

# Protocol for Cardiac Emergency Response Team (CERT) Geneseo Dist. #228

Sudden cardiac arrest events can vary greatly. All staff are Cardiac Emergency Response Team (CERT) members & must be prepared to perform the duties outlined below. Immediate action is crucial to reach the best outcomes for sudden cardiac arrest victims.

## **CERT Team:**

### 1. CPR **Trained** Staff

*\*Note: **Trained** staff have been educated in hands-only CPR (Cardiopulmonary Resuscitation). CPR certified staff hold a valid certification and still fall under this category.*

### 2. School Nurse

### 3. School Resource Officers (SROs)

## **Steps in responding to a suspected cardiac emergency:**

*\*Note: some steps may be happening concurrently*

1. Recognize signs of sudden cardiac arrest & 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.*
  - 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. Call 9-1-1:

- a. Call as you suspect a sudden cardiac arrest. Provide your location & patient's condition. Remain on the phone (on speaker) with 9-1-1.
- b. Initiate the Cardiac Emergency Response Team (CERT) using your school's designated communication system (i.e. walkie talkies, text alert, all call intercom).
- c. Give the exact location of the emergency. ("Mr. /Ms. \_\_\_ Classroom, Room # \_\_\_, gym, football field, cafeteria, etc.").
  - i. Be sure to let EMS (Emergency Medical Services) know which door to enter.
  - ii. 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. Available CERT members should proceed immediately to the scene of the cardiac emergency.
- e. Allow School Nurse/other CPR certified staff to 'take lead'.
- f. 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.

*\*Note: Maps for AED locations within the school buildings are attached to this document. Other AEDs are placed accordingly for sports during their active season.*

## 3. Start CPR

- a. Begin continuous chest compressions and have someone retrieve the AED if not at the scene.
  - 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.)
  - ii. 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.

- iii. Give 2 rescue breaths after 30 compressions, if comfortable.
  - 1. Use a barrier device if available

4. Get an AED:

- a. When the AED is brought to the patient's side, press the power-on button & follow the AEDs audio and visual prompts.
- b. If the person needs to be shocked to restore a normal heart rhythm, the AED will tell you.
  - i. Our school's AEDs will deliver a shock automatically. Follow the stay clear prompts.  
*\*Note: The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.*
- c. Minimize interruptions of compressions when placing AED pads to the patient's bare chest.
- d. Continue CPR until the patient is responsive or certified responder or EMS takes over. Rotate persons doing compressions 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/Available CERT Members:

- a. Confirm the exact location & the condition of the patient.
- b. Activate the CERT - giving priority to school nurses, CPR certified coaches, athletic directors, trainers, & SROs etc. & give the exact location.
- c. Confirm that the CERT 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”
- g. Consider medical coverage to continue to be provided at the athletic event if continued after the event.
- h. Consider having the students stay in place to facilitate CPR and EMS functions.
- i. Designate people to cover the duties of the CPR responders.
- j. Copy the patient’s emergency information for EMS.
- k. Notify emergency contact (parent/guardian, spouse, etc.).
- l. Notify faculty and students, staff, employees, and sports attendees when to return to the normal schedule.

## 7. After Action Report & 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.