CUSD 303 Cardiac Emergency Response Plan

This Cardiac Emergency Response Plan is adopted by St. Charles CUSD 303, effective **01/07/2025.**

Purpose:

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

A cardiac emergency requires immediate action. Cardiac emergencies may arise as a result of a Sudden Cardiac Arrest (SCA) or a heart attack, but can have other causes. SCA occurs when the electrical impulses of the heart malfunction resulting in sudden death. 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 after SCA.

Signs of Sudden Cardiac Arrest can include one or more of the following:

- Not moving, unresponsive or unconscious, *or*
- Not breathing normally (i.e., may have irregular breathing, gasping or gurgling or may not be breathing at all), *or*
- Seizure or convulsion-like activity.
  Note: Those who collapse shortly after being struck in the chest by a firm projectile/direct hit may have SCA from commotio cordis.

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The Cardiac Emergency Response Plan of St. Charles CUSD 303 shall be as follows:

1. **Developing a Cardiac Emergency Response Team (CERT)**
    a. The Cardiac Emergency Response Team shall be comprised of those individuals who have current CPR/AED certification. It will include the school nurse, coaches, and others within the school. It should also include an administrator and office staff who can call 9-1-1 and direct EMS to the location of the SCA.
    b. Members of the Cardiac Emergency Response Team are identified in the "Cardiac Emergency Response Team" attachment**,** to be updated yearly and as needed to remain current. One of the members shall be designated as the Cardiac Emergency Response Team Coordinator.
    c. All members of the Cardiac Emergency Response Team shall receive and maintain nationally recognized training, which includes a certification card with an expiration date of not more than 2 years.
    d. As many other staff members as reasonably practicable shall receive training.
2. **Activation of Cardiac Emergency Response Team during an identified cardiac emergency**
    a. The members of the Cardiac Emergency Response Team shall be notified immediately when a cardiac emergency is suspected.
    b. The Protocol for responding to a cardiac emergency is described in Section 8 (below) and in the "Cardiac Emergency Response Protocol" attachment.
3. **Automated external defibrillators (AEDs) – placement and maintenance**
    a. Minimum recommended number of AEDs for District 303
        i. Inside the school building – The number of AEDs shall be sufficient to enable the school staff or another person to retrieve an AED and deliver it to any location within the school building, ideally within 2 minutes of being notified of a possible cardiac emergency.
        ii. Outside the school building on school grounds / 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 school (on school grounds) including any athletic field, ideally within 2 minutes of being notified of a possible cardiac emergency.
        iii. 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 by the school's athletic teams or other groups traveling to off-site locations.

b. District 303 will regularly check and maintain each school-owned AED in accordance with the AED's operating manual and maintain a log of the maintenance activity. The school district shall designate a person who will be responsible for verifying equipment readiness and for maintaining maintenance activity.
c. 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 and a CPR barrier mask.
d. AEDs shall not be locked in an office or stored in a location that is not easily and quickly accessible at all times.
e. AEDs shall be readily accessible for use in responding to a cardiac emergency, during both school-day activities and after-school activities, in accordance with this Plan.
f. Each AED shall have one set of defibrillator electrodes connected to the device and one spare set.
g. All AEDs should have clear AED signage so as to be easily identified.
h. Locations of the AEDs are to be listed in the "Cardiac Emergency Response Team" attachment and in the "Cardiac Emergency Response Protocol" attachment.

4. Communication of this Plan throughout the school campus

a. The Cardiac Emergency Response Protocol shall be *posted* as follows:

    i. In each classroom, cafeteria, restroom, health room, faculty break room and in all school main offices.
    ii. Adjacent to each AED.
    iii. In the gym, near the swimming pool, and in all other indoor locations where athletic activities take place.
    iv. At other strategic school campus locations, including outdoor physical education and athletic areas.
    v. Attached to all portable AEDs.

b. The Cardiac Emergency Response Protocol shall be *distributed* to:

    i. All staff and administrators at the start of each school year, with updates distributed as made.
    ii. All new staff members as part of their onboarding/orientation materials.

iii. All athletic directors, coaches, and applicable club advisors at the start of each school year and as applicable at the start of the season for each activity, with updates distributed as made.

c. Results and recommendations from Cardiac Emergency Response Drills performed during the school year shall be communicated to all staff and administrative personnel. See paragraph 5(b) below.

d. A copy of this Cardiac Emergency Response Plan shall be provided to any organization using the school. A signed acknowledgment of the receipt of this Plan and the Protocol by any outside organization using the school shall be kept in the school office. School administration and any outside organization using the school shall agree upon a modified Cardiac Emergency Response Plan. The modified Plan shall take into consideration the nature and extent of the use and shall meet the spirit and intent of this Plan which is to ensure that preparations are made to enable a quick and effective response to a cardiac emergency on school property.

5. Training in Cardiopulmonary Resuscitation (CPR) and AED Use

a. Staff Training:

i. In addition to the school nurse, a sufficient number of staff shall be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED to enable District 303 to carry out this Plan. Training shall be renewed at least every two years.

1. It is recommended that at a minimum, at least 10% of staff, 50% of coaches, and 50% of physical education staff should have current CPR/AED certification or 5-10 people.)
2. The school shall designate the person responsible for coordinating staff training as well as the medical contact for school based AEDs, if available.

ii. Training shall be provided by an instructor, who may be a school staff member, currently certified by a nationally-recognized organization to conform to current American Heart Association guidelines for teaching CPR and/or Emergency Cardiac Care (ECC).

iii. Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice and testing.

b. Cardiac Emergency Response Drills:

   i. Cardiac Emergency Response Drills are an essential component of this Plan. District 303 shall perform a minimum of 1 successful Cardiac Emergency Response Drills each school year with the participation of school staff. Staff will vary, based on staff in each building (*eg.,* administrators, nurses, athletic trainers, coaches, campus safety officials and other targeted responders). A successful Cardiac Emergency Response Drill is defined as full and successful completion of the Drill in 3 minutes or less. (See Drills Attachment.)
   ii. District 303 shall prepare and maintain a Cardiac Emergency Response Drill Report for each Drill. (See "Conducting Drills" attachment.) These reports shall be maintained for a minimum of 5 years with other safety documents. The reports shall include an evaluation of the Drill and shall include recommendations for the modification of the CERP if needed. (It is suggested that the school/school district consider incorporating the use of students in the Drills.)

6. Local Emergency Medical Services (EMS) integration with the school/school district's plan

a. District 303 shall 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 EMS.
b. 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.
c. District 303 shall work with local emergency response agencies to:

   i. coordinate this Plan with the local emergency response system
   ii. to inform the local emergency response system of the number and location of on-site AEDs.

7. Annual review and evaluation of the Plan

a. District 303 shall conduct an annual internal review of the school/school district's Plan. The annual review should focus on ways to improve the school's response process, to include:

   i. A *post-event review* following an event. This includes review of existing school-based documentation for any identified cardiac emergency that

occurred on the school campus or at any off-campus school-sanctioned function. The school shall designate the person who will be responsible for establishing the documentation process. Post-event documentation and action shall include the following:

1. A contact list of individuals to be notified in case of a cardiac emergency.
2. Determine the procedures for the release of information regarding the cardiac emergency.
3. Date, time and location of the cardiac emergency and the steps taken to respond to the cardiac emergency.
4. The identification of the person(s) who responded to the emergency.
5. 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.
6. An evaluation of whether the Plan was sufficient to enable an appropriate response to the specific cardiac emergency. The review shall include recommendations for improvements in 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.
7. 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.

ii. A review of the documentation for all Cardiac Emergency Response Drills performed during the school year. Consider pre-established Drill report forms to be completed by all responders.

iii. A determination, at least annually, as to whether or not 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 school facilities, equipment, processes, technology, administration, or personnel.

8. Protocol for Cardiac Emergency Response Teams (all buildings)

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.

Follow these steps in responding to a suspected cardiac emergency:

a. Recognize the following signs of sudden cardiac arrest and act quickly in the event of one or more of the following:

i. The person is not moving, unresponsive, or unconscious.
ii. The person is not breathing normally (has irregular breaths, gasping or gurgling, or is not breathing at all).
iii. The person appears to be having a seizure or is experiencing convulsion-like activity.
    1. Cardiac arrest victims commonly appear to be having convulsions. If it's a true seizure, the AED will not deliver a shock.
iv. 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.

b. Facilitate immediate access to professional medical help:

i. Call 9-1-1 as soon as you suspect a sudden cardiac arrest.
    1. Provide the building or location address, cross streets, and patient's condition.
    2. Remain on the phone with 9-1-1. (Bring your mobile phone to the patient's side and put it on speaker, if possible.)
    3. Give the exact location and provide the recommended route for ambulances to enter and exit the building to assist the victim (Door #, Room #, etc).
ii. Immediately contact the members of the Cardiac Emergency Response Team (CERT) using your organization's designated communication system (i.e. walkie talkies, overhead page, phones).
iii. CERT members should proceed immediately to the scene of the cardiac emergency.
iv. Provide the exact location of the emergency (office or room number, cafeteria, etc.) to the team.
v. Assign a team member to go to the outside door to wait for and flag down EMS responders and escort them to the exact location of the patient.
vi. The closest team member should retrieve the automated external defibrillator (AED) in route to the scene and leave the AED cabinet door open as a signal that the AED was retrieved.

c. Start CPR:

i. Begin continuous chest compressions and have someone retrieve the AED if not at the scene. Referred to simplified adult BLS graphic below.
    1. 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.)
    2. 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.
    3. If you are able and comfortable giving rescue breaths, please use a barrier and provide 2 rescue breaths after 30 compressions.

d. Use the nearest AED:

i. 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.
    1. Note: The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.

ii. Minimize interruptions of compressions when placing AED pads to the patient's bare chest.

iii. 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.

e. Transition care to EMS:

i. Once EMS arrives, there should be a clear transition of care from the CERT to EMS.

ii. Team focus should now be on assisting EMS safely out of the building or location.

iii. Provide EMS a copy of the patient's emergency information sheet.

f. Action to be taken by administrative staff:

i. Confirm the exact location and the condition of the patient.

ii. Activate the Cardiac Emergency Response Team and give the exact location.

iii. Confirm that the Cardiac Emergency Response Team has responded.

iv. Confirm that 9-1-1 was called. If not, call 9-1-1 immediately.

v. Assign a staff member to direct EMS to the scene.

vi. Perform "Crowd Control" – directing others away from the scene.

vii. Notify other staff: safety director, safety manager, or leadership, etc.

viii. If the cardiac event occurs during/at a school athletic event, consider alternate plans for providing continuous medical coverage for athletes while team members are performing their CERP duties.

ix. Consider having people in the location stay in place (i.e. delaying area traffic, services provided in the area, or other changes) to facilitate CPR and EMS functions.
x. Designate people to cover the original duties of the CPR responders.
xi. Copy the patient's emergency information for EMS.
xii. Notify the patient's emergency contact (parent/guardian, spouse, etc.).
xiii. Notify staff, volunteers, members, clients, and other individuals in the location when to return to the normal schedule or services.
xiv. Contact organization leadership, human resources, or other management.

g. Debrief:

i. 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.*
ii. 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 to help in the debriefing process and to address any concerns regarding on-site medical management and coordination.
iii. 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.

American Heart Association.

Hands-Only CPR

Join a Nation of Lifesavers™ today.

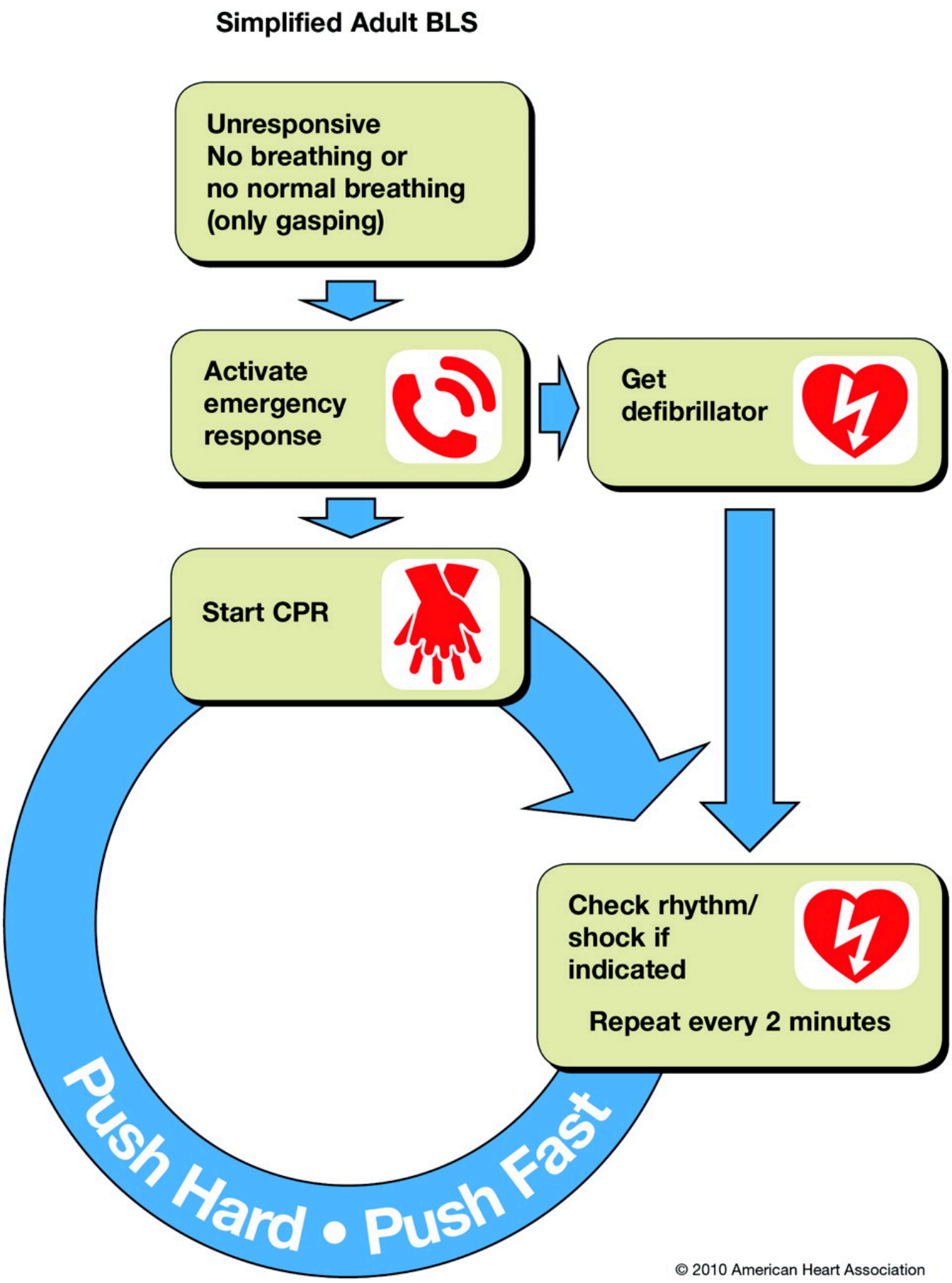
TWO STEPS TO SAVE A LIFE

1. Call 911
2. Push hard and fast in the center of the chest

Don't drop the beat!

Know it. Feel it. Push it. Keep it.

CPR week is june 1-7 | #CPRwithHeart


Simplified Adult BLS
Unresponsive
No breathing or
no normal breathing
(only gasping)
Activate
emergency
response
Get
defibrillator
Start CPR
Check rhythm/
shock if
indicated
Repeat every 2 minutes
Push Hard • Push Fast
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HOW TO DO THE HEIMLICH MANEUVER

Do the Heimlich if the choking person:

• Can't speak or cough • Is conscious • Is over 1 year old

1

Put the **thumb side** of your fist slightly above the person's bellybutton.

2

Hold your fist tight with your other hand.

3

Quickly thrust upward and inward into the person's belly.

4

Repeat several times until the choking object comes loose.

IF IT DOESN'T DISLODGE OR THE PERSON FAINTS, DO CPR UNTIL 911 HELP ARRIVES.

Sources: National Safety Council. University of Maryland Medical Center.

Attachments

Cardiac Emergency Response Protocol

Cardiac Emergency Response Protocol

Cardiac Emergency Response Teams:

Building a Cardiac Emergency Response Team

Cardiac Emergency Response Team Roster

Drills

Cardiac Emergency Response Drill - Planning and Execution

CERP Drill Checklist

Evaluation Tools

CERP - Annual Evaluation

Post-Event Review

CERP Drills - Annual Review

Graphics/Fact Sheets

Hands Only CPR - Fact Sheet.pdf

Hands Only CPR - Poster.pdf

Sudden Cardiac Arrest parent handout.pdf