



**Harrah Board of Education Regular Meeting
Monday, April 14, 2025 7:00 PM
Administration Building, Conference Room
20665 Walker Steet
Harrah, Oklahoma 73045**

Agenda

1. Call to Order/Roll Call to Establish a Quorum
2. The Board Clerk will Administer The Oath of Office to newly elected board member Seth Schoenecke. He will serve a 5-year term.
3. Reorganization of the board of education.
4. Principal/Director Reports
5. **Consent Agenda**
 - A. Minutes of the March 10, 2025 Regular Board Meeting
 - B. General Fund #547 to #564 payroll #50302 to #50306, change orders and financial summary
 - C. Child Nutrition Fund #27 to #29 and financial summary
 - D. Activity Fund Summary Report, Fundraiser Requests, and Transfer Requests
 - E. Treasurer's Report
 - F. Monthly Comparison Report
6. **Superintendent's Report/Announcements**
 - A. Announce Teachers of the Year, Volunteer of the Year, and Support Employees of the Year
 - B. Student Enrollment
 - C. Timberlake/LDG Update
7. **Items to be Considered by the Board**
 - A. Discuss and take possible action concerning bid recommendations from Timberlake Construction for Clara Reynolds and Virginia Smith Elementary projects.
 - B. Discuss and take possible action on contracting with Sylogist, Inc. for Student Information, Gradebook, Cafeteria and Financial Software for the 2025-2026 school year.
 - C. Discuss and take possible action to approve new policies CKAH - Use of Automatic External Defibrillator and CKAH-P - Sudden Cardiac Emergency Response Plan for each site.
 - D. Discuss and take possible action on the Sudden Cardiac Emergency Response Plan for Virginia Smith Elementary, Clara Reynolds Elementary, and Russell Babb Elementary.
 - E. Discuss and take possible action to declare wrestling items as surplus.
 - F. Vote to convene or not to convene into executive session pursuant to 25 O.S. Section 307 (B)(1) to discuss the employment of those employees listed on Exhibit A and B.
 - G. Acknowledge return to open session. Executive session compliance statement.

- H. Discuss and take possible action to employ certified personnel on temporary contracts for the 2025-2026 school year as listed on Exhibit A.
- I. Discuss and take possible action to employ support personnel and substitutes for the 2024-2025 school year as listed on Exhibit B.
- J. Discuss and take possible action to re-hire support personnel for the 2025-2026 school year as listed on Exhibit B.
- 8. New Business (Items not known at the time of Agenda preparation.)
- 9. Announcements
- 10. The Board will vote to adjourn.

Posted this 5th day of June, 2025 at 12:00 p.m., at the front entrance of the School Administration Building, 20665 Walker Street, Harrah, Oklahoma.

Leslie Hobaugh, Minutes Clerk

Visitor Sign In
April 14, 2025
7:00 p.m.

1. Harold
2. Shir Shawna Keene
3. Lucy Thompson
4. Shayne Turner
5. Patti Martin
6. Jessica main
7. Mik McAfee
8. Regina Cotter
9. Scott Berger
10. Lauri O'Keefe
11. CRAIG YODON
12. Leresa Walker
13. Megan Marshall
14. John B. Mart
15. Almee Easter
16. _____
17. _____
18. _____
19. _____
20. _____

OATH OF OFFICE

STATE OF OKLAHOMA, OKLAHOMA COUNTY SS.

I, _____, hereby declare under oath that I will faithfully perform the duties of member of the Board of Education of Harrah Public School District No. 7, of Oklahoma County, Oklahoma to the best of my ability and that I will faithfully discharge all the duties pertaining to said office and obey the Constitution and Laws of the United States and Oklahoma.

Signature of newly-elected member

Subscribed and sworn to before me this _____ day of _____, 20____.

Commission Expires

Notary Public, Clerk or other officer authorized to administer oaths or affirmations

LOYALTY OATH

(To Be Filed With County Clerk)

I do solemnly swear or affirm that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am _____.

Affiant

Subscribed and sworn to before me this _____ day of _____, 20____.

Commission Expires

Notary Public, Clerk or other officer authorized to administer oaths or affirmations



Harrah Board of Education Regular Meeting
Monday, March 10, 2025 7:00 PM
Administration Building, Conference Room
20665 Walker Steet
Harrah, Oklahoma 73045

1. Call to Order/Roll Call to Establish a Quorum

Attendance Taken at 7:00 PM.

Mike Calhoun: Present
Krista Harke: Present
Kevin McBrayer: Present
Chris Monden: Present
Trey Swan: Present

Present: 5.

Others Present: Paul Blessington, Superintendent, and Leslie Hobough, Minutes Clerk

Visitors Present: David Harrell, Susie Terrell, Jennifer and Sarah Foutch, Makinzie Smith, Shayne Turner, Channa and Jason Smith, Laney Foutch, Bo Manek, Brandy Manek, Craig Yadon, Seth Schoenecke, Mike McAfee. Others may have been present but did not sign the register or the signatures were unreadable.

2. Principal/Director Reports

State place winners were recognized in wrestling and swimming.

3. Consent Agenda

A motion was made to approve the consent agenda. This motion, made by Kevin McBrayer and seconded by Mike Calhoun, passed.

Mike Calhoun: Yea
Krista Harke: Yea
Kevin McBrayer: Yea
Chris Monden: Yea
Trey Swan: Yea

Yea: 5, Nay: 0

3.A. Minutes of the February 10, 2025, Regular Board Meeting

3.B. General Fund #526 to #546, payroll #50295 to #50301, change orders and financial summary

3.C. Child Nutrition Fund #26, change orders and financial summary

3.D. Activity Fund Summary Report and Transfer Requests

3.E. Treasurer's Report

3.F. Monthly Comparison Report

4. Superintendent's Report/Announcements

4.A. Student Enrollment

The student enrollment as of March 1, 2025, is 2,053 students. This is five students fewer than this time last year.

4.B. Timberlake/LDG update

The bond projects at Virginia Smith Elementary and Clara Reynolds Elementary are out for bid. There is a pre-bid walk-through at VSE and CRE tomorrow, March 11th, at 3:30 p.m. The bid opening is Tuesday, March 18, 2025, in the auditorium. There will be a special board meeting on March 31, 2025, at 6:00 p.m. to award the bids. The next two projects will be at Russell Babb Elementary and Harrah Middle School. They hope to award the bids at the April 14, 2025 regular board meeting.

5. Items to be Considered by the Board

5.A. Discuss and take possible action to contract with OKTLE for evaluation services for the 2025-2026 school year.

The district uses this service to evaluate teachers each year. There was no price increase for this service.

A motion was made to approve the contract with OKTLE for evaluation services for the 2025-2026 school year. This motion, made by Kevin McBrayer and seconded by Chris Monden, passed.

Mike Calhoun: Yea

Krista Harke: Yea

Kevin McBrayer: Yea

Chris Monden: Yea

Trey Swan: Yea

Yea: 5, Nay: 0

5.B. Discuss and take possible action to contract with Quality Choice Testing LLC for drug and alcohol testing for students and bus drivers for the 2025-2026 school year.

Guy Worth recommended continuing our agreement with Quality Choice Testing for drug and alcohol testing of bus drivers and students.

A motion was made to contract with Quality Choice Testing LLC for drug and alcohol testing for students and bus drivers for the 2025-2026 school year. This motion, made by Mike Calhoun and seconded by Krista Harke, passed.

Mike Calhoun: Yea

Krista Harke: Yea

Kevin McBrayer: Yea

Chris Monden: Yea

Trey Swan: Yea

Yea: 5, Nay: 0

5.C. Discuss and take possible action to approve the contract with S & B CPA's and Associates LLC to perform the 2024-2025 financial audit.

Mr. Blessington recommended we continue to contract with S & B CPA's and Associates. The contract amount of \$13,000 did not increase.

A motion was made to approve the contract with S & B CPA's and Associates LLC to perform the 2024-2025 financial audit. This motion, made by Mike Calhoun and seconded by Kevin McBrayer, passed.

Mike Calhoun: Yea

Krista Harke: Yea

Kevin McBrayer: Yea

Chris Monden: Yea

Trey Swan: Yea

Yea: 5, Nay: 0

5.D. Discuss and take possible action on the out-of-state travel request for teachers to attend a conference in Dallas, TX on June 29 to July 2, 2025.

A motion was made to approve the out-of-state travel request for three teachers to attend a conference in Dallas, TX on June 29 - July 2. This motion, made by Mike Calhoun and seconded by Krista Harke, passed.

Mike Calhoun: Yea

Krista Harke: Yea

Kevin McBrayer: Yea

Chris Monden: Yea

Trey Swan: Yea

Yea: 5, Nay: 0

5.E. Discuss and take possible action on the April 1, 2025 transfer capacity report.

A motion was made to approve the April 1, 2025 transfer capacity report. This motion, made by Mike Calhoun and seconded by Chris Monden, passed.

Mike Calhoun: Yea

Krista Harke: Yea

Kevin McBrayer: Yea

Chris Monden: Yea

Trey Swan: Yea

Yea: 5, Nay: 0

5.F. Discuss and take possible action to declare IT items and surplus.

A motion was made to declare IT items and surplus. This motion, made by Mike Calhoun and seconded by Chris Monden, passed.

Mike Calhoun: Yea

Krista Harke: Yea

Kevin McBrayer: Yea

Chris Monden: Yea

Trey Swan: Yea

Yea: 5, Nay: 0

5.G. Vote to convene or not to convene into executive session pursuant to 25 O.S. Section 307 (B)(1) to discuss the employment of those employees listed on Exhibit A and B.

A motion was made not to enter into executive session. This motion, made by Mike Calhoun and seconded by Kevin McBrayer, passed.

Mike Calhoun: Yea

Krista Harke: Yea

Kevin McBrayer: Yea

Chris Monden: Yea

Trey Swan: Yea

Yea: 5, Nay: 0

5.H. Acknowledge return to open session. Executive session compliance statement.

5.I. Discuss and take possible action to approve extra duty assignments, Trent Platt as an adjunct teacher in social studies and Heaven Howard as an adjunct teacher in speech and debate for the 2024-2025 school year as listed on Exhibit A.

A motion was made to approve extra duty assignments, Trent Platt as an adjunct teacher in social studies and Heaven Howard as an adjunct teacher in speech and debate for the 2024-2025 school year as listed on Exhibit A. This motion, made by Krista Harke and seconded by Mike Calhoun, passed.

Mike Calhoun: Yea

Krista Harke: Yea

Kevin McBrayer: Yea

Chris Monden: Yea

Trey Swan: Yea

Yea: 5, Nay: 0

5.J. Discuss and take possible action to approve to re-hire certified staff for the 2025-2026 school year and to employ new personnel on temporary contracts for the 2025-2026 school year as listed on Exhibit A.

A motion was made to approve to re-hire certified staff for the 2025-2026 school year and to employ new personnel on temporary contracts for the 2025-2026 school year. This motion, made by Mike Calhoun and seconded by Krista Harke, passed.

Mike Calhoun: Yea

Krista Harke: Yea

Kevin McBrayer: Yea

Chris Monden: Yea

Trey Swan: Yea

Yea: 5, Nay: 0

5.K. Discuss and take possible action to employ support personnel and substitutes for the 2024-2025 school year as listed on Exhibit B.

A motion was made to employ support personnel and substitutes for the 2024-2025 school year as listed on Exhibit B. This motion, made by Mike Calhoun and seconded by Chris Monden, passed.

Mike Calhoun: Yea

Krista Harke: Yea

Kevin McBrayer: Yea

Chris Monden: Yea

Trey Swan: Yea

Yea: 5, Nay: 0

6. New Business (Items not known at the time of Agenda preparation.)

7. Announcements

The special board meeting to award bids is on March 31, 2025, at 6:00 p.m.

8. The Board will vote to adjourn.

The board adjourned at 8:07 p.m.

A motion was made to adjourn. This motion, made by Mike Calhoun and seconded by Krista Harke, passed.

Mike Calhoun: Yea

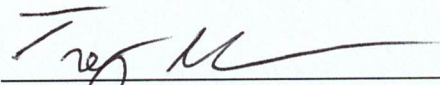
Krista Harke: Yea

Kevin McBrayer: Yea

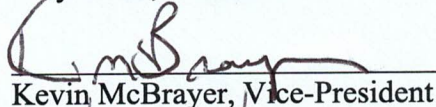
Chris Monden: Yea

Trey Swan: Yea

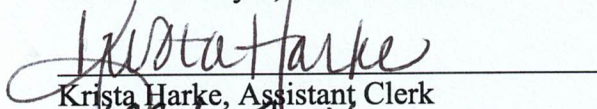
Yea: 5, Nay: 0



Trey Swan, President



Kevin McBrayer, Vice-President



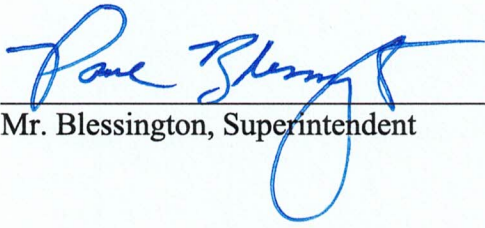
Krista Harke, Assistant Clerk



Mike Calhoun, Member



Chris Monden, Clerk


Mr. Blessington, Superintendent

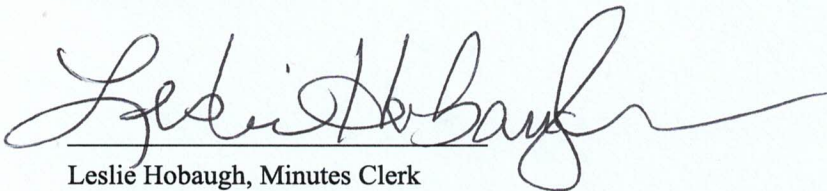
STATE OF OKLAHOMA, COUNTY OF OKLAHOMA,

I, the undersigned Minutes Clerk, of the Board of Education of Harrah Public Schools District I-7, Oklahoma County, do hereby certify that prior to December 15 of the last calendar year the date, time and place of this regular meeting was filed in the offices of the County Clerk of Oklahoma County.

I also certify that at least 24 hours prior to this meeting, excluding Saturdays, Sundays and Holidays, notice of the date, time, place and agenda of this meeting was posted in prominent public view at the location of this meeting.

Witness my hand and seal of this school district this 11th day of March, 2025.

Harrah Public Schools


Leslie Hobaugh, Minutes Clerk





EXECUTIVE SESSION

March 10, 2025

Exhibit A & B

2024-2025 SCHOOL YEAR

RECOMMEND - ADJUNCT

Name	Position	Site
TRENT PLATT	SOCIAL STUDIES	MS
HEAVEN HOWARD	SPEECH/DEBATE	MS

2024-2025 SCHOOL YEAR

RECOMMEND - EXTRA DUTY

Name	Position	Site
ROBERT COMBS	FROM ASSISTANT TO HEAD BASEBALL	MS
KOLTON HODGES	ASSISTANT BASEBALL	MS
TRENT PLATT	ASSISTANT BASEBALL	MS

2024-2025 SCHOOL YEAR

RECOMMEND TO HIRE - SUPPORT

Name	Position	Site
LISA MCCLAIN	TEACHER ASSISTANT	RB

2024-2025 SCHOOL YEAR

RECOMMENDATION TO HIRE - SUBSTITUTES

Name	Name
JAECI COMSTOCK	JIMMY DAVIS
COREY GREEN	ANDREA LINDSAY
TAYLOR THOMAS	HANNAH TICER
ARIEL HARMON	MYA HAYES
SAMANTHA TANNER	RICHARD HALBROOKS - HOUSEKEEPING

2024-2025 SCHOOL YEAR

RESIGNATIONS - SUPPORT

Name	Position	Site
TINA DAY	HOUSEKEEPER	RB
RICK PIERCE	HOUSEKEEPER	VS
KAYLA MARTIN	PREK AIDE	VS
KAREN HORN	CUSTODIAN	CR

2024-2025 SCHOOL YEAR

RETIRE/RESIGNATIONS - CERTIFIED

Name	Position	Site
BREE TURNER - RESIGN	KINDERGARTEN	VS

TAMMIE CANADA - RETIRE	MUSIC	VS
JANET SEYMOUR - RETIRE	SPED	RB
TERESA WININGS - RETIRE	MATH	HS
ELIZABETH SMITH - RESIGN	SCIENCE	HS

2025-2026 SCHOOL YEAR

RECOMENDATION - CERTIFIED RE-HIRE

<u>High School</u>	
Tabitha Baldwin	Renee Blessington
Brooke Bellows	Chris Blied
Kasey Dearman	Steve Cunningham
Brayden Carter	Kayla Gabelmann
Brianna Godfrey	Justin Harkey
Chrissy Hanson	Cody Johnson
Ketty Loudenslager	Breannon Neary
Matthew Melot	Terry Patterson
Amber Parsons	John Sook
Rose Shimanek	Keri Swyden
Jennifer Webb	Phil Webb
<u>Middle School</u>	
Gayln Adams	Staci Adams
Megan Bluhm	Jane Cameron
Shelby Gibson	Kidd Gomez
Skylar Harms	Connie Jewell
Jason Miller	Annette Martin
Shelby Sherrill	Karla Walker
<u>Russell Babb</u>	
Kim Anderson	Donna Boyer
Valerie Campbell	Allison Crowder
Ali Jack	Pam Holland
Kenda Lacefield	Sharon Keil
Heather McCann	Karen Lashley
Taylor Platt	Shannon McCrosky
Sandra Pitson	Lauren Sadberry
Christy Wamhoff	Terrie Williams
<u>Clara Reynolds</u>	
Heather Caldwell	Tisha Drew

Maegan Heath	Christy Hoch
Vera Larsen	Carla Jorski
Angela Murray	Jenny Little
Brandi Watkins	Laura Parsons
<u>Virginia Smith</u>	
Shelly Cantrell	Shay Cantrell
Dana Cunningham	Angela Freeman
Melissa Killgore	Katy Hairell
Sarah McLaughlin	Tammy Manry
Jo Anna Perdue	Reechia Phillips
Kim Patterson	Melissa Saldana
Tara Solinger	Jennifer Taylor

2025-2026 SCHOOL YEAR

RECOMMENDATION TO HIRE - CERTIFIED

Name	Position	Site
Kasey Cornelison	4th Grade Teacher	RB
Madeline Scott	5th Grade Teacher	RB

2025-2026 SCHOOL YEAR

RECOMMENDATION TO TRANSFER - CERTIFIED

Name	Position	Site
Sydney Ashcraft	Regular Teacher to Sped Teacher	RB



2025 DISTRICT WINNERS

1 message

Leslie Hobaugh <lhobaugh@harrahschools.com>

Fri, Mar 28, 2025 at 9:12 AM

To: High School Staff <hsstaff@harrahschools.com>, Middle School Staff <msstaff@harrahschools.com>, Clara Reynolds <crstaff@harrahschools.com>, Russell Babb Staff <rbstaff@harrahschools.com>, Virginia Smith Elementary <vsstaff@harrahschools.com>, Admin Office <admin@harrahschools.com>



TEACHERS OF THE YEAR

VSE- Melissa Saldana
CRE- Kristin Fitzwater
RBE- Ali Jack
HMS- Shelby Gibson
HHS- Ketty Loudenslager

SUPPORT EMPLOYEES OF THE YEAR

Clerical - Kim Cantrell - HMS
Instructional - Teresa Walker - HHS
Operations - Matt Shimanek
Transportation - Regina Cotter - RBE/Bus Barn
Cafeteria - Chad Noyes - HMS

VOLUNTEER OF THE YEAR

Kathryn Felty

Leslie Hobaugh
Encumbrance Clerk/Minutes Clerk
Harrah Public Schools
20665 Walker Street
Harrah, OK 73045
Phone (405)347-2827
Fax (405)454-0022





HARRAH PUBLIC SCHOOLS ENROLLMENT 2024-2025



GRADE	9/5/2024	10/1/2024	11/1/2024	12/1/2024	1/3/2025	2/1/2025	3/1/2025	4/1/2025	5/1/2025
Pre-School	77	80	83	83	85	85	85	88	
Kindergarten	130	132	135	134	135	134	135	134	
1ST	131	128	129	129	130	131	128	127	
TOTAL	338	340	347	346	350	350	348	349	0
2ND	155	156	157	160	160	160	159	160	
3RD	148	148	146	147	144	145	145	143	
TOTAL	303	304	303	307	304	305	304	303	0
4TH	182	179	179	179	180	180	179	179	
5TH	137	136	134	135	135	137	135	132	
TOTAL	319	315	313	314	315	317	314	311	0
6TH	193	193	193	194	191	195	190	188	
7TH	143	139	140	141	140	137	139	137	
8TH	151	146	149	147	148	146	146	145	
TOTAL	487	478	482	482	479	478	475	470	0
9TH	169	167	168	168	168	167	169	168	
10TH	171	167	168	166	164	161	158	157	
11TH	157	153	150	150	149	146	144	146	
12TH	137	132	129	129	127	127	126	127	
ALT ED	22	22	24	24	18	21	15	19	
TOTAL	656	641	639	637	626	622	612	617	0
TOTAL 24-25	2103	2078	2084	2086	2074	2072	2053	2050	0
2023-2024 TOTAL	2117	2098	2094	2089	2083	2071	2058	2050	2050
2022-2023 TOTAL	2212	2207	2207	2198	2189	2158	2143	2136	2120
2021-2022 TOTAL	2082	2076	2083	2076	2071	2067	2078	2076	2080
2020-2021 TOTAL	1985	1951	1979	1969	1955	1966	1958	1958	1945
2019-2020 TOTAL	2260	2259	2267	2264	2253	2249	2255	*2255	*2255
2018-2019 TOTAL	2251	2264	2269	2269	2276	2273	2256	2241	2233
2017-2018 TOTAL	2301	2293	2289	2278	2277	2281	2288	2270	2247
2016-2017 TOTAL	2210	2211	2206	2202	2197	2192	2176	2191	2177
2015-2016 TOTAL	2139	2141	2141	2145	2141	2146	2135	2123	2114
2014-2015 TOTAL	2110	2095	2085	2094	2073	2088	2084	2083	2078
2013-2014 TOTAL	2149	2142	2132	2130	2112	2124	2111	2118	2108
2012-2013 TOTAL	2185	2190	2180	2179	2176	2176	2163	2167	2145
2011-2012 TOTAL	2192	2192	2198	2190	2182	2176	2161	2162	2166
2010-2011 TOTAL	2261	2273	2266	2240	2246	2243	2228	2228	2228

2009-2010 TOTAL	2268	2249	2244	2249	2236	2244	2224	2227	2223	
2008-2009 TOTAL	2325	2312	2296	2310	2308	2295	2283	2269	2255	
2007-2008 TOTAL	2339	2325	2338	2297	2291	2275	2274	2264	2254	
2006-2007 TOTAL	2356	2336	2325	2320	2308	2294	2304	2303	2290	
2005-2006 TOTAL	2346	2338	2332	2315	2315	2311	2296	2293	2290	
2004-2005 TOTAL	2265	2265	2253	2228	2237	2212	2204	2212	2213	
2003-2004 TOTAL	2220	2212	2215	2188	2190	2206	2228	2214	2212	
Average	2217.76	2210.90	2209.47	2201.42	2196	2192.71	2186.04	2179.25	2171.4	

HPS Clara Reynolds & Virginia Smith Elem.

Bid Packages/Scope	Clara Reynolds Budget	Virginia Smith Budget	Budget Total	Clara Reynolds Bid (Acct purposes only)	Virginia Smith (Acct Purposes only)	Bid Total/ Recommended Value	Variance
Bid Package #2A - Demolition	\$53,800.00	\$23,450.00	\$77,250.00	\$42,378.00	\$15,922.00	\$58,300.00	\$18,950.00
Bid Package #3A - Building Concrete	\$156,120.00	\$0.00	\$156,120.00	\$113,200.00	\$1,000.00	\$114,200.00	\$41,920.00
Bid Package #5B - Structural Steel Erection	\$40,000.00	\$0.00	\$40,000.00	\$49,200.00	\$0.00	\$49,200.00	-\$9,200.00
Bid Package #6B - General Trades	\$29,825.00	\$12,850.00	\$42,675.00	\$54,158.00	\$14,135.00	\$68,293.00	-\$25,618.00
Bid Package #7B - Waterproofing and Joint Sealants	\$24,027.00	\$0.00	\$24,027.00	\$26,400.00	\$0.00	\$26,400.00	-\$2,373.00
Bid Package #8A - Doors, Frames and Hardware	\$39,200.00	\$29,600.00	\$68,800.00	\$70,900.00	\$43,700.00	\$114,600.00	-\$45,800.00
Bid Package #8B - Storefront Curtain Wall Glass & Glazing	\$89,900.00	\$89,900.00	\$179,800.00	\$141,600.00	\$53,600.00	\$195,200.00	-\$15,400.00
Bid Package #9A - Framing, Drywall & Ceilings	\$150,653.00	\$26,388.00	\$177,041.00	\$236,569.00	\$67,662.00	\$304,231.00	-\$127,190.00
Bid Package #9B - Flooring, Carpeting, Tile & Wall Base	\$131,553.00	\$25,165.00	\$156,718.00	\$68,700.00	\$25,100.00	\$93,800.00	\$62,918.00
Bid Package #9C - Painting, Coatings, and Wallcoverings	\$51,756.00	\$21,600.00	\$73,356.00	\$25,601.18	\$8,325.82	\$33,927.00	\$39,429.00
Bid Package #10A - Specialties (Material Only)	\$12,650.00	\$900.00	\$13,550.00	\$10,272.00	\$4,510.00	\$14,782.00	-\$1,232.00
Bid Package #10B - Signage	\$24,600.00	\$1,300.00	\$25,900.00	\$16,775.00	\$4,400.00	\$21,175.00	\$4,725.00
Bid Package #21A - Fire Suppression	\$28,224.00	\$5,025.00	\$33,249.00	\$30,000.00	\$11,300.00	\$41,300.00	-\$8,051.00
Bid Package #23A - HVAC	\$223,443.00	\$6,700.00	\$230,143.00	\$142,259.00	\$17,448.00	\$159,707.00	\$70,436.00
Bid Package #26A Electrical & Fire Alarm	\$224,028.00	\$30,150.00	\$254,178.00	\$243,000.00	\$78,000.00	\$321,000.00	-\$66,822.00
Bid Package #31A - Earthwork	\$61,872.00	\$0.00	\$61,872.00	\$73,500.00	\$0.00	\$73,500.00	-\$11,628.00
Bid Package #32B - Fences and Gates	\$9,500.00	\$0.00	\$9,500.00	\$9,516.21	\$0.00	\$9,516.21	-\$16.21
Bid Package #33A - Site Utilities	\$75,480.00	\$0.00	\$75,480.00	\$92,400.00	\$0.00	\$92,400.00	-\$16,920.00
Allowance #4A - Masonry	\$29,200.00	\$0.00	\$29,200.00	\$45,000.00	\$0.00	\$45,000.00	-\$15,800.00
Allowance #5A - Structural Steel Fabrication	\$114,552.00	\$500.00	\$115,052.00	\$175,000.00	\$0.00	\$175,000.00	-\$59,948.00
Allowance #6A - Millwork (VS Base Bid)	\$0.00	\$12,760.00	\$12,760.00	\$0.00	\$25,250.00	\$25,250.00	-\$12,490.00
Allowance #6A - Millwork (CR With VE)	\$79,835.00	\$0.00	\$79,835.00	\$130,000.00	\$0.00	\$130,000.00	-\$50,165.00
Allowance #7A - Roofing & Metal Wall Panels	\$128,698.00	\$0.00	\$128,698.00	\$220,000.00	\$0.00	\$220,000.00	-\$91,302.00
Allowance #12A - Window Shades	\$0.00	\$0.00	\$0.00	\$8,500.00	\$2,500.00	\$11,000.00	-\$11,000.00
Allowance: #22A - Plumbing	\$144,500.00	\$16,500.00	\$161,000.00	\$175,000.00	\$13,500.00	\$188,500.00	-\$27,500.00
Allowance - Permits	\$2,591.00	\$800.00	\$3,391.00	\$1,500.00	\$250.00	\$1,750.00	\$1,641.00
Final Clean	\$7,128.00	\$2,512.50	\$9,640.50	\$7,128.00	\$2,512.50	\$9,640.50	\$0.00
Allowance- Testing	By Owner	\$0.00	\$0.00	\$15,000.00	\$0.00	\$15,000.00	-\$15,000.00
Subtotal	\$1,933,135.00	\$306,100.50	\$2,159,400.50	\$2,223,556.39	\$389,115.32	\$2,612,671.71	-\$373,436.21

General Conditions & Project Requirements	\$361,123.00	\$59,132.00	\$420,255.00	\$361,123.00	\$59,132.00	\$420,255.00	\$0.00
General Liability	\$17,206.94	\$2,739.24	\$19,946.18	\$19,385.10	\$3,361.85	\$22,746.95	-\$2,800.77
Builders Risk	\$11,557.32	\$2,500.00	\$14,057.32	\$13,020.32	\$2,258.05	\$15,278.37	-\$1,221.04
Bond	Unbonded	Unbonded	Unbonded	Unbonded	Unbonded	Unbonded	Unbonded
Preconstruction	\$11,615.11	\$1,852.36	\$13,467.47	\$13,085.42	\$2,269.34	\$15,354.76	-\$1,887.29
6.00% Fee	\$140,078.24	\$22,339.45	\$162,417.69	\$157,810.21	\$27,368.19	\$185,178.41	-\$22,760.72
4.00% Contingency	\$98,988.62	\$15,786.54	\$114,775.17	\$111,519.22	\$19,340.19	\$130,859.41	-\$16,084.24
Building Construction Total	\$2,573,704.24	\$410,450.09	\$2,904,319.33	\$2,899,499.66	\$502,844.94	\$3,402,344.61	-\$418,190.27
Architectural & Engineering Services	\$223,233.56	\$41,045.01	\$264,278.57	\$246,853.73	\$50,284.49	\$297,138.22	-\$32,859.65
Grand Totals	\$2,796,937.79	\$451,495.10	\$3,168,597.89	\$3,146,353.39	\$553,129.43	\$3,699,482.83	-\$451,049.92

Value Engineering	Approx VE Value	Status
Remove benches from General Trades- Clara Reynolds	\$ (19,945.00)	Accepted
Eliminate Baffles (Barz)- Clara Reynolds	\$ (20,500.00)	Accepted
Eliminate Tectum panels- Clara Reynolds	\$ (11,000.00)	Accepted
Eliminate Soffit Panels- Clara Reynolds (Framing Only)	\$ (4,348.10)	Accepted
Eliminate Baffles (PET)- Virginia Smith	\$ (13,000.00)	Accepted
Remove solid surface top, replace with Plam on millwork- Virginia Smith	\$ (7,500.00)	Accepted
Flooring and Tile Modifications- Virginia Smith	\$ (1,435.00)	Accepted
Flooring and Tile Modifications- Clara Reynolds	\$ (8,270.00)	Accepted
MC Cable in lieu of Conduit- Virginia Smith	\$ (1,050.00)	Accepted
MC Cable in lieu of Conduit- Clara Reynolds	\$ (5,100.00)	Accepted
Fire Alarm Conduit Deduct- Virginia Smith	\$ (500.00)	Accepted
Fire Alarm Conduit Deduct- Clara Reynolds	\$ (2,000.00)	Accepted
Light Fixture Package VE- Virginia Smith	\$ (1,000.00)	Accepted
Light Fixture Package VE- Clara Reynolds	\$ (4,000.00)	Accepted
Subtotal	\$ (99,648.10)	
General Liability	\$ (747.36)	
Builders Risk	\$ (501.98)	
Precon	\$ (504.49)	
Fee	\$ (6,084.12)	
Contingency	\$ (4,299.44)	
Construction Total	\$ (111,785.48)	
AE	\$ (8,104.45)	
Grand Total	-\$119,889.93	-\$331,159.99

Harrah Public Schools- Clara Reynolds Elementary Addition and Virginia Smith Elementary Renovation
755 Harrison Street
20227 NE 10th Street
Harrah, OK 73045

RE: Bidding Recommendation

Harrah Public Schools Board of Education,

Timberlake Construction (TCI) submits the following letter as a recommendation for bid acceptance and contract amendment for the Clara Reynolds Elementary Addition and Virginia Smith Elementary Renovation projects. TCI received bids at 2:00 PM on Tuesday, March 18, 2025, and this letter is to serve as a reference and guide to the resolution of those bids.

We recommend the following apparent low bids be accepted:

- 2A- Demolition: Total Demolition Services, LLC
- 3A- Building Concrete: Concrete Enterprises, Inc.
- 5B- Steel Erection: Warrior Steel LLC
- 6B- Rough Carpentry: Timberlake Construction Co Inc
- 7B- Joint Sealants & Waterproofing: Red Sea Waterproofing, LLC
- 8A- Hollow Metal Frames, Wood Doors and Hardware (Material Only): Resource Door and Hardware
- 8B- Storefront Curtain Wall Glass and Glazing: Accent Glass Services, LLC
- 9A- Framing, Drywall and Ceilings: Competent Drywall Interiors, LLC
- 9B- Flooring: Bryan's Flooring, LLC
- 9C- Painting and Coatings: OFJR Construction LLC
- 10A- Specialties (material Only): YI Specialties Inc.
- 10B- Signage: Legacy Architectural Signs
- 21A- Fire Suppression: AL Fire Protection Inc
- 23A- HVAC: MBI Industrial Inc
- 26A- Electrical: KB Electric
- 31A- Earthwork: Great Plains Construction LLC
- 32C- Fences and Gates: American Fence Company Inc
- 33A- Site Utilities: Civil Builders, LLC

We recommend the following actions be taken on the remaining bids:

- 5A Structural Steel Fabrication and Erection- a single combined bid for structural steel fabrication and erection was received by K & E Fabrication. This combination bid exceeds the budget for this trade package for this project. No stand-alone fabrication numbers were received, however standalone structural steel erection bids were received. After evaluation of the bids and budgets, we recommend that the combination bid be rejected, and rebid for stand alone structural steel fabrication.
- 6A- Millwork- a single bid for millwork was received which exceeds the project budget. We recommend that the board reject the single bid, engage in scope reduction with the architect and resolicit the package for Clara Reynolds only when complete. An allowance for Virginia Smith has been established and competitive quotes for that project will be received in order to keep the project schedule.
- 7A- Roofing: Three bids were received for Roofing. The Roofing package exceeds the budget amount for the project and cost reduction options have been identified by the Construction and Design team. In order to capture these cost reductions, we recommend rejecting all bids, updating documents to reflect the changes and rebidding the package.

- 22A- Plumbing- A single combination bid for HVA and Plumbing was received which exceeds the project budget. Stand alone HVAC price was receive which is below the project budget. We recommend that the owner proceed with accepting the low HVAC only bid from MBI Industrial Inc and proceed with rebidding package 22A plumbing only.

The following scopes received no bids and an allowance has been established until such time as the rebid process can occur:

- 4A- Masonry
- 12A- Window Blinds

Due to the budget constraints of this project, a post bid cost reduction/ value engineering occurred with the apparent low bidders. The Accepted options are listed on the bid Summary and are included in the pricing representations.

Regards,



Lani O'Reidy
VP of Preconstruction
Timberlake Construction Co, Inc.

Attachments: Bid Summary and Bid Tab

HPS Clara Reynolds & Virginia Smith Elem.

Bid Packages/Scope	Clara Reynolds Bid (Acct purposes only)	Virginia Smith (Acct Purposes only)	Bid Total/ Recommended Value
Bid Package #2A - Demolition	\$42,378.00	\$15,922.00	\$58,300.00
Bid Package #3A - Building Concrete	\$113,200.00	\$1,000.00	\$114,200.00
Bid Package #5B - Structural Steel Erection	\$49,200.00	\$0.00	\$49,200.00
Bid Package #6B - General Trades	\$54,158.00	\$14,135.00	\$68,293.00
Bid Package #7B - Waterproofing and Joint Sealants	\$26,400.00	\$0.00	\$26,400.00
Bid Package #8A - Doors, Frames and Hardware	\$70,900.00	\$43,700.00	\$114,600.00
Bid Package #8B - Storefront Curtain Wall Glass & Glazing	\$141,600.00	\$53,600.00	\$195,200.00
Bid Package #9A - Framing, Drywall & Ceilings	\$236,569.00	\$67,662.00	\$304,231.00
Bid Package #9B - Flooring, Carpeting, Tile & Wall Base	\$68,700.00	\$25,100.00	\$93,800.00
Bid Package #9C - Painting, Coatings, and Wallcoverings	\$25,601.18	\$8,325.82	\$33,927.00
Bid Package #10A - Specialties (Material Only)	\$10,272.00	\$4,510.00	\$14,782.00
Bid Package #10B - Signage	\$16,775.00	\$4,400.00	\$21,175.00
Bid Package #21A - Fire Suppression	\$30,000.00	\$11,300.00	\$41,300.00
Bid Package #23A - HVAC	\$142,259.00	\$17,448.00	\$159,707.00
Bid Package #26A Electrical & Fire Alarm	\$243,000.00	\$78,000.00	\$321,000.00
Bid Package #31A - Earthwork	\$73,500.00	\$0.00	\$73,500.00
Bid Package #32B - Fences and Gates	\$9,516.21	\$0.00	\$9,516.21
Bid Package #33A - Site Utilities	\$92,400.00	\$0.00	\$92,400.00
Allowance #4A - Masonry	\$45,000.00	\$0.00	\$45,000.00
Allowance #5A - Structural Steel Fabrication	\$175,000.00	\$0.00	\$175,000.00
Allowance #6A - Millwork (VS Base Bid)	\$0.00	\$25,250.00	\$25,250.00
Allowance #6A - Millwork (CR With VE)	\$130,000.00	\$0.00	\$130,000.00
Allowance #7A - Roofing & Metal Wall Panels	\$220,000.00	\$0.00	\$220,000.00
Allowance #12A - Window Shades	\$8,500.00	\$2,500.00	\$11,000.00
Allowance: #22A - Plumbing	\$175,000.00	\$13,500.00	\$188,500.00
Allowance - Permits	\$1,500.00	\$250.00	\$1,750.00
Final Clean	\$7,128.00	\$2,512.50	\$9,640.50
Allowance- Testing	\$15,000.00	\$0.00	\$15,000.00
Subtotal	\$2,223,556.39	\$389,115.32	\$2,612,671.71

General Conditions & Project Requirements	\$361,123.00	\$59,132.00	\$420,255.00
General Liability	\$19,385.10	\$3,361.85	\$22,746.95
Builders Risk	\$13,020.32	\$2,258.05	\$15,278.37
Bond	Unbonded	Unbonded	Unbonded
Preconstruction	\$13,085.42	\$2,269.34	\$15,354.76
6.00% Fee	\$157,810.21	\$27,368.19	\$185,178.41
4.00% Contingency	\$111,519.22	\$19,340.19	\$130,859.41
Building Construction Total	\$2,899,499.66	\$502,844.94	\$3,402,344.61

Value Engineering	Approx VE Value
Remove benches from General Trades- Clara Reynolds	\$ (19,945.00)
Eliminate Baffles (Barz)- Clara Reynolds	\$ (20,500.00)
Eliminate Tectum panels- Clara Reynolds	\$ (11,000.00)
Eliminate Soffit Panels- Clara Reynolds (Framing Only)	\$ (4,348.10)
Eliminate Baffles (PET)- Virginia Smith	\$ (13,000.00)
Remove solid surface top, replace with Plam on millwork- Virginia Smith	\$ (7,500.00)
Flooring and Tile Modifications- Virginia Smith	\$ (1,435.00)
Flooring and Tile Modifications- Clara Reynolds	\$ (8,270.00)
MC Cable in lieu of Conduit- Virginia Smith	\$ (1,050.00)
MC Cable in lieu of Conduit- Clara Reynolds	\$ (5,100.00)
Fire Alarm Conduit Deduct- Virginia Smith	\$ (500.00)
Fire Alarm Conduit Deduct- Clara Reynolds	\$ (2,000.00)
Light Fixture Package VE- Virginia Smith	\$ (1,000.00)
Light Fixture Package VE- Clara Reynolds	\$ (4,000.00)
Subtotal	\$ (99,648.10)
General Liability	\$ (747.36)
Builders Risk	\$ (501.98)
Precon	\$ (504.49)
Fee	\$ (6,084.12)
Contingency	\$ (4,299.44)
Construction Total	\$ (111,785.48)

Bid Package #2A - Demolition	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Total Demolition Services LLC	Native Wrecking	Midwest Wrecking				
Base Bid (Total, both schools)	\$58,300.00	\$60,510.00	\$121,550.00				\$58,300.00
Clara Reynolds (acct purposes only)	\$42,378.00	\$40,400.00	\$79,210.00				\$42,378.00
Virginia Smith (acct purposes only)	\$15,922.00	\$20,110.00	\$42,340.00				\$15,922.00
Bid Package #3A - Building Concrete	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Concrete Enterprises Inc	Title Concrete	4G Concrete	SPM Services	Structurecrete		
Base Bid (Total, both schools)	\$114,200.00	\$147,482.00	\$147,800.00	\$170,000.00	\$170,592.00		\$114,200.00
Clara Reynolds (acct purposes only)	\$113,200.00	\$143,550.00	\$147,800.00	-	\$164,800.00		\$113,200.00
Virginia Smith (acct purposes only)	\$1,000.00	\$3,927.00	\$0.00	-	\$5,792.00		\$1,000.00
Bid Package #5B - Structural Steel Erection	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Warrior Steel LLC	Weibee Steel					
Base Bid (Total, both schools)	\$49,200.00	\$72,000.00					\$49,200.00
Clara Reynolds (acct purposes only)	\$49,200.00	\$72,000.00					\$49,200.00
Virginia Smith (acct purposes only)	\$0.00						\$0.00
Bid Package #6B - General Trades	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Timberlake Construction Co Inc						
Base Bid (Total, both schools)	\$68,293.00						\$68,293.00
Clara Reynolds (acct purposes only)	\$54,158.00						\$54,158.00
Virginia Smith (acct purposes only)	\$14,135.00						\$14,135.00
Bid Package #7B - Waterproofing and Joint Sealants	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Red Sea Waterproofing LLC	Oklahoma Roofing & Sheetmetal	Alliance Sealants & Waterproofing				
Base Bid (Total, both schools)	\$26,400.00	\$36,362.00	\$47,656.00				\$26,400.00
Clara Reynolds (acct purposes only)	\$26,400.00	\$36,362.00					\$26,400.00
Virginia Smith (acct purposes only)	\$0.00						\$0.00
Bid Package #8A - Doors, Frames and Hardware	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Resource Door & Hardware	Piper Weatherford					
Base Bid (Total, both schools)	\$114,600.00	\$134,000.00					\$114,600.00
Clara Reynolds (acct purposes only)	\$70,900.00	\$57,000.00					\$70,900.00
Virginia Smith (acct purposes only)	\$43,700.00	\$77,000.00					\$43,700.00
Bid Package #8B - Storefront Curtain Wall Glass & Glazing	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Accent Glass Services, LLC	Avenue C Glass	Binswanger				
Base Bid (Total, both schools)	\$195,200.00	\$206,600.00	\$236,200.00				\$195,200.00
Clara Reynolds (acct purposes only)	\$141,600.00	\$145,800.00	\$173,200.00				\$141,600.00
Virginia Smith (acct purposes only)	\$53,600.00	\$60,800.00	\$63,000.00				\$53,600.00
Bid Package #9A - Framing, Drywall & Ceilings	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Competent Drywall Interiors LLC	Oklahoma Ceiling Systems & Drywall	Mitchell Acoustics				
Base Bid (Total, both schools)	\$304,231.00	\$319,630.00	\$398,780.00				\$304,231.00
Clara Reynolds (acct purposes only)	\$236,569.00	\$252,630.00	\$333,280.00				\$236,569.00
Virginia Smith (acct purposes only)	\$67,662.00	\$67,000.00	\$65,500.00				\$67,662.00
Bid Package #9B - Flooring, Carpeting, Tile & Wall Base	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Bryans Flooring LLC	Floor gallery	Andeco Flooring & Blinds				
Base Bid (Total, both schools)	\$93,800.00	\$106,000.00	\$143,235.00				\$93,800.00
Clara Reynolds (acct purposes only)	\$68,700.00	No breakout	\$96,035.00				\$68,700.00
Virginia Smith (acct purposes only)	\$25,100.00	No breakout	\$47,200.00				\$25,100.00
Bid Package #9C - Painting, Coatings, and Wallcoverings	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	OFJR Construction LLC	ALPR Construction	Integrated Finishes				
Base Bid (Total, both schools)	\$33,927.00	\$38,000.00	\$46,260.00				\$33,927.00
Clara Reynolds (acct purposes only)	\$25,601.18	\$24,000.00	\$33,000.00				\$25,601.18
Virginia Smith (acct purposes only)	\$8,325.82	\$14,000.00	\$12,960.00				\$8,325.82
Bid Package #10A - Specialties (Material Only)	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Y.I. Specialties Inc	DH Pace					
Base Bid (Total, both schools)	\$14,782.00	\$17,800.00					\$14,782.00
Clara Reynolds (acct purposes only)	\$10,272.00	\$17,200.00					\$10,272.00
Virginia Smith (acct purposes only)	\$4,510.00	\$600.00					\$4,510.00
Bid Package #10B - Signage	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Legacy Architectural Signs	Sign Innovations	Walker Companies				
Base Bid (Total, both schools)	\$21,175.00	\$21,724.00	\$27,293.54				\$21,175.00
Clara Reynolds (acct purposes only)	\$16,775.00	\$21,000.00	\$20,125.00				\$16,775.00
Virginia Smith (acct purposes only)	\$4,400.00	\$724.00	\$7,167.74				\$4,400.00
Bid Package #21A - Fire Suppression	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	AL Fire Protection Inc	All American Fire	Summit Fire				
Base Bid (Total, both schools)	\$41,300.00	\$66,000.00	\$97,911.00				\$41,300.00
Clara Reynolds (acct purposes only)	\$30,000.00	\$37,800.00	\$83,834.00				\$30,000.00
Virginia Smith (acct purposes only)	\$11,300.00	\$28,260.00	\$14,077.00				\$11,300.00
Bid Package #23A - HVAC	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	MBI Industrial Inc	Integrated HVAC	WSM MEP				
Base Bid (Total, both schools)	\$159,707.00	\$170,453.85	\$200,484.00				\$159,707.00
Clara Reynolds (acct purposes only)	\$142,259.00	\$151,017.85	\$177,167.00				\$142,259.00
Virginia Smith (acct purposes only)	\$17,448.00	\$19,436.00	\$23,317.00				\$17,448.00

Bid Package #26A Electrical & Fire Alarm	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	KB Electric LLC	Bright Electric	Shawver Electric				
Base Bid	\$321,000.00	\$335,000.00	\$432,850.00				\$321,000.00
Clara Reynolds (acct purposes only)	\$243,000.00	\$270,500.00	\$335,000.00				\$243,000.00
Virginia Smith (acct purposes only)	\$78,000.00	\$64,500.00	\$97,850.00				\$78,000.00
Bid Package #31A - Earthwork	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Great Plains Construction LLC						
Base Bid (Total, both schools)	\$73,500.00						\$73,500.00
Clara Reynolds (acct purposes only)	\$73,500.00						\$73,500.00
Virginia Smith (acct purposes only)	\$0.00						\$0.00
Bid Package #32B - Fences and Gates	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	American Fence Company, Inc	Superior Fence	Hadrian Fence	Apex Fence	A Better Fence	Cooks Fence	
Base Bid (Total, both schools)	\$9,516.21	\$11,680.00	\$13,800.00	\$16,250.00	\$16,300.00	\$22,887.00	\$9,516.21
Clara Reynolds (acct purposes only)	\$9,516.21	\$11,680.00	\$13,800.00	\$16,250.00	\$16,300.00	\$22,887.00	\$9,516.21
Virginia Smith (acct purposes only)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bid Package #33A - Site Utilities	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5	Bidder #6	Recommended Amount
Name	Civil Builders LLC	Patriot	Downey	Arrow Contracting			
Base Bid (Total, both schools)	\$92,400.00	\$96,500.00	\$99,200.00	\$129,445.00			\$92,400.00
Clara Reynolds (acct purposes only)	\$92,400.00	\$96,500.00	\$99,200.00	\$129,445.00			\$92,400.00
Virginia Smith (acct purposes only)	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00

USE OF AUTOMATIC EXTERNAL DEFIBRILLATOR

The Harrah Public Schools district 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.

The AEDs are to be located so that any victim may be reached in three minutes or less. Therefore, they will be stored in the high school, middle school and the elementary school principals' offices.

Roles and Responsibilities

The AED coordinator will serve as the primary liaison between the local EMS and the AED program. The coordinator will be responsible for purchasing equipment and supplies, organizing training programs, forwarding incident data to the local EMS, and holding post-event debriefing sessions for employees involved.

Certified district employees authorized to utilize the AED are specific employees trained and certified to use an AED in a sudden cardiac arrest emergency. These employees will attend a four-hour, American Heart Association AED training session, will have yearly refresher classes, and will be recertified every two years.

Procedure

When an apneic, pulseless victim is discovered, activate the sudden cardiac emergency response plan and by following the suggested guidelines set by the American Heart Association. This district will follow the American Heart Association AED treatment algorithm. The AED coordinator will notify the medical director's office of the use of the AED. An accident report form will be used to document an event and to document the practice drills.

Maintenance

The district will follow the manufacturer's suggested guidelines for maintenance of the AED. The AED coordinator will supervise the procedure. The AED coordinator for each site is the building principal.

The principal's secretary will:

1. Daily check the status indicator, verifying alternating dark and hourglass shapes, which indicates readiness for use, and recording the status on the AED battery check sheet.
2. Notify the AED coordinator if a flashing red X, a solid red X, or constant dark shape appears.

LEGAL REFERENCE: **70 O.S. § 1210.200**
 70 O.S. § 24-1556

OSSBA POLICY SERVICES LEGAL NOTES:

The district should specify who the AED coordinator is (e.g., building principal).

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN HARRAH HIGH SCHOOL

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. This document does not replace any district policies or local, state, or national regulations.
- 2) 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.

Developing a Cardiac Emergency Response Team (CERT)

- 1) Designate one person 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) Designate one person to call 9-1-1 and direct EMS to the location of the sudden cardiac arrest (SCA).

Best Practice Considerations:

- a) Consider having the Cardiac Emergency Response Team comprise of at least 5 people or 10% of staff.
 - a. In recognition of periodic absences and overall staff turnover, a robust team of individuals trained to be part of the CERT is essential to ensure uninterrupted response activities.
- b) CERT members should be able to step away from their tasks to assist when CERP is activated or have coverage for their classrooms.
- c) A list of these individuals and their CPR certifications should be maintained on-site in a readily accessible area.
- d) Consider medical coverage continues to be provided at the athletic event if continued after the event.

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

- 1) Minimum recommended number of AEDs for include inside the building and outside the building:
 - a) *Inside the building* – 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. AED should be clearly marked in a backpack or hard case.

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- b) *Outside the building* (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.
- 2) Regularly check and maintain each AED in accordance with the AED's operating manual and maintain a log of the maintenance activity including summer months when school is not in session.
 - 3) CERT coordinator should be responsible for verifying equipment readiness and for maintaining maintenance activity.
 - 4) 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.
 - 5) AEDs should not be locked in an office or stored in a location that is not easily and quickly accessible at all times.
 - 6) 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.
 - 7) Each AED should have one set of AED pads connected to the device and one spare set.
 - 8) 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).
 - 9) Recommend removing warning "for professional use only" on AED cabinets as AEDs provide instructions for use.
 - 10) Locations of the AEDs are to be listed in the "Protocol for Cardiac Emergency Response Team" and Building Location Information, AED locations, and School Maps.

Best Practice Considerations:

- a) Back-up AEDs – One or more AEDs shall be held in reserve for use as a replacement for any AED which may be out-of-service for maintenance or other issues. The back-up AED(s) should also be available for use when traveling to offsite locations. If unable to have a back-up AED, have a plan on what AED you will use if an AED is out of service.
- b) AEDs to be installed using a cabinet or bracket/wall rack approved for such purpose and be surface mount or wall recessed.
 - i. Regardless of which mount is chosen, AEDs shall be placed so that the AED's readiness indicator faces outward.

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- ii. During installation, it is important to make sure that screws, bolts and wall anchors will not penetrate electrical wires or pipes inside wall.
 - iii. Installation Height: Placed at an unobstructed height of forty-eight (48) inches from the floor (it may be lower) to provide optimum accessibility in compliance with American Disabilities Act (ADA). ADA Accessibility Guidelines (ADAAG) specify that objects such as automated external defibrillator wall cabinets shall not protrude more than 4 inches from the wall into walks, corridors, passageways, or aisles.
- c) Keep copies of event documentation with AED and first responder kits.
 - d) CERT coordinator should register their AED with the manufacturer and supplier to receive notifications of potential recalls or alerts.
 - e) Best practice is for all schools, regardless of grade levels served, to have both pediatric and adult pads available. Apply pads based on manufacture recommendations. Make sure pads do not touch.
 - f) If only adult pads are available: adult AEDs may be used on children. If the pads are too large for standard positioning without touching, Pads can be placed with one pad on the center of the chest between the nipples and the other pad on the back of the child between their shoulder blades.
 - g) If pediatric pads are available: the small pads or child key/switch will deliver a shock with a lower energy dose than the larger pads will. If a child is very small, you may need to put one pad on the child's chest and the other on the child's back.
 - h) Consider having an AED readily available on the sidelines of sporting events and practices.
 - i) Consider posting AHA Simplified Adult BLS diagram from the AHA near AED cabinet (see appendix).

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 should be distributed to:

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- a) All staff and administrators at the start of each school year, with updates distributed as made. In workplace and recreation centers, the CERP should be made available annually and when updates are made.
- b) All staff should be educated on the Cardiac Emergency Response Plan in their school yearly.
- c) New staff members should receive CERP in their orientation materials.

Best Practice Considerations:

- a) A copy of the Cardiac Emergency Response Protocol should be provided to any organization using the school. The organization using the facility should then adapt the CERP to the needs of their group/organization.
- b) Consider having a plan in place for after-hour events or off-site field trips.
- c) Consider a modified Cardiac Emergency Response Protocol which takes into consideration the nature and extent of the use and shall meet the spirit and intent of this Protocol to ensure that preparations are made to enable a quick and effective response to a cardiac emergency on-site after standard business hours.
- d) A facility user or renter should have their own plan, especially those using facility after school hours. A template letter is available for schools to provide to facility users and renters:
<https://parentheartwatch.egnyte.com/dl/Ead1QYTXCc>

Training in Cardiopulmonary Resuscitation (CPR) and AED Use**1) Staff training**

- a) A sufficient number of staff (in addition to the school nurse or safety coordinator) should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED. (It is recommended 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. Absolute minimum number is 3 to ensure CPR is initiated, AED is retrieved, and 911 is notified.
- b) The school should designate the person responsible for coordinating staff training and the medical contact for AEDs, if available.
- c) Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice, and testing.
 - i) Consult local regulations to ensure your plan meets any additional local requirements.
- d) 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.

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)**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.

Best Practice Considerations:

- a) Consider utilizing a checklist outlining response steps to ensure all actions are being completed. An observer can time the event and check off steps as they occur.
- b) Save time after the drill to 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) 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).
- 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 1) coordinate this Plan with the local emergency response system and 2) to inform local emergency response system of the number and location of on-site AEDs.

Best Practice Considerations:

- a) When possible, invite local EMS and first responders to the Cardiac Emergency Response Drills. They can give meaningful feedback and provide information about realistic situations.
- b) Speak with your local EMS team to see if training supplies are available for education and to use for the CERP drill.

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:

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- 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.
 - 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.

Best Practice Considerations:

- a) Consider before/after school events.

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.

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

Best Practice Considerations:

- a) All Cardiac Emergency Response Team members should be able to step away from their tasks without risking harm to other students.
- b) All members should be alerted uniformly via overhead page, radio, text, or phone.

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.

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- e. The closest team member should retrieve the automated external defibrillator (AED) en 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. *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.

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- 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 (i.e. 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 (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.
 - 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.

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

**SUDDEN CARDIAC EMERGENCY RESPONSE PLAN
HARRAH MIDDLE SCHOOL**

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. This document does not replace any district policies or local, state, or national regulations.
- 2) 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.

Developing a Cardiac Emergency Response Team (CERT)

- 1) Designate one person 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) Designate one person to call 9-1-1 and direct EMS to the location of the sudden cardiac arrest (SCA).

Best Practice Considerations:

- a) Consider having the Cardiac Emergency Response Team comprise of at least 5 people or 10% of staff.
 - a. In recognition of periodic absences and overall staff turnover, a robust team of individuals trained to be part of the CERT is essential to ensure uninterrupted response activities.
- b) CERT members should be able to step away from their tasks to assist when CERP is activated or have coverage for their classrooms.
- c) A list of these individuals and their CPR certifications should be maintained on-site in a readily accessible area.
- d) Consider medical coverage continues to be provided at the athletic event if continued after the event.

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

- 1) Minimum recommended number of AEDs for Harrah Middle School include inside the building and outside the building:
 - a) *Inside the building* – 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. AED should be clearly marked in a backpack or hard case.

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- b) *Outside the building* (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.
- 2) Regularly check and maintain each AED in accordance with the AED’s operating manual and maintain a log of the maintenance activity including summer months when school is not in session.
 - 3) CERT coordinator should be responsible for verifying equipment readiness and for maintaining maintenance activity.
 - 4) 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.
 - 5) AEDs should not be locked in an office or stored in a location that is not easily and quickly accessible at all times.
 - 6) 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.
 - 7) Each AED should have one set of AED pads connected to the device and one spare set.
 - 8) 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).
 - 9) Recommend removing warning "for professional use only" on AED cabinets as AEDs provide instructions for use.
 - 10) Locations of the AEDs are to be listed in the “Protocol for Cardiac Emergency Response Team” and Building Location Information, AED locations, and School Maps.
Best Practice Considerations:
 - a) Back-up AEDs – One or more AEDs shall be held in reserve for use as a replacement for any AED which may be out-of-service for maintenance or other issues. The back-up AED(s) should also be available for use when traveling to offsite locations. If unable to have a back-up AED, have a plan on what AED you will use if an AED is out of service.
 - b) AEDs to be installed using a cabinet or bracket/wall rack approved for such purpose and be surface mount or wall recessed.
 - i. Regardless of which mount is chosen, AEDs shall be placed so that the AED’s readiness indicator faces outward.

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)

- ii. During installation, it is important to make sure that screws, bolts and wall anchors will not penetrate electrical wires or pipes inside wall.
 - iii. Installation Height: Placed at an unobstructed height of forty-eight (48) inches from the floor (it may be lower) to provide optimum accessibility in compliance with American Disabilities Act (ADA). ADA Accessibility Guidelines (ADAAG) specify that objects such as automated external defibrillator wall cabinets shall not protrude more than 4 inches from the wall into walks, corridors, passageways, or aisles.
- c) Keep copies of event documentation with AED and first responder kits.
 - d) CERT coordinator should register their AED with the manufacturer and supplier to receive notifications of potential recalls or alerts.
 - e) Best practice is for all schools, regardless of grade levels served, to have both pediatric and adult pads available. Apply pads based on manufacture recommendations. Make sure pads do not touch.
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 - g) If pediatric pads are available: the small pads or child key/switch will deliver a shock with a lower energy dose than the larger pads will. If a child is very small, you may need to put one pad on the child's chest and the other on the child's back.
 - h) Consider having an AED readily available on the sidelines of sporting events and practices.
 - i) Consider posting AHA Simplified Adult BLS diagram from the AHA near AED cabinet (see appendix).

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 should be distributed to:

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)

- a) All staff and administrators at the start of each school year, with updates distributed as made. In workplace and recreation centers, the CERP should be made available annually and when updates are made.
- b) All staff should be educated on the Cardiac Emergency Response Plan in their school yearly.
- c) New staff members should receive CERP in their orientation materials.

Best Practice Considerations:

- a) A copy of the Cardiac Emergency Response Protocol should be provided to any organization using the school. The organization using the facility should then adapt the CERP to the needs of their group/organization.
- b) Consider having a plan in place for after-hour events or off-site field trips.
- c) Consider a modified Cardiac Emergency Response Protocol which takes into consideration the nature and extent of the use and shall meet the spirit and intent of this Protocol to ensure that preparations are made to enable a quick and effective response to a cardiac emergency on-site after standard business hours.
- d) A facility user or renter should have their own plan, especially those using facility after school hours. A template letter is available for schools to provide to facility users and renters:
<https://parentheartwatch.egnyte.com/dl/Ead1QYTXCc>

Training in Cardiopulmonary Resuscitation (CPR) and AED Use**1) Staff training**

- a) A sufficient number of staff (in addition to the school nurse or safety coordinator) should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED. (It is recommended 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. Absolute minimum number is 3 to ensure CPR is initiated, AED is retrieved, and 911 is notified.
- b) The school should designate the person responsible for coordinating staff training and the medical contact for AEDs, if available.
- c) Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice, and testing.
 - i) Consult local regulations to ensure your plan meets any additional local requirements.
- d) 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.

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)**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.

Best Practice Considerations:

- a) Consider utilizing a checklist outlining response steps to ensure all actions are being completed. An observer can time the event and check off steps as they occur.
- b) Save time after the drill to 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) 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).
- 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 1) coordinate this Plan with the local emergency response system and 2) to inform local emergency response system of the number and location of on-site AEDs.

Best Practice Considerations:

- a) When possible, invite local EMS and first responders to the Cardiac Emergency Response Drills. They can give meaningful feedback and provide information about realistic situations.
- b) Speak with your local EMS team to see if training supplies are available for education and to use for the CERP drill.

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:

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- 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.
 - 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.

Best Practice Considerations:

- a) Consider before/after school events.

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.

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

Best Practice Considerations:

- a) All Cardiac Emergency Response Team members should be able to step away from their tasks without risking harm to other students.
- b) All members should be alerted uniformly via overhead page, radio, text, or phone.

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.

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- e. The closest team member should retrieve the automated external defibrillator (AED) en 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. *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.

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- 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 (i.e. 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 (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.
- 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.

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

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN RUSSELL BABB ELEMENTARY

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. This document does not replace any district policies or local, state, or national regulations.
- 2) 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.

Developing a Cardiac Emergency Response Team (CERT)

- 1) Designate one person 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) Designate one person to call 9-1-1 and direct EMS to the location of the sudden cardiac arrest (SCA).

Best Practice Considerations:

- a) Consider having the Cardiac Emergency Response Team comprise of at least 5 people or 10% of staff.
 - a. In recognition of periodic absences and overall staff turnover, a robust team of individuals trained to be part of the CERT is essential to ensure uninterrupted response activities.
- b) CERT members should be able to step away from their tasks to assist when CERP is activated or have coverage for their classrooms.
- c) A list of these individuals and their CPR certifications should be maintained on-site in a readily accessible area.
- d) Consider medical coverage continues to be provided at the athletic event if continued after the event.

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

- 1) Minimum recommended number of AEDs for Russell Babb elementary include inside the building and outside the building:
 - a) *Inside the building* – 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. AED should be clearly marked in a backpack or hard case.

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- b) *Outside the building* (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.
- 2) Regularly check and maintain each AED in accordance with the AED's operating manual and maintain a log of the maintenance activity including summer months when school is not in session.
 - 3) CERT coordinator should be responsible for verifying equipment readiness and for maintaining maintenance activity.
 - 4) 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.
 - 5) AEDs should not be locked in an office or stored in a location that is not easily and quickly accessible at all times.
 - 6) 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.
 - 7) Each AED should have one set of AED pads connected to the device and one spare set.
 - 8) 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).
 - 9) Recommend removing warning "for professional use only" on AED cabinets as AEDs provide instructions for use.
 - 10) Locations of the AEDs are to be listed in the "Protocol for Cardiac Emergency Response Team" and Building Location Information, AED locations, and School Maps.

Best Practice Considerations:

- a) Back-up AEDs – One or more AEDs shall be held in reserve for use as a replacement for any AED which may be out-of-service for maintenance or other issues. The back-up AED(s) should also be available for use when traveling to offsite locations. If unable to have a back-up AED, have a plan on what AED you will use if an AED is out of service.
- b) AEDs to be installed using a cabinet or bracket/wall rack approved for such purpose and be surface mount or wall recessed.
 - i. Regardless of which mount is chosen, AEDs shall be placed so that the AED's readiness indicator faces outward.

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- ii. During installation, it is important to make sure that screws, bolts and wall anchors will not penetrate electrical wires or pipes inside wall.
 - iii. Installation Height: Placed at an unobstructed height of forty-eight (48) inches from the floor (it may be lower) to provide optimum accessibility in compliance with American Disabilities Act (ADA). ADA Accessibility Guidelines (ADAAG) specify that objects such as automated external defibrillator wall cabinets shall not protrude more than 4 inches from the wall into walks, corridors, passageways, or aisles.
- c) Keep copies of event documentation with AED and first responder kits.
 - d) CERT coordinator should register their AED with the manufacturer and supplier to receive notifications of potential recalls or alerts.
 - e) Best practice is for all schools, regardless of grade levels served, to have both pediatric and adult pads available. Apply pads based on manufacture recommendations. Make sure pads do not touch.
 - f) If only adult pads are available: adult AEDs may be used on children. If the pads are too large for standard positioning without touching, Pads can be placed with one pad on the center of the chest between the nipples and the other pad on the back of the child between their shoulder blades.
 - g) If pediatric pads are available: the small pads or child key/switch will deliver a shock with a lower energy dose than the larger pads will. If a child is very small, you may need to put one pad on the child's chest and the other on the child's back.
 - h) Consider having an AED readily available on the sidelines of sporting events and practices.
 - i) Consider posting AHA Simplified Adult BLS diagram from the AHA near AED cabinet (see appendix).

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 should be distributed to:

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- a) All staff and administrators at the start of each school year, with updates distributed as made. In workplace and recreation centers, the CERP should be made available annually and when updates are made.
- b) All staff should be educated on the Cardiac Emergency Response Plan in their school yearly.
- c) New staff members should receive CERP in their orientation materials.

Best Practice Considerations:

- a) A copy of the Cardiac Emergency Response Protocol should be provided to any organization using the school. The organization using the facility should then adapt the CERP to the needs of their group/organization.
- b) Consider having a plan in place for after-hour events or off-site field trips.
- c) Consider a modified Cardiac Emergency Response Protocol which takes into consideration the nature and extent of the use and shall meet the spirit and intent of this Protocol to ensure that preparations are made to enable a quick and effective response to a cardiac emergency on-site after standard business hours.
- d) A facility user or renter should have their own plan, especially those using facility after school hours. A template letter is available for schools to provide to facility users and renters:
<https://parentheartwatch.egnyte.com/dl/Ead1QYTXCc>

Training in Cardiopulmonary Resuscitation (CPR) and AED Use**1) Staff training**

- a) A sufficient number of staff (in addition to the school nurse or safety coordinator) should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED. (It is recommended 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. Absolute minimum number is 3 to ensure CPR is initiated, AED is retrieved, and 911 is notified.
- b) The school should designate the person responsible for coordinating staff training and the medical contact for AEDs, if available.
- c) Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice, and testing.
 - i) Consult local regulations to ensure your plan meets any additional local requirements.
- d) 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.

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)**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.

Best Practice Considerations:

- a) Consider utilizing a checklist outlining response steps to ensure all actions are being completed. An observer can time the event and check off steps as they occur.
- b) Save time after the drill to 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) 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).
- 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 1) coordinate this Plan with the local emergency response system and 2) to inform local emergency response system of the number and location of on-site AEDs.

Best Practice Considerations:

- a) When possible, invite local EMS and first responders to the Cardiac Emergency Response Drills. They can give meaningful feedback and provide information about realistic situations.
- b) Speak with your local EMS team to see if training supplies are available for education and to use for the CERP drill.

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:

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)

- 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.
 - 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.

Best Practice Considerations:

- a) Consider before/after school events.

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.

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

Best Practice Considerations:

- a) All Cardiac Emergency Response Team members should be able to step away from their tasks without risking harm to other students.
- b) All members should be alerted uniformly via overhead page, radio, text, or phone.

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.

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- e. The closest team member should retrieve the automated external defibrillator (AED) en 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. *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.
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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.

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- 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.
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 - 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.).
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 - 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.
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LEGAL REFERENCE: 70 O.S. § 24-156

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN CLARA REYNOLDS ELEMENTARY

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. This document does not replace any district policies or local, state, or national regulations.
- 2) 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.

Developing a Cardiac Emergency Response Team (CERT)

- 1) Designate one person 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) Designate one person to call 9-1-1 and direct EMS to the location of the sudden cardiac arrest (SCA).

Best Practice Considerations:

- a) Consider having the Cardiac Emergency Response Team comprise of at least 5 people or 10% of staff.
 - a. In recognition of periodic absences and overall staff turnover, a robust team of individuals trained to be part of the CERT is essential to ensure uninterrupted response activities.
- b) CERT members should be able to step away from their tasks to assist when CERP is activated or have coverage for their classrooms.
- c) A list of these individuals and their CPR certifications should be maintained on-site in a readily accessible area.
- d) Consider medical coverage continues to be provided at the athletic event if continued after the event.

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

- 1) Minimum recommended number of AEDs for Clara Reynolds Elementary include inside the building and outside the building:
 - a) *Inside the building* – 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. AED should be clearly marked in a backpack or hard case.

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- b) *Outside the building* (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.
- 2) Regularly check and maintain each AED in accordance with the AED's operating manual and maintain a log of the maintenance activity including summer months when school is not in session.
 - 3) CERT coordinator should be responsible for verifying equipment readiness and for maintaining maintenance activity.
 - 4) 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.
 - 5) AEDs should not be locked in an office or stored in a location that is not easily and quickly accessible at all times.
 - 6) 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.
 - 7) Each AED should have one set of AED pads connected to the device and one spare set.
 - 8) 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).
 - 9) Recommend removing warning "for professional use only" on AED cabinets as AEDs provide instructions for use.
 - 10) Locations of the AEDs are to be listed in the "Protocol for Cardiac Emergency Response Team" and Building Location Information, AED locations, and School Maps.

Best Practice Considerations:

- a) Back-up AEDs – One or more AEDs shall be held in reserve for use as a replacement for any AED which may be out-of-service for maintenance or other issues. The back-up AED(s) should also be available for use when traveling to offsite locations. If unable to have a back-up AED, have a plan on what AED you will use if an AED is out of service.
- b) AEDs to be installed using a cabinet or bracket/wall rack approved for such purpose and be surface mount or wall recessed.
 - i. Regardless of which mount is chosen, AEDs shall be placed so that the AED's readiness indicator faces outward.

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- ii. During installation, it is important to make sure that screws, bolts and wall anchors will not penetrate electrical wires or pipes inside wall.
 - iii. Installation Height: Placed at an unobstructed height of forty-eight (48) inches from the floor (it may be lower) to provide optimum accessibility in compliance with American Disabilities Act (ADA). ADA Accessibility Guidelines (ADAAG) specify that objects such as automated external defibrillator wall cabinets shall not protrude more than 4 inches from the wall into walks, corridors, passageways, or aisles.
- c) Keep copies of event documentation with AED and first responder kits.
 - d) CERT coordinator should register their AED with the manufacturer and supplier to receive notifications of potential recalls or alerts.
 - e) Best practice is for all schools, regardless of grade levels served, to have both pediatric and adult pads available. Apply pads based on manufacture recommendations. Make sure pads do not touch.
 - f) If only adult pads are available: adult AEDs may be used on children. If the pads are too large for standard positioning without touching, Pads can be placed with one pad on the center of the chest between the nipples and the other pad on the back of the child between their shoulder blades.
 - g) If pediatric pads are available: the small pads or child key/switch will deliver a shock with a lower energy dose than the larger pads will. If a child is very small, you may need to put one pad on the child's chest and the other on the child's back.
 - h) Consider having an AED readily available on the sidelines of sporting events and practices.
 - i) Consider posting AHA Simplified Adult BLS diagram from the AHA near AED cabinet (see appendix).

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 should be distributed to:

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- a) All staff and administrators at the start of each school year, with updates distributed as made. In workplace and recreation centers, the CERP should be made available annually and when updates are made.
- b) All staff should be educated on the Cardiac Emergency Response Plan in their school yearly.
- c) New staff members should receive CERP in their orientation materials.

Best Practice Considerations:

- a) A copy of the Cardiac Emergency Response Protocol should be provided to any organization using the school. The organization using the facility should then adapt the CERP to the needs of their group/organization.
- b) Consider having a plan in place for after-hour events or off-site field trips.
- c) Consider a modified Cardiac Emergency Response Protocol which takes into consideration the nature and extent of the use and shall meet the spirit and intent of this Protocol to ensure that preparations are made to enable a quick and effective response to a cardiac emergency on-site after standard business hours.
- d) A facility user or renter should have their own plan, especially those using facility after school hours. A template letter is available for schools to provide to facility users and renters:
<https://parentheartwatch.egnyte.com/dl/Ead1QYTXCc>

Training in Cardiopulmonary Resuscitation (CPR) and AED Use**1) Staff training**

- a) A sufficient number of staff (in addition to the school nurse or safety coordinator) should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED. (It is recommended 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. Absolute minimum number is 3 to ensure CPR is initiated, AED is retrieved, and 911 is notified.
- b) The school should designate the person responsible for coordinating staff training and the medical contact for AEDs, if available.
- c) Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice, and testing.
 - i) Consult local regulations to ensure your plan meets any additional local requirements.
- d) 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.

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)**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.

Best Practice Considerations:

- a) Consider utilizing a checklist outlining response steps to ensure all actions are being completed. An observer can time the event and check off steps as they occur.
- b) Save time after the drill to 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) 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).
- 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 1) coordinate this Plan with the local emergency response system and 2) to inform local emergency response system of the number and location of on-site AEDs.

Best Practice Considerations:

- a) When possible, invite local EMS and first responders to the Cardiac Emergency Response Drills. They can give meaningful feedback and provide information about realistic situations.
- b) Speak with your local EMS team to see if training supplies are available for education and to use for the CERP drill.

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:

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- 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.
 - 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.

Best Practice Considerations:

- a) Consider before/after school events.

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.

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

Best Practice Considerations:

- a) All Cardiac Emergency Response Team members should be able to step away from their tasks without risking harm to other students.
- b) All members should be alerted uniformly via overhead page, radio, text, or phone.

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.

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- e. The closest team member should retrieve the automated external defibrillator (AED) en 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. *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.

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- 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 (i.e. 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 (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.
 - 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.

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

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN VIRGINIA SMITH ELEMENTARY

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. This document does not replace any district policies or local, state, or national regulations.
- 2) 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.

Developing a Cardiac Emergency Response Team (CERT)

- 1) Designate one person 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) Designate one person to call 9-1-1 and direct EMS to the location of the sudden cardiac arrest (SCA).

Best Practice Considerations:

- a) Consider having the Cardiac Emergency Response Team comprise of at least 5 people or 10% of staff.
 - a. In recognition of periodic absences and overall staff turnover, a robust team of individuals trained to be part of the CERT is essential to ensure uninterrupted response activities.
- b) CERT members should be able to step away from their tasks to assist when CERP is activated or have coverage for their classrooms.
- c) A list of these individuals and their CPR certifications should be maintained on-site in a readily accessible area.
- d) Consider medical coverage continues to be provided at the athletic event if continued after the event.

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

- 1) Minimum recommended number of AEDs for Virginia Smith Elementary is one for inside the building.
 - a) *Inside the building* – 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. AED should be clearly marked in a backpack or hard case.

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- 2) Regularly check and maintain each AED in accordance with the AED's operating manual and maintain a log of the maintenance activity including summer months when school is not in session.
- 3) CERT coordinator should be responsible for verifying equipment readiness and for maintaining maintenance activity.
- 4) 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.
- 5) AEDs should not be locked in an office or stored in a location that is not easily and quickly accessible at all times.
- 6) 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.
- 7) Each AED should have one set of AED pads connected to the device and one spare set.
- 8) 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).
- 9) Recommend removing warning "for professional use only" on AED cabinets as AEDs provide instructions for use.
- 10) Locations of the AEDs are to be listed in the "Protocol for Cardiac Emergency Response Team" and Building Location Information, AED locations, and School Maps.

Best Practice Considerations:

- a) Back-up AEDs – One or more AEDs shall be held in reserve for use as a replacement for any AED which may be out-of-service for maintenance or other issues. The back-up AED(s) should also be available for use when traveling to offsite locations. If unable to have a back-up AED, have a plan on what AED you will use if an AED is out of service.
- b) AEDs to be installed using a cabinet or bracket/wall rack approved for such purpose and be surface mount or wall recessed.
 - i. Regardless of which mount is chosen, AEDs shall be placed so that the AED's readiness indicator faces outward.
 - ii. During installation, it is important to make sure that screws, bolts and wall anchors will not penetrate electrical wires or pipes inside wall.
 - iii. Installation Height: Placed at an unobstructed height of forty-eight (48) inches from the floor (it may be lower) to provide optimum accessibility in compliance with American Disabilities Act (ADA). ADA Accessibility Guidelines (ADAAG) specify that objects such as automated external defibrillator wall cabinets shall not protrude more than 4 inches from the wall into walks, corridors, passageways, or aisles.

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- c) Keep copies of event documentation with AED and first responder kits.
- d) CERT coordinator should register their AED with the manufacturer and supplier to receive notifications of potential recalls or alerts.
- e) Best practice is for all schools, regardless of grade levels served, to have both pediatric and adult pads available. Apply pads based on manufacture recommendations. Make sure pads do not touch.
- f) If only adult pads are available: adult AEDs may be used on children. If the pads are too large for standard positioning without touching, Pads can be placed with one pad on the center of the chest between the nipples and the other pad on the back of the child between their shoulder blades.
- g) If pediatric pads are available: the small pads or child key/switch will deliver a shock with a lower energy dose than the larger pads will. If a child is very small, you may need to put one pad on the child's chest and the other on the child's back.
- h) Consider having an AED readily available on the sidelines of sporting events and practices.
- i) Consider posting AHA Simplified Adult BLS diagram from the AHA near AED cabinet (see appendix).

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 should be distributed to:
 - a) All staff and administrators at the start of each school year, with updates distributed as made. In workplace and recreation centers, the CERP should be made available annually and when updates are made.
 - b) All staff should be educated on the Cardiac Emergency Response Plan in their school yearly.
 - c) New staff members should receive CERP in their orientation materials.

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)Best Practice Considerations:

- a) A copy of the Cardiac Emergency Response Protocol should be provided to any organization using the school. The organization using the facility should then adapt the CERP to the needs of their group/organization.
- b) Consider having a plan in place for after-hour events or off-site field trips.
- c) Consider a modified Cardiac Emergency Response Protocol which takes into consideration the nature and extent of the use and shall meet the spirit and intent of this Protocol to ensure that preparations are made to enable a quick and effective response to a cardiac emergency on-site after standard business hours.
- d) A facility user or renter should have their own plan, especially those using facility after school hours. A template letter is available for schools to provide to facility users and renters:
<https://parentheartwatch.egnyte.com/dl/Ead1QYTXCc>

Training in Cardiopulmonary Resuscitation (CPR) and AED Use

1) Staff training

- a) A sufficient number of staff (in addition to the school nurse or safety coordinator) should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED. (It is recommended 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. Absolute minimum number is 3 to ensure CPR is initiated, AED is retrieved, and 911 is notified.
- b) The school should designate the person responsible for coordinating staff training and the medical contact for AEDs, if available.
- c) Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice, and testing.
 - i) Consult local regulations to ensure your plan meets any additional local requirements.
- d) 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.

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- 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.

Best Practice Considerations:

- a) Consider utilizing a checklist outlining response steps to ensure all actions are being completed. An observer can time the event and check off steps as they occur.
- b) Save time after the drill to 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) 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).
- 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 1) coordinate this Plan with the local emergency response system and 2) to inform local emergency response system of the number and location of on-site AEDs.

Best Practice Considerations:

- a) When possible, invite local EMS and first responders to the Cardiac Emergency Response Drills. They can give meaningful feedback and provide information about realistic situations.
- b) Speak with your local EMS team to see if training supplies are available for education and to use for the CERP drill.

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.

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- 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.

Best Practice Considerations:

- a) Consider before/after school events.

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.

Best Practice Considerations:

- a) All Cardiac Emergency Response Team members should be able to step away from their tasks without risking harm to other students.
- b) All members should be alerted uniformly via overhead page, radio, text, or phone.

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)

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) en 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

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)

- ii. 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. *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 (i.e. delaying class changes or hallway traffic, dismissal, recess, or other changes) to facilitate CPR and EMS functions.

SUDDEN CARDIAC EMERGENCY RESPONSE PLAN (CON'T)

- 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 (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.
 - 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.

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

Harrah Public Schools Emergency Operations Site Plan Virginia Smith Elementary

Chase Morris Sudden Cardiac Arrest Response Plan



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](#)).

Virginia Smith Elementary

CHASE MORRIS ACT COMPLIANCE SITE PLAN

Virginia Smith Elementary School has developed a sudden cardiac emergency response plan. The district has collaborated with the local/responding EMT Chief **Levi Dean** on **03/25/2025..**

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>
Tiffani Patrick	VSE Administration
Pattie Lastinger	VSE Secretary
Angela Freeman	VSE Teacher
Mandy Hacker	VSE ParaProfessional
Tammy Manry	VSE Counselor

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

Site Administration and Sudden Cardiac Response Team will be certified in First Aid, CPR, and AED usage yearly.

HOW TO ACTIVATE THE TEAM:

Primary - All Call (Intercom)

Alternative - Rave Panic Button (Phone App)

Emergency - Runner

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

All school employees will be emailed our response plan. The current plan specifics will be disseminated during the beginning of the school year staff meeting.

DOCUMENT PERIODIC DRILLS FOR PRACTICING THE PLAN:

**These drills are NOT required to be entered on the School Security Website

<i>Date of Drill</i>	<i>Notes</i>
07/31/2025	CPR and AED Training

IDENTIFY EMERGENCY MEDICAL PROVIDERS THAT SERVE YOUR AREA

**Example: Local Ambulance, Fire Department, Police Department, Sheriff Department

***Identify who on your team will contact these providers

<i>Name of Provider</i>	<i>Contact Information</i>
Harrah Police Department	405-454-1203
Harrah Fire Department	405-454-2111
Oklahoma County Sheriff	405-869-2501
St. Anthony's Midwest	405-739-1320
Tammy Manry will be the person of contact	

Harrah Public Schools Emergency Operations Site Plan Clara Reynolds Elementary

Chase Morris Sudden Cardiac Arrest Response Plan



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).

Clara Reynolds Elementary

CHASE MORRIS ACT COMPLIANCE SITE PLAN

Clara Reynolds Elementary School has developed a sudden cardiac emergency response plan. The district has collaborated with the local/responding EMT Chief Levi Dean on 03/25/2025..

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>
Susie Terrell	CRE Administration
Angela Hodge	CRE Secretary
Carla Jorski	CRE Teacher
Jennifer Bullard	CRE Para Professional
Jenny Little	CRE Counselor

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

Site Administration and Sudden Cardiac Response Team will be certified in First Aid, CPR, and AED usage year

HOW TO ACTIVATE THE TEAM:

Primary - All Call (Intercom)

Alternative - Rave Panic Button (Phone App)

Emergency - Runner

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

All school employees will be emailed our response plan. The current plan specifics will be disseminated during the beginning of the school year staff meeting.

DOCUMENT PERIODIC DRILLS FOR PRACTICING THE PLAN:

****These drills are NOT required to be entered on the School Security Website**

<i>Date of Drill</i>	<i>Notes</i>
07/31/2025	CPR and AED Training

IDENTIFY EMERGENCY MEDICAL PROVIDERS THAT SERVE YOUR AREA

****Example: Local Ambulance, Fire Department, Police Department, Sheriff Department**

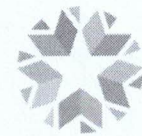
*****Identify who on your team will contact these providers**

<i>Name of Provider</i>	<i>Contact Information</i>
Harrah Police Department	405-454-1203
Harrah Fire Department	405-454-2111
Oklahoma County Sheriff	405-869-2501
St. Anthony's Midwest	405-739-1320
Jenny Little will be the person of contact	

Emergency Operations Site Plan

Chase Morris Sudden Cardiac Arrest Response Plan

Russell Babb 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](#)).

RUSSELL BABB ELEMENTARY

CHASE MORRIS ACT COMPLIANCE SITE PLAN

Russell Babb Elementary has developed a sudden cardiac emergency response plan. The district has collaborated with the local/responding EMT Levi Dean on 03/25/25.

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>
Mike McAfee	Principal
Kenda Lacefield	Counselor
Jillian Richmond	Secretary
Pam Holland	Teacher
Taylor Platt	PE Teacher

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

All athletic coaches
All athletic trainers

All school nurses
Your team members for response plan at all sites

HOW TO ACTIVATE THE TEAM:

Primary - All Call

Alternatives - Rave Panic Button (Phone App)

Emergency - Runner

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

All school employees will be emailed our response plan. The current plan specifics will disseminated during the beginning of the school year staff meeting.

DOCUMENT PERIODIC DRILLS FOR PRACTICING THE PLAN:

**These drills are NOT required to be entered on the School Security Website

<i>Date of Drill</i>	<i>Notes</i>
7/31/25	CPR and AED Training

IDENTIFY EMERGENCY MEDICAL PROVIDERS THAT SERVE YOUR AREA

**Example: Local Ambulance, Fire Department, Police Department, Sheriff Department

***Identify who on your team will contact these providers

<i>Name of Provider</i>	<i>Contact Information</i>
Harrah Police Department	405-454-1203
Harrah Fire Department	405-454-2111
Oklahoma County Sheriff	405-869-2501
St. Anthony's Midwest	405-739-1320
Kenda Lacefield will be the person of contact	

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

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

<i>AED Location</i>	<i>Maintenance Date</i>

LOCATION OF AED'S AT ATHLETIC EVENTS AND FACILITIES AT EACH MS & HS SITE

**AED must be accessible within one to three minutes. Identify who is responsible to get the AED
Could insert you EAP (Emergency Action Plan for athletics here also)

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

<i>Site</i>	<i>Location</i>	<i>Last Maintenance Date</i>
PENDING		

DATE UPDATED AND REVIEWED BY THE SCHOOL BOARD

**Must be updated and reviewed by the school board annually

Date of update and school board review: _____



Fwd: Wall mat surplus

1 message

Guy Worth <gworth@harrahschools.com>
To: Leslie Hobaugh <lhobaugh@harrahschools.com>

Thu, Apr 3, 2025 at 8:51 AM

What do we need to do to have these wall mats from wrestling surplus?

Guy Worth, CAA
Harrah High School
Athletic Director
(405) 347-2105

----- Forwarded message -----

From: **Ryan Bates** <rbates@harrahschools.com>
Date: Wed, Apr 2, 2025 at 4:14 PM
Subject: Wall mat surplus
To: Guy Worth <gworth@harrahschools.com>, Gomez Kidd <kgomez@harrahschools.com>

We have 80 2x4 section of wall mat we need to surplus



APRIL 14, 2025

Exhibit A

2025-2026 SCHOOL YEAR

RECOMMEND TO HIRE - CERTIFIED

Name	Position	Site
	TEACHER - MUSIC	VS
	TEACHER - KINDERGARTEN	VS
JOHN (WILLIE) McDOULETT	BIOLOGY	HS
	4TH GRADE	RB

2025-2026 SCHOOL YEAR

RECOMEND TO TRANSFER - CERTIFIED/SUPPORT

Name	Position	Site
JO ANNA PERDUE	KINDERGARTEN TO 5TH GRADE	VS TO RB
KASEY CORNELISON	4TH GRADE TO ELECTIVES	RB TO MS
RICKY BLIEK	INDIAN ED TO MATH TEACHER	MS
KARA PLUM	MATH TEACHER TO INDIAN ED	MS



APRIL 14, 2025

Exhibit B

2024-2025 SCHOOL YEAR

RECOMMEND TO TRANSFER - SUPPORT

Name	Position	Site
CASEY SIMPSON	HOUSEKEEPER TO HEAD HOUSEKEEPER	CR

2024-2025 SCHOOL YEAR

RECOMEND TO HIRE - SUBSTITUTES

Name	Name
KYLEE DELFS	ALLYSON TREVINO
MONICA GARCIA	RIKKI KOLKE

2025-2026 SCHOOL YEAR

RECOMEND - SUPPORT RE-HIRE

Central Office	
David Drew - Maintenance	Jennie Lewelling - Activity Fund
Leslie Hobough - Encumb Clerk/Minu	Penny Maull - Payroll
Matt Shimanek - Head of Maintenance	Brian Jones - IT
Jeremy Johns - Director of Transporta	Phillip Hogue - Custodian
Virginia Smith	
Lastinger, Pattie - Secretary	Easter, Aymee - SS
Warren, Cindy - Pre-K Aide	Main, Jessica - SS
Shires, Nora - Title I Asst	Malone, Jessica - Indian Ed
Tseng-Hacker, Mandy - SS	Krumme, Jasmine - PreK Aide
Parsons, Kammi - Head Housekeeper	Johns, Maeci - SS
Miller, Katty - Housekeeper	White, Haley - SS
Taylor, Vicky - Housekeeper	Trosclair, Cindy - Prek Aide
Clara Reynolds	
Hodge, Angela - Secretary	Coker, Megan - Title I Aide
Bullard, Jennifer - SS	Coker, Pam - SS
McBroom, Chelsi - SS	Devine, Carrie - SS
Simpson, Kasey - Head Custodian	Webster, Courtney - SS
Beams, Barbara - Housekeeper	Simpson, Joe - Housekeeper

Russell Babb	
Richmond, Jillian - Secretary	Deden, Sharon - SS
Trapp, Jack - SS	Cotter, Regina - SS
Vela, Amanda - Indian Ed	Thompson, Lucy - SS
Trosclair, Robert - Housekeeper	Upfold, Amy - Head Housekeeper
Middle School	
Blankenship, Jamie - Media Aide	Cantrell, Kim - Secretary
Johnson, Jarvis - Custodian	Tasha Harris - SS
Jones, Lisa - ISR	Angle, Casey - SS
Patti Martin - SS	Parker, Amanda - Evening Housekeeper
Rebecca Taylor - PT Evening Housekeeper	Walker, Maverick - SS
Wilson, Aimee - Housekeeper	
High School	
Bell, Larinda - Secretary	Bell, Glenn - ISR
Drew, Nancy - Library/Secretary	Aguilar, Lacy- Distance Learning
Musgrove, Marty - Housekeeper	Walker, Teresa - SS
Jordan, Free - Secretary	Turner, Shayne - SS
Porter, Andrea - Secretary	Perry, Tonya - SS
Winstead, Darrell - Custodian	DeWitt, Suzanne - Housekeeper
Mumford, Janet - Housekeeper	Sanders, Jeff - Custodian
Transportation - Drivers and Monitors	
Myers, Kenny	Wing, Amanda
Drew, David	Leabo, Robert
Evans, Brandy	Hess, Lee Ann - M
Shimanek, Matt	Trosclair, Connie - M
Hogue, Phillip	Walker, Teresa
Tanner, Barbara	Grudowski, Adam
Poston, Lacey - M	Myers, Debbie
Johns, Maeci - M	Sanders, Jeff
Hice, Tonya	Jones, Lisa
White, Hailey - M	Harris, Tasha - M
Evans, Sabrina - M	Cotter, Regina
McDoulette, Willie	Hemphill, Griffin
Cateteria	
Rayla Beal - CR	Karen Eastep - MS

Mary Seals - RB	
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APRIL 14, 2025

Exhibit B

2024-2025 SCHOOL YEAR

RECOMMEND TO TRANSFER - SUPPORT

Name	Position	Site
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2024-2025 SCHOOL YEAR

RECOMEND TO HIRE - SUBSTITUTES

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MONICA GARCIA	RIKKI KOLKE

2025-2026 SCHOOL YEAR

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Hice, Tonya	Jones, Lisa
White, Hailey - M	Harris, Tasha - M
Evans, Sabrina - M	Cotter, Regina
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Rayla Beal - CR	Karen Eastep - MS

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