

Flora CUSD #35

Cardiac Emergency Response Plan (CERP)

(Last Reviewed: January 2025)

Purpose

- 1) This document provides direction and detailed guidance for responding to a sudden cardiac arrest (SCA) through a Cardiac Emergency Response Plan (CERP). This plan outlines Cardiac Emergency Response Teams (CERTs), AED maintenance and locations, CERP protocol and related staff training/certification.
- 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). The likelihood of survival following SCA 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) The district nurse will serve as the Cardiac Emergency Response Team Coordinator who oversees CPR/AED training coordination and CERP training.
- 2) All individuals on CERT should have current CPR/AED training from a nationally recognized organization.
- 3) Designate individuals to promptly call 9-1-1 and direct EMS to the location of the sudden cardiac arrest (SCA).
- 4) The Cardiac Emergency Response Team will be comprised of at least 5 people in each building, not including the school nurses.
 - a) CERT members should be able to step away from their tasks to assist when CERP is activated or have coverage for their classrooms.
 - b) A list of these individuals and their CPR certifications should be maintained in the nurse's office.
 - c) Plan for ongoing coverage following an emergency response in case a subsequent event occurs.

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

- 1) Minimum recommended number of AEDs for Flora CUSD #35 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 case.
 - 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) A monthly maintenance check will be completed on each AED. A log of the maintenance activity will be kept by the nurse's office. This includes ensuring all necessary supplies are present (gloves, pads, scissors, CPR barrier mask, etc.). Monthly maintenance checks should continue during periods of time where the building or location will not be used for long periods of time, such as summer months when school is not in session or community locations only opened at certain times of the year.
- 3) CERT coordinator should set up a process for verifying and tracking equipment readiness and maintenance.
- 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. Consider storing other medical equipment with the AED or kit such as Naloxone and Epinephrine autoinjector.
- 5) AEDs should not be locked in an office. It should be stored in a location that is always easily and quickly accessible.
- 6) AEDs shall be accessible for responding to a cardiac emergency during day and night activities (e.g., sports activities) and after-hours activities (e.g., after-school activities) in accordance with this CERP.
- 7) Each AED should have one set of AED pads with the device.
- 8) Signage: All AEDs should have clear AED signage to be easily identified. These should be visible from the normal path of travel.
- 9) Locations of the AEDs are to be listed in the CERP Protocol with Building Location Information, and AED Locations.
- 10) AEDs should be readily available during activities outside of normal operating hours, such as on the sidelines of sporting events and practices.

Communication of CERP Protocol

- 1) The CERP Protocol 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 or other occupied spaces.
 - 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, including outdoor physical education and athletic venues and facilities.
 - e) Attached to all portable AEDs.
- 2) The CERP protocol should be distributed to:
 - a) All staff and administrators at the start of each year (or school year), with updates distributed as made.
 - b) All staff should be educated on the CERP protocol in their school yearly health education.
 - c) All staff should be educated on recognizing the signs of a cardiac emergency that is or may become a SCA, how to activate a response, location of AEDs, and

- ideally have an introduction to at least hands-only CPR and AED use.
- d) New staff members should receive the CERP protocol in their orientation materials.
 - e) An alternate plan for after-hour events or off-site field trips should be considered

Training in Cardiopulmonary Resuscitation (CPR) and AED Use

- 1) Staff training
 - a) Staff should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED. Training shall be renewed at least every two years.
 - b) CERT Team members must submit their CPR/AED certification card to the nurse's office to be kept on file. Any CERT member that allows their certification to expire will be removed from the team until certification can be obtained.
 - c) The school nurse will be responsible for coordinating staff training and the medical contact for AEDs.
 - d) All staff and appropriate volunteers, 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.
 - e) Include as many other people as possible (staff, faculty, coaches, volunteers, students, parents, etc.) who can receive additional CPR/AED education and awareness of the plan.
 - a) It is recommended that at least 10% of staff, 50% of coaches, and 50% of physical education staff in schools should have current CPR/AED certification.

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

- 1) Provide a copy of this Cardiac Emergency Response 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 EMS.
- 2) The development and implementation of the CERP shall be coordinated with the local EMS Agency, organization safety officials, on-site first responders, administrators, organizational leadership, athletic trainers, school nurses, and other members of the school 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.
- 4) When possible, local EMS and first responders will be invited to Cardiac Emergency Response drills.

Conduct Practice Drills

- 1) Cardiac Emergency Response Drills are an essential component of this Plan. The district

should perform at least one successful drill each year (two or more are recommended) 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.

- a) A checklist will be utilized, 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.

Annual Review and Evaluation of the Plan

- 1) An annual interval review of the Cardiac Emergency Response Plan (CERP) will be implemented. 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.
- 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 cardiac emergencies.
 - 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 and CERP Protocol was sufficient to enable an appropriate response to the specific cardiac emergency. The review shall include recommendations for improvements to the CERP and CERP Protocol 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 crisis counselors and/or other local resources.
 - 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.
- j) After an actual emergency event occurs, assistance may be required in downloading and storing information from the AED to aid in the patient's continued medical care.
- k) If the AED is taken with the patient or is removed from its cabinet, a sign should be placed in the cabinet identifying where the next closest one is located until there is an AED put back in the cabinet. The AEDs should be inspected and all used equipment replaced.

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.

References:

Mozaffarian, D., Benjamin, E. J., Go, A. S., Arnett, D. K., Blaha, M. J., Cushman, M., ... & Turner,

M. B. (2015). Heart disease and stroke statistics—2015 update: a report from the American Heart Association. *Circulation*, 131(4), e29-e322.

Okubo, M., Chan, H. K., Callaway, C. W., Mann, N. C., & Wang, H. E. (2020).

Characteristics of pediatric out-of-hospital cardiac arrest in the United States. *Resuscitation*, 153, 227-23