

AUGUST 2016

# POLICY IN BRIEF



## CARDIAC EMERGENCY RESPONSE PLANNING FOR SCHOOLS: A POLICY STATEMENT

### 3 THINGS TO KNOW

1

Vigorous exercise during athletic practices and games can act as a trigger for SCA.<sup>2</sup> Federal and state Good Samaritan laws provide immunity to lay persons who voluntarily provide care during an emergency<sup>3</sup> at venues like schools or sporting events.

2

SCA from ventricular fibrillation can have a survival rate of 50 percent or higher if treated rapidly within three to five minutes of collapse using CPR and an automated external defibrillator (AED).<sup>4</sup>

3

In 2014, approximately 360,000 people suffered SCA in community settings<sup>5</sup> across the United States, which include schools where 63.6 million students and staff were on any given day.<sup>6</sup>

#### Background

A Cardiac Emergency Response Plan (CERP) can increase sudden cardiac arrest (SCA) survival rates by 50 percent or more by enabling a trained lay-responder team to take action. The safety of students, school staff and visitors can be enhanced with a coordinated, practiced response plan where school CERP teams feel empowered to administer lifesaving care until Emergency Medical Services (EMS) arrives. Designed to be stand-alone guidelines or merged with a school's existing medical emergency response plan, the CERP can be used by school personnel, healthcare providers, boards of education and school safety advocates to better prepare for SCA. Cardiac Emergency Response Planning for Schools: A Policy Statement<sup>1</sup> provides a national model for school stakeholders to develop, implement, practice and evaluate a CERP, while addressing the legal aspects and critical nature of training and drills in bringing a CERP to fruition. A CERP toolkit can be accessed at [www.heart.org/cerp](http://www.heart.org/cerp).

*“Medical emergency response plans are designed to enhance safety for students, staff and visitors across school districts. Essential to creating a safe school environment is a Cardiac Emergency Response Plan, which has been proven to save lives in the event of a sudden cardiac arrest.”*

Kathleen Rose, RN and CERP Co-lead Author

#### Impact of CERPs

Ideally, all school staff should be trained in first-aid, CPR and AED use. It is considered sufficient if trained responders, including staff and, in some cases, students, are able to bring emergency equipment to any area of the campus within 90 seconds of a suspected SCA. Drills are an essential part of effective CERP implementation and enhances emergency preparedness in the event of an SCA. It is also important to work directly with local emergency service providers to integrate the CERP into the community's EMS responder protocols. In addition to post-incident and post-drill reviews, an annual CERP review should occur, which includes an update to the drill summary checklist, inventory of emergency supplies and maintenance of the AED per manufacturer guidelines. Preparation and practice are key components of the CERP and can save precious minutes, and ultimately a life, when someone experiences SCA.



## Recommendations

In the paper, the American Heart Association recommends the following to support the adoption and practice of CERPs in schools:

- All schools should have a CERP in place that contains the minimum, evidence-based core elements:
  - Establishing a Cardiac Emergency Response Team
  - Activating the team in response to an SCA
  - Implementing AED placement and routine maintenance within the school (similar to fire-extinguisher protocols)
  - Disseminating the plan throughout the school campus
  - Maintaining ongoing staff training in CPR/AED use
  - Practicing using drills (akin to fire and lock-down drills)
  - Integrating local EMS with the plan
  - Reviewing and evaluating the plan on ongoing and annual basis
- State laws, regulations and related educational standards should require schools to develop and maintain a CERP integrating the core elements.
- Appropriations should be made available to support the development, implementation and evaluation of CERPs in schools. CERPs should still be in effect where related appropriations are lacking; in these cases, indirect sources of community or EMS-related support.

## How to Use Policy in Brief

Stakeholder	How to Use Policy in Brief
Policymakers	To educate and inform their work in developing policies that support the development, implementation and maintenance of CERPs in all schools.
Schools / School Districts / School Personnel	To understand the vital role they play as first responders in the event of an SCA, as well as safety advocates for children, staff, and school visitors.
Public Health Officials	To comprehend how they fit into the overall CERP as stewards charged with improving and protecting the health of individuals in a community.
Coaches / Sports Leagues and Associations	To learn how they can act as CERP advocates and the important part they play as first responders in the safety of children who participate in sports and afterschool activities.
EMS / Public Safety Officials	To understand their role in the integration of the CERP into overall emergency preparedness strategies across organizations (schools, fire department, police department, EMS) and carrying it out as needed.
Parents / PTAs / Community School Groups	To act as the voice for change and encourage schools and school districts to fully implement CERPs by recognizing how practice and preparation can save lives should SCA occur.
Media	To educate the public on SCAs and how CERPs, which include first-aid, CPR and AED training, can be used to make communities and schools safer.

The Policy Research Department links scientists, clinicians and policymakers to improve cardiovascular health and decrease heart disease and stroke mortality. For more information, visit <http://bit.ly/HEARTorg-policyresearch> or connect with us on Twitter at [@AmHeartAdvocacy](https://twitter.com/AmHeartAdvocacy) using the hashtag [#AHAPolicy](https://twitter.com/AmHeartAdvocacy).

1 Rose et al. (2016). Cardiac Emergency Response Planning for Schools: A Policy Statement. *NASN School Nurse* 31(5), 263-270. Doi: 10.1177/1942602X16655839.

2 Hazinski M.F., Markenson, D., Neish, S., Gerardi, M., Hootman, J. Nichol, G., \Smith, S. (2004). AHA Scientific Statement - Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies The Medical Emergency Response Plan for Schools A Statement for Healthcare Providers, Policymakers, School Administrators, and Community Leaders. Published simultaneously in: *Circulation* 109:278-291; *Pediatrics* 113:155-168; *Annals of Emergency Medicine* 43:83-99.

3 Sutton, V. Is there a Doctor in the House? Why our Good Samaritan Laws are Doing More Harm than Good for a National Public Health Security Strategy: A Fifty State Survey. *Journal of Health & Biomedical Law* Vol VI, 2 (2010):261-300.

4 Resuscitation Academy Faculty. Introduction: Can we do better? Resuscitation: Ten steps for improving survival from sudden cardiac arrest. *JEMS*. 2013;38(9):4 suppl.

5 Mozaffarian, D., Benjamin, E.J., Go, A.S., Arnett, D.K., Blaha, M.J., Cushman, M., Turner, M.B. (2015) Heart Disease and Stroke Statistics—2016 Update: A Report From the American Heart Association. Chapter 17. *Circulation*. 133:e268-e278.

6 U.S. Department of Education, National Center for Education Statistics (2015). The Condition of Education. Accessed at: [https://nces.ed.gov/programs/coe/indicator\\_cga.asp](https://nces.ed.gov/programs/coe/indicator_cga.asp).