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Griggsville-Perry CUSD 4 Cardiac Emergency Response Plan and Protocol



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Protocol for Cardiac Emergency Response Team

Griggsville-Perry CUSD 4

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) in 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.
- 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.

6) Continued

- i. Consider having the students stay in place (ie. 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.

BLS for Healthcare Providers

Quick Reference

C-A-B (Not A-B-C)

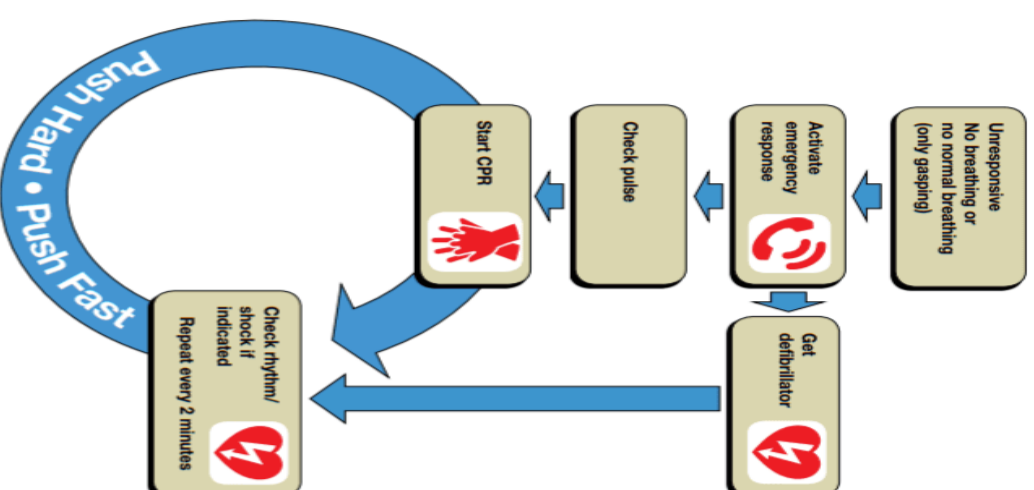


BLS for Healthcare Providers Critical Concepts

High-quality CPR improves a victim's chances of survival. The critical characteristics of high-quality CPR include

- **Start compressions within 10 seconds** of recognition of cardiac arrest.
- **Push hard, push fast:** Compress at a rate of at least 100/min with a depth of at least 2 inches (5 cm) for adults; approximately 2 inches (5 cm) for children, and approximately 1½ inches (4 cm) for infants.
- **Allow complete chest recoil** after each compression.
- **Minimize interruptions** in compressions (try to limit interruptions to <10 seconds).
- **Give effective breaths** that make the chest rise.
- **Avoid excessive ventilation.**

Simplified Adult BLS Algorithm for Healthcare Providers



BLS for Healthcare Professionals

CABs of CPR

| CPR | ADULT & OLDER CHILD (puberty and older) | CHILD (1 year to signs of puberty) | INFANT (up to 1 year old) |
|--|--|--|--|
| Verify Scene Safety | Do not enter an unsafe environment. Call 9-1-1 | | |
| Check victim's responsiveness | If victim is unresponsive, shout for help. Call 9-1-1 with mobile device, if available. Send someone to find an AED. | | |
| Activate 9-1-1 | If you are alone and do not have a mobile device, leave the victim to call 9-1-1 first, then look for an AED. Return to perform CPR. | If you are alone and WITNESS THE COLLAPSE Leave the victim to call 9-1-1 first, and look for an AED. Return to perform CPR. | |
| Determine if victim is breathing & has a pulse | Simultaneously check for breathing & pulse for no more than 10 seconds. NOTE: agonal breaths are not considered signs of breathing For children and infants, a pulse rate of less than 60 beats / minute is treated as no pulse. | | |
| | Check carotid artery on your side of the victim's the neck. | Check brachial artery on inside of the victim's upper arm near the armpit. | |
| Rescue Breathing If victim has a DEFINITE detectable pulse, but is not breathing | 1 breath every 5-6 seconds Check pulse every 2 minutes. | 1 breath every 3-5 seconds Check pulse again every 2 minutes If pulse less than 60 beats per minute, or perfusion remains poor, add compressions | |
| | For suspected opioid overdose, administer naloxone, if available | | |
| If victim has NO detectable pulse: Begin CPR Minimize interruptions | 1 rescuer: 30 compressions : 2 breaths 2+ rescuers: 30 compressions : 2 breaths Use AED as soon as it arrives | 1 rescuer: 30 compressions : 2 breaths 2+ rescuers: 15 compressions : 2 breaths Use the AED as soon as it arrives | |
| Compression rate | 100 - 120 compressions per minute | | |
| Hand placement | 2 hands on lower half of breastbone | 1 hand or 2 hands on lower half of breastbone | 1 rescuer: 2 fingers 2+ rescuers: 2 thumbs on center of chest, just below nipple line |
| Compression depth | 2 to 2.4 inches (5-6 cm) | 1/3 the depth of the chest - about 2 inches (5 cm) | 1/3 the depth of the chest - about 1.5 inches (4 cm) |
| Chest recoil | Allow for full chest recoil after each compression | | |
| Minimize interruptions | Limit interruptions in chest compressions to no more than 10 seconds | | |
| Use the AED as soon as it arrives | Turn on AED and follow instructions. Never remove the AED. | | |

Per the 2015 updated AHA ECC Guidelines