

**Appendix 1 (sample) Cardiac Emergency Response Plan Protocol (CERP Protocol)
Can be completed for Each Specific School Address/Recreation Venue/Team
(For MHSS - CERP Protocol is required for each school)**

This is your onsite emergency action plan (EAP) specified for each facility to detail what happens immediately upon the sudden collapse of a victim. Project ADAM recommends using this as a quick reference document to instruct response team on the specific plan for each building/venue and their role. CERP Protocols may also be created for off-campus activities (sports, field trips, etc.) Page 1 of this document can be posted with AEDs.

Name of School/Location/Activity:

School Address & Nearest cross street:

School Phone Numbers (school hours and after school hours numbers– other numbers as needed):

School's heart safe coordinator(s):

Heart Safe Contacts: MDHHS-MI HEARTSafe School MDHHS-MI-HeartSafe@michigan.gov Project ADAM Coordinator projectadam@med.umich.edu; Other heart safe contacts _____

AED Locations: _____

Equipment locations: Stop the Bleed _____

Narcan _____

Follow these steps in responding to a suspected cardiac emergency (integrating cardiac emergency response team roles described below) – YOU can save a life:

Recognize the following signs of sudden cardiac arrest - take action if one or more of the following present:

- The person is not moving, or is unresponsive, or appears to be unconscious.
- The person is not breathing normally (irregular breaths, gasping, gurgling, or no breaths).
- The person appears to be having a seizure or is experiencing convulsion-like activity. (Cardiac arrest victims commonly appear to be having convulsions).
- The person's eyes may be open or rolled back.
- Assessing pulse is not required by lay rescuers.
- *Note:* If the person received a blunt blow to the chest, this could cause cardiac arrest (commotio cordis). The person may have the signs of cardiac arrest described above and is treated the same.

The first people at the scene must assess the scene for safety and then:

Start notification of unresponsive victim: As soon as a person is found to be unresponsive, the person closest to the victim calls 911 and alerts the front office of location of emergency using _____ (insert "communication code" chosen for your school - cell or room phone, hand radio, overhead announcement, etc). CERT members respond to site and can assume the actions below as necessary.

1. Front office announces alert for "Cardiac Emergency Response team to report to location immediately. All students and staff should remain in place until further notice."
 - a. If 9-1-1 has not already been called) will call 9-1-1, providing school address, exact victim location, nearest exterior door, & patient condition to initiate EMS response.
2. Begin hands-only CPR with compressions at a goal of 100 beats per minute.
3. Access AED, attach pads, and start AED – follow directions
4. Begin recording timing of events and response actions
5. Staff member to greet EMS and direct them to scene. Facilitate access to victim for arriving EMS personnel for transition to their life support
6. Obtain a copy of the individual's emergency contact information to be sent with EMS.
7. Health clinic and classroom backup staff will immediately report to their backup locations.
8. Insert any additional school specific instructions here:

Additional CERP Protocol Actions

1. Classroom backup staff will immediately report to their backup locations.
2. Insert school/venue/activity specific instructions here –

Cardiac emergency response team duties:

1. All CERT members will report immediately to victim. The team member closest to an AED should retrieve the AED on route to the scene. Leaving the AED cabinet door open so the alarm will signal to other team members that the AED has been retrieved can be an option but there are disadvantages to continuous alarm. School can choose preference. More than one AED (if available) can be brought to the scene.
 - a. Assess the scene for safety - fire, smoke, traffic, electricity, etc.
 - b. Consider body substance isolation – all body fluids should be considered infectious
2. CERT Leader - designate roles for the team (i.e. compressors, AED operator, recorder, crowd control). Ensure the victim is in a safe location and the victim's clothing is removed and the bare chest is exposed (remove bra if applicable – can also move bra to apply pads).
3. Compressors - continue hands-only CPR by pushing hard and fast in the center of the chest with a goal of 100 beats per minute (120 beats per minute for children under 8 years old).
 - a. Switch with alternate compressor every minute (sooner or later if fatigue sets in). Once an AED or monitor is available, a pause in chest compressions every 2 minutes allows for a brief rhythm check and allows for the change of personnel performing chest compressions to avoid fatigue. ^{4 Joyner et al}
 - b. Continue CPR until the patient is responsive or EMS arrives at victim's side.
 - c. Minimize any interruptions to compressions as much as possible.
4. Respirations- for infants and children or victims where cessation of breathing is noticed (possibly due to opioid overdose or drowning), rescuers should attempt to provide respirations in addition to compressions – 1 rescuer: 30 compressions/2 breaths. Two rescuers: 15 compression/2 breath.
5. AED operator - when AED arrives to victim's location:
 - a. Turn on the AED – depending on the model this may be by pressing the power button ON or opening the lid to turn on the AED,
 - b. attach the pads to the bare chest (clothing, moisture, hair, etc. moved away) to place pads as shown by the AED pad package
 - c. follow the AED visual and audible prompts,
 - i. if shock is advised, ensure nobody is touching the victim and choose one of the following options based on your device(s): press the shock button [semi-automatic device] or AED delivers shock [fully automatic].
 - d. Some AEDs will analyze rhythm every 2 minutes – will alert you when analyzing and then prompt to shock or continue CPR. Minimizing time of CPR interruption is very important.
 - e. continue to follow the AED's prompts until EMS arrives on scene.

6. Recorder - document the time as events occur:
 - a. start of CPR
 - b. arrival of AED
 - c. if AED delivers a shock
 - d. Medication administered - (ie. Glucagon, Narcan)
 - e. consciousness regained
 - f. arrival of EMS
 - g. departure of EMS
7. Crowd control – ensure students and nonessential staff and faculty clear the area.
8. Upon transport of victim by EMS _____ will announce “Code _____ all clear (or school specific communication. Staff and students may resume normal schedules”.
9. [Insert school specific instructions here]

Post response duties:

1. Administrators:
 - a. Contact parent/guardian.
 - b. If victim is a student, accompany student to hospital with EMS.
 - c. Notify school district level administration and county Risk Management
2. Site Coordinator:
 - a. Assist with download of information from AED when used. This can be coordinated with EMS and the admitting hospital.
 - b. Contact safety staff or student health services for AED maintenance, pad replacement, and equipment restocking.
 - c. Complete Project ADAM debrief form, AED report form, and contact Project ADAM Michigan coordinator – projectadam@med.umich.edu.
 - d. Plan an event debrief meeting with involved staff. Give staff a moment before returning to normal workday.
3. Front Office Staff
 - a. Upon transport of victim by EMS, announce “Code AED all clear. Staff and students may resume normal schedules.”
4. [Insert additional school instructions here - [Insert copy of school campus map with AED locations or table of AED locations, chart of CERT members]