Cardiac Emergency Response Plan

[Fillmore Elementary, Fillmore UT 84631]

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.

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.

Cardiac Emergency Response Team (CERT)

1) Designate one person as the Cardiac Emergency Response Team Coordinator who oversees cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) program activities, training, education, and evaluation.
2) All individuals on CERT should have current CPR and 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).

Please refer to the Cardiac Emergency Response Team Roster (see Appendix).

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

AED Placement and Access

1) Minimum recommended number of AEDs for inside and outside of 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. Number of AEDs needed inside the building: **2**

    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 outside venues, ideally within 3 minutes of being notified of a possible cardiac emergency. AED should be clearly marked in a backpack or hard case.
    Number of AEDs needed outside the building: **0**

2) AEDs should not be locked in an office. It should be stored in a location that is always easily and quickly accessible.

3) 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.
4) Locations of the AEDs are to be listed in the CERP Protocol and the Building and AED Location Information and Maps.

   Please refer to the CERP Protocol and the Building and AED Location Information and Maps (see Appendix)

AED Maintenance

5) Regularly check and maintain each AED in accordance with the AED's operating manual and maintain a log of the maintenance activity including periods of time when the building or location will not be used for long periods of times, such as summer months when school is not in session or community locations only opened at certain times of the year.
6) CERT coordinator **Natalie Ralphs** should be responsible for verifying equipment readiness and maintaining maintenance activity.

   Please refer to the AED Monthly Monitoring checklist (see Appendix)

AED Equipment

7) Additional Resuscitation Equipment: A resuscitation kit shall be connected to the AED carrying 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.
8) Each AED should have one set of AED pads connected to the device.
9) 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).
10) Remove warning "for professional use only" on AED cabinets as AEDs provide instructions for use.

Communication of CERP Protocol

1) The Cardiac Emergency Response Plan (CERP) Protocol **[or the Act Now. Save a Life (Simplified Basic Life Support) poster]** should be posted broadly in places such as (but not limited to):
   a) In each classroom, cafeteria, restrooms, health room, break room and in all offices or other occupied spaces.
   b) Adjacent to each AED.
   c) Adjacent to each public telephone.
   d) In the gym, near the swimming pool, and in all other indoor locations where athletic activities take place.
   e) At other strategic locations, including outdoor venues and facilities.
   f) Attached to all portable AEDs.

2) The Cardiac Emergency Response Plan Protocol should be distributed to:
    a) All staff and administrators at the start of each year (or school year), with updates distributed as made. In workplace and recreation centers, the CERP protocol should be made available annually and when updates are made.
    b) New staff members or volunteers (as applicable) should receive the CERP protocol in their orientation materials.

Please refer to the Cardiac Emergency Response Plan Summary (see Appendix)

Training in Cardiopulmonary Resuscitation (CPR) and AED Use

1) Staff training:
    a) A sufficient number of staff or volunteers (in addition to the medical providers or safety coordinator) **[or specify the number, individuals, or titles]** 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 or volunteers (as applicable) should have current CPR/ AED certification.
    b) Training shall be renewed at least every two years. The absolute minimum number of people trained is 3 to ensure that CPR is initiated, AED is retrieved, and 911 is notified.
    c) The organization should designate the person responsible for coordinating staff training and the medical contact for AEDs, if available. **Natalie Ralphs will be training the staff on CPR/AED.**
    d) 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.

2) Staff education:
    a) 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.
    b) All staff should be educated on the CERP protocol in their school or organization yearly.
    c) Training for staff was held on November 9, 2026.

Local Emergency Medical Services (EMS) Integration with the Plan

1) Provide a copy of this Plan to **Millard County EMS and Millard County Sheriff's office** (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, organization safety officials, on-site first responders, organization leadership, onsite medical staff, and/or community medical team **Millard County EMS.**
3) Work with **Millard County EMS** 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.

Conduct Practice Drills

1) Please refer to the CERP Drill section on the Project ADAM website for more information.
2) Cardiac Emergency Response Drills are an essential component of this Plan. The site 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.

Annual Review and Evaluation of the Plan

1) Conduct an annual internal review of the Cardiac Emergency Response Plan (CERP) , **January 2027**. The annual review should focus on ways to improve the response process, to include:
    a) A *post-event review* following an event. This includes review of existing documentation for any identified cardiac emergency that occurred at the location or at any sanctioned function. There should be a designated person responsible for establishing the documentation process.

2) Post-event documentation and action shall include the following:
    a) A contact list of individuals to be notified in case of a cardiac emergency.
    b) Determine the procedures for the release of information regarding 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 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.
    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) After an actual emergency event occurs, you may need assistance in downloading and storing information from the AED to aid in the patient's continued medical care.
    j) If the AED is taken with the patient or is removed from its cabinet, please place a sign about where the next closest one is located until there is an AED put back in the cabinet. Consider having a process or checklist for AEDs that have been used to verify all parts have been checked and replaced.

k) 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 buildings or locations, equipment, processes, technology, administration, or personnel.

Please refer to the Cardiac Emergency Response Plan Post-Event Review form (see Appendix)

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.

Please refer to the Cardiac Emergency Response Protocol (see Appendix)

Cardiac Emergency Response Plan (CERP) Protocol

[School, Organization, Sports Facility Name, or Location Name]

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 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 with 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 may appear to be having a seizure or is experiencing convulsion-like activity. Cardiac arrest victims commonly appear to be having convulsions. If the person is having a seizure without a sudden cardiac arrest an 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 facility 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 emergency responders to the victim.

    b. Immediately contact the members of the Cardiac Emergency Response Team (CERT) using your facility's designated communication system (i.e. walkie talkies, overhead page).

    c. If you are a CERT member, proceed immediately to the scene of the cardiac emergency.

3) **Start CPR as soon as possible.** The first person who can start CPR should begin immediately and, if additional bystanders are available, other tasks can be delegated.

    a. Begin continuous chest compressions and have someone retrieve the AED if not at the scene. Referred to the *Act Now. Save a Life.* (Simplified Adult Basic Life Support) graphic below.

b. 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 of 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.

c. If you are able and comfortable giving rescue breaths, please use a barrier and provide 2 rescue breaths after 30 compressions.

4) **AED Access.** The person who can retrieve the AED the fastest (ideally in route to the scene) should get it to the site and leave the AED cabinet door open as a signal that the AED was retrieved.

5) Additional communication measures

a. Give the exact location of the emergency. ("Mr. /Ms. ___ Classroom, Office or Room # ___, gym, football field, cafeteria, etc."). Be sure to let EMS know which door to enter.

b. 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.

6) 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 be aware 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 people doing compression to avoid fatigue.

d. Do not remove AED pads even if the patient regains consciousness - the pads should be left in place until handoff to EMS occurs. This precaution is necessary in case the patient has a relapse.

e. If the AED is used be sure to have a plan to download the data, store the data, and deliver to the patient's cardiology care team.

7) 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.

8) 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, leadership, sports facilities manager, etc.
h. Plan for ongoing coverage following an emergency response in case a subsequent event occurs.
i. Consider having the people (e.g., staff, students) stay in place (e.g., delaying class changes or hallway traffic, services provided, 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 or services.
n. Contact organization leadership (e.g., school district administration), human resources and/or other facility management (e.g., sports facility management).

9) 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 organization’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 crisis counselors.

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

Appendix

CERP Resources (All documents can be found on this link or the ones provided below):

Cardiac Emergency Response Plan Planning Checklist

Cardiac Emergency Response Plan and Protocol

Cardiac Emergency Response Team Roster

Building and AED Location Information and Maps

AED Monthly Monitoring checklist

Act Now. Save a Life. (Simplified Basic Life Support)

Cardiac Emergency Response Plan Drill and Evaluation

Cardiac Emergency Response Plan Post-Event Review

Cardiac Emergency Response Plan (CERP) Summary

[Fillmore Elementary, Fillmore UT, Millard County School District]

Who is responsible for leading the efforts of cardiac emergency response in the organization?
The Cardiac Emergency Response Team (CERT) is a group of staff members who have current CPR and AED training and are designated to respond to and provide basic life support during a cardiac emergency. They also plan, implement, and evaluate the Cardiac Emergency Response Plan (CERP).

CERT Coordinator: Natalie Ralphs and KarriAnn Raddon
CERT Members:

- Rebecca Frost
- Rebecca Bond
- Cindy Rhodes
- Melissa Anderson
- Karlee LeFevre
- Jen Alldredge
- Shantel Ward
- Bryant Cummings
- Emily King
- Mindie Booth
- Rose Leatham
- Tenneal Taylor
- Sue Davies
- Kenyon James

Please refer to the Cardiac Emergency Response Team Roster (see Appendix).

Where are the Automatic External Defibrillators (AEDs) located?
An automated external defibrillator (AED) is a portable device that helps people who have a sudden cardiac arrest. AEDs save lives. They are an important part of responding to cardiac arrest. There should be an AED within 3 minutes of any location.

Your Cardiac Emergency Response Team (CERT) and other staff or volunteers are trained and certified on how to use an AED. The CERT also coordinates the AED placement and maintenance.

The nearest AED to this location is:
Other AEDs are located:

-
-
-

Please refer to the Building and AED Location Information and Maps (see Appendix).

Where can I find the complete Cardiac Emergency Response Plan?
The CERP is available to all staff annually and when updates are made. Please review the plan to be ready to respond to sudden cardiac arrest.

The complete Cardiac Emergency Response Plan and summary can be found here:
You can learn how to act and save a life with the posters located here:

- In the Front Office with Cindy Rhodes
- Faculty Room
- Principal's office

Who should be trained and certified to do CPR and use an AED?
Everyone can save a life! Some staff or volunteers are trained in cardiopulmonary resuscitation (CPR) and in the use of an AED, such as the members of the Cardiac Emergency Response Team, but anyone can learn how to act during a cardiac emergency.

Person responsible for coordinating CPR and AED use staff training and certification: Natalie Ralphs

If you are not trained and certified in CPR and AED use, below are some steps you can take to prepare for a cardiac emergency:

- Get to know the members of the Cardiac Emergency Response Team.
- Participate in scheduled drills.
- If you are required to, maintain your CPR and AED use certification.
- If you are not required to, be ready to act by calling 9-1-1 and pushing hard and fast in the center of the chest.

Learn how we can become a nation of lifesavers at: www.heart.org/nation

What local Emergency Medical Services Agency will help us respond to a cardiac emergency?

Emergency Medical Services (EMS), like fire or ambulance services, can quickly help in a cardiac emergency. They can also talk to other emergency responders, like fire and police, to make the response more coordinated and efficient. Involving EMS in creating, practicing, and evaluating a cardiac emergency response plan makes the response to cardiac emergencies better and faster.

Our EMS partner: Millard County EMS

How do we practice responding to a cardiac emergency?

Doing regular AED drills is the best way to test your Cardiac Emergency Response Plan, your communication system and your response team's readiness. As many people as possible will be included twice a year in practice drills.

If you would like more information about the upcoming drill, please contact: Natalie Ralphs or KarriAnn Raddon

Please refer to the Cardiac Emergency Response Plan Drill and Evaluation for more information (see appendix).

How can we find ways to improve our plan to respond to a cardiac emergency?

Evaluating the cardiac emergency response is a crucial step to ensure that the plan is effective and up to date. We conduct an annual assessment that includes reviewing drills and response to cardiac emergencies during the year. By doing this, we can see what we are good at and what we can do better. If you have any suggestions on how to improve the organization's response, please contact the person below.

Person or team responsible for evaluation and documentation: KarriAnn Raddon and Emily King

What do I do when a cardiac emergency happens?

Sudden cardiac arrest events can vary greatly. All staff and Cardiac Emergency Response Team (CERT) members must be prepared to act. If you are part of the Cardiac Emergency Response Team, please be familiar with the Cardiac Emergency Response Protocol (see Appendix).

If you're not part of the Cardiac Emergency Response Team, please follow the steps in the next page (Act Now. Save a Life)