationary or in the possession of an on-site athletic trainer, coach, or other qualified person, shall be sufficient to enable the delivery of an AED to any location outside of the building including any venue, athletic field, or school grounds, ideally within 3 minutes of being notified of a possible cardiac emergency. AED should be clearly marked in a backpack or hard case.
3. A designated member of the site CERT will notify the AED coordinator for maintenance of AEDs in accordance with the AED's operating manual.

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4. The AED coordinator will maintain a log of the maintenance activity including summer months when school is not in session.
5. CERT coordinator should be responsible for verifying equipment readiness.
6. Additional Resuscitation Equipment: A resuscitation kit shall be connected to the AED carry case. The kit shall contain latex-free gloves, razor, scissors, towel, antiseptic wipes, a CPR barrier mask, and consider an extra set of AED pads.
7. AEDs should not be locked in an office or stored in a location that is not easily and quickly accessible at all times.
8. AEDs shall be accessible for responding to a cardiac emergency, during day and night sports activities, after-school, or work activities, in accordance with this CERP.
9. Each AED should have one set of AED pads connected to the device and one spare set.
10. Signage: All AEDs should have clear AED signage to be easily identified. These should be visible from the normal path of travel. A projecting (three-dimensional) universal AED sign shall be installed above cabinet or bracket/wall rack clearly marking the location of AED(s).
11. Recommend removing warning "for professional use only" on AED cabinets as AEDs provide instructions for use.
12. Locations of the AEDs are to be listed in the District Critical Incident Plan and building maps. The AED coordinator will also maintain an inventory and master list of AED locations.
13. The AED coordinator will maintain a plan for back-up AEDs for replacement of any AED that may be out-of-service for maintenance or other issues.
14. Installation of AEDs will meet ADA Accessibility Guidelines (ADAAG).
15. The AED coordinator should register the District AEDs with the manufacturer and supplier to receive notifications of potential recalls or alerts.
16. The AED coordinator will ensure that both pediatric and adult pads are available with each AED unit.

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.

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- 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 should be distributed to:
- a. All staff and administrators at the start of each school year, with updates distributed as made.
 - b. All staff should be educated on the Cardiac Emergency Response Plan in their school/site yearly.
 - c. New staff members should receive CERP in their orientation materials.

Training in Cardiopulmonary Resuscitation (CPR) and AED Use

1. Staff training
 - a. Designated staff (in addition to the school nurse or site health room / office assistant) should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED.
 - b. Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice, and testing. Training will align with any additional local requirements.
 - c. All staff, regardless of if they are a CERT member, should receive annual training on SCA and understand 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. Cardiac Emergency Response Drills are an essential component of this Plan. 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.

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

1. 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).

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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. Work with local emergency response agencies to; coordinate the plan with the local emergency response system and to inform local emergency response system of the number and location of on-site AEDs.

Conduct Practice Drills

1. Please refer to the CERP Drill section on the [American Heart Association page](#) for more information.

Annual Review and Evaluation of the Plan

1. Conduct an annual internal review of the Cardiac Emergency Response Plan (CERP) for schools. The annual review should focus on ways to improve the response process, to 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. There should be a designated person responsible for establishing the documentation process.
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.

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- h. 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.
- 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. The Protocol for responding to a cardiac emergency should be posted and readily accessible to anyone.

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 signs of sudden cardiac arrest and act quickly.
2. Facilitate immediate access to professional medical help:
3. Start CPR
4. Use the nearest AED.
5. Transition care to EMS.
6. Debrief

IMPORTANT: This is a resource document intended for use in formulating a plan for adoption by a school/school district. Medical and legal counsel for the school/school district should review this Plan before implementation. It is the responsibility of the school/school district to ensure that the Cardiac Emergency Response Plan as adopted is consistent with local, state, and federal law.

LEGAL REFERENCE: 70 O.S. § 24-156