Cardiac Emergency Response Plan

(CERP)

Dent-Phelps RIII School District

27870 Highway C Salem, Missouri 65560

Cardiac Emergency Response Plan (CERP)

October 13th, 2025

1) Purpose/Rationale:

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.

2) **Scope:**

This Cardiac Emergency Response Plan shall be implemented as broadly as possible with regards to and consideration of all school district properties inclusive of building and grounds.

3) **Cardiac Emergency Response Team**:

The Cardiac Emergency Response Team (CERT) is responsible for ensuring the continuance of this CERP and leading the response to a Sudden Cardiac Arrest (SCA). The team will be comprised of a mix of individuals to ensure that coverage is as complete as possible with regards to locations (buildings, grounds) and time (school day and before/after school extracurriculars). As such, roster updates will be made at least biannually.

One Member of the CERT will be identified as the CERT Coordinator. The CERT Coordinator oversees CPR/AED program activities, training, education, practice drills, and evaluation. The current coordinator is Alicia Pryor, RN (school nurse, safety coordinator).

The current team roster is below. All Members of the CERT shall maintain an active CPR Certification from a national organization such as the American Heart Association or American Red Cross.

- Alicia Pryor, School Nurse/Safety Coordinator
- Vicky Brooker, Superintendent
- Karla Tiefenthaler, Principal
- Sarah Parker, Assistant Principal
- Kim Pogue, Counselor
- Jeff Pogue, Building Maintenance/Transportation Director
- Bella Jadwin, Athletic Director
- Leeanna Gibbs, Food Service
- Debbie Elliott, School Secretary

4) Activation of the CERT:

The Cardiac Emergency Response Team shall be activated immediately when a cardiac emergency is suspected.

- All Cardiac Emergency Response Team members should be able to step away from their tasks without risking harm to others.

- All members should be alerted uniformly via an overhead page or radio.

5) Automated External Defibrillators (AEDs)

Well-maintained, and properly positioned and equipped AEDs are an important component of responding to a Sudden Cardiac Arrest.

Following guidance that an AED be retrievable within a 3-minute walk, our facility has __3__ AEDs inside and __0__ AEDs outside. Locations of those AEDs shall be noted on Building Maps and are located as follows:

- AED across from the main office in the main hallway
- AED in the gym next to the boys locker room
- Floating AED in classroom 3A

To ensure AED readiness, all AEDs, shall be:

- Placed in locations that are easily accessible whenever the facilities are in use. This includes not being locked in an office or stored in a cabinet other than those designed specifically for AED use.
- Mounted no higher than 48 inches above the ground in compliance with ADA regulations and extending no further than 4 inches into walks, corridors, passageways, or aisles.
- Visible from a normal path of travel and well-marked with appropriate signage. A projecting (three-dimensional) universal AED sign shall be installed above cabinet or bracket/wall rack clearly marking the location of AED(s).
- 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.
- Equipped with additional materials including: latex-free gloves, razor, scissors, antiseptic wipes, a CPR barrier mask, an extra set of AED pads, and naloxone.
- Registered with the manufacturer and communicated to local EMS/First Responders including Salem Memorial District Hospital EMS.
- Maintained according to the manufacturer's schedule and a log of that maintenance kept with the device by the CERT Lead or a designee.

  The current maintenance log lead is: Alicia Pryor and he/she shall be responsible for regularly checking and maintaining each AED in accordance with the AED’s operating manual and maintain a year-round log of the maintenance activity.

6) Training in Cardiopulmonary Resuscitation (CPR) and AED Use:

Rapid use of effective CPR can double or triple the odds of survival after a SCA. We are committed to ensuring overall staff readiness with regard to this skill.

- At least 75% of our staff will have an active CPR certification at all times.
- A roster of CPR certified individuals and their current status will be maintained by Alicia Pryor, RN School Nurse or a designated member of the CERT.
- All staff, regardless of if they are a CERT member, should receive annual training on SCA and understand how to recognize a cardiac arrest, how to initiate the response team, and where AEDs are located.

7) Communication of the CERP:

To maximize the impact of this CERP, the Cardiac Emergency Response Protocol and/or a Heartsaver Poster should be shared broadly. That includes:

- Cafeteria, restrooms, health room, break room and in all offices or spaces.
- Adjacent to each AED.
- In the gym
- Attached to all portable AEDs.

Additionally, the CERP should also be distributed to

- All staff annually and when updates are made.
- New staff members or volunteers (as applicable) should receive CERP in their orientation materials.

8) Local Emergency Medical Services (EMS) Integration with the Plan:

Local emergency response agencies are a critical component of the chain of survival and as such should be integrated, as much as possible, into the development and implementation of our Cardiac Emergency Response Plan. Local emergency response and/or dispatch agencies include: Salem Memorial District Hospital EMS and Dent County Sheriff's Department.

Each of these agencies will annually be:

- Invited to coordinate in the development and implementation and/or updates to the CERP as well as asked to assist with /participate in practice drills.
- Provided a copy of this CERP and informed of the number and location of onsite AEDs.

9) Annual Review and Practice Drills:

It is important to ensure that this plan maintains its effectiveness as our time progresses. To that end:

- An annual practice drill for the CERP shall be organized by the CERT leadership with consideration to the guidelines from organizations like the American Heart Association and/or Project ADAM. Our annual drill will be held on Staff Safety Day prior to school starting and should seek to include participation from local EMS/Dispatch Agencies such as: Salem Memorial District Hospital EMS and Dent County Sheriffs Department.
- The CERP will be reviewed annually for updates with a particular focus on the CERT roster, communication plans, and AED placement/maintenance. 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. Our annual review will be conducted in August prior to school resuming after summer break.

Additionally, a post-response evaluation/debriefing shall be conducted following any activation of the CERT when they respond to a SCA using guidance and resources from the American Heart Association and/or Project Adam. Considerations should include:

- In accordance with state and local laws, ensuring the privacy of the individual impacted by Sudden Cardiac Arrest, their family, and those involved in the response.
- Offering mental/emotional support to those involved in the response and/or witnessed the event. A perfectly executed response doesn't guarantee a perfect outcome, and even a successful save can have a lasting impact on everyone involved.
- 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.
- Efforts to quickly service/restock the AED pads, batteries, and ancillary supplies (razor, antiseptic wipes, etc).

Dent-Phelps RIII School District

Cardiac Emergency Response Plan (CERP)

Building Location Information

Location: **Dent-Phelps R-III School District**

Address: **27870 Highway C Salem, Mo 65560**

Nearest AED Location: Gym next to boys locker room (The device is marked with signage)

In a suspected Sudden Cardiac Arrest - Call 9-1-1

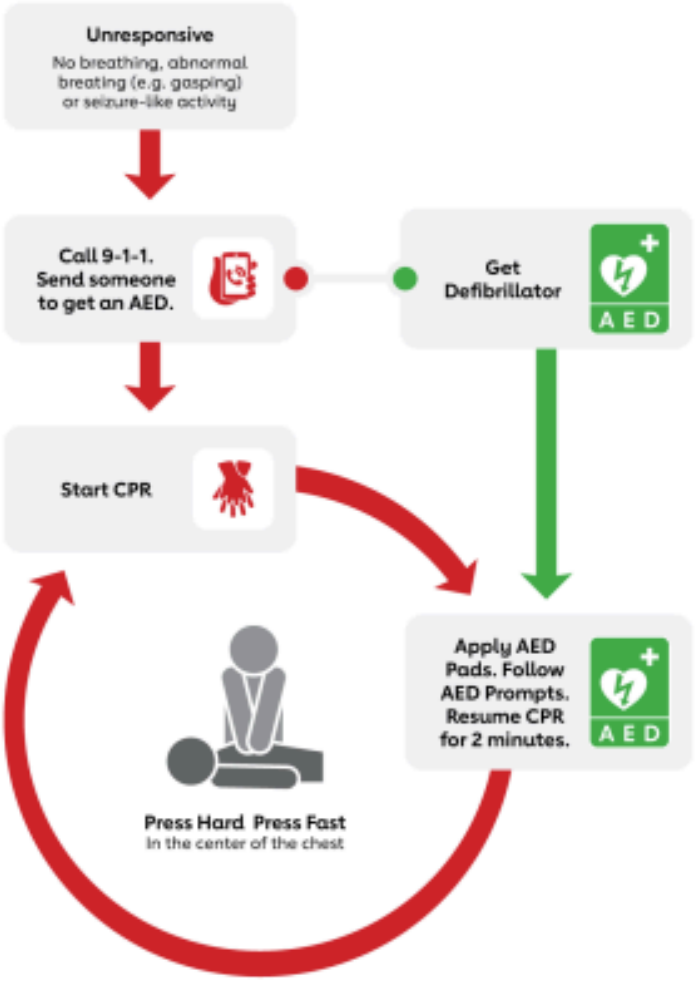
For questions about the AED, CERP, etc, please contact:

CERP Lead: CRT Alicia Pryor, RN **Phone:** 573-729-4680 Ext.1004

Email: apryor@dentphelps.k12.mo.us

Act Now. Save a Life.

Follow these steps to take action.



Cardiac Emergency Response Plan (CERP) Protocol

Dent-Phelps RIII School District

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. 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 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.

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, 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 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 the 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 it 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. This document does not replace any local, state, or national regulation

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 director, safety director, leadership, etc.

h. Plan for ongoing coverage following an emergency response in case a subsequent event occurs.

i. Initiate Zone Defense. Designate people to cover the duties of the CPR responders.

j. Copy the patient’s emergency information for EMS.

k. Notify the patient’s emergency contact (parent/guardian, spouse, etc.).

l. Notify faculty and students, staff, employees, and sports attendees when to return to the normal schedule or services.

m. Contact organization leadership (e.g., school district administration) and/or other 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.

Communicating the Cardiac Emergency Response Plan to Outside Organizations Using the School Building

As part of our commitment to the health and well-being of our students, staff, families, and visitors, Dent-Phelps RIII School District has established a Comprehensive Cardiac Emergency Response Plan. We have implemented protocols to ensure that we are prepared in the event of a cardiac emergency, and we want to make sure that those protocols are communicated with outside users of our building(s).

Please be aware of our AED locations as well as the emergency action plan, so if a sudden cardiac event were to occur after hours while you are on site, you have the tools available to save a life. If you suspect someone is experiencing a sudden cardiac arrest, please use the equipment at our school to save their life. Good Samaritan laws protect the layperson in a life-saving attempt.

OUR AEDS ARE ACCESSIBLE AND AVAILABLE TO USE IN THE CASE OF AN EMERGENCY. THE AED LOCATIONS ARE:

1. AED located across from the main office door in the main hallway
2. AED located in gym next to boys locker room
3. Portable AED located in Classroom 3A

CARDIAC EMERGENCY RESPONSE PLAN:

1. Recognition of a cardiac event- Assume cardiac arrest for anyone who is collapsed, unresponsive, and not breathing normally (gasping) or not breathing at all.
2. Call 911
3. Start CPR- Hands only CPR is advisable unless you are CPR certified. Push fast and hard in the center of the chest at a rate of 100-120 compressions a minute
4. Retrieve and use an AED- To use the AED, open the lid and press the power button to turn the device on. The device will verbally talk you through the steps. If a shock is advised, the AED will instruct you.
5. Continue to support the victim until EMS arrives and takes over care.

Board Approved 11/20/2025