



Cardiac Emergency Action Plan

For

Saint Joseph School

305 Elm Street

Oradell, NJ 07649

School Year 2016-2017

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Introduction

Janet's Law

This Cardiac Emergency Action Plan (CEAP) has been established in response to Janet's Law, in memory of Janet Zilinski, an 11-year old who died of sudden cardiac arrest. "Janet's Law" requires public schools to have automated external defibrillators (AED's) for youth athletic/school events and to establish certain plans relating to sudden cardiac events.

Purpose of Plan

One of the first lines of defense for sudden cardiac events is having a comprehensive, detailed plan to ensure the optimal survival rate. This plan provides information to ensure response to an emergency is rapid, appropriate, controlled and precise. All personnel involved within the school system should have access to this plan at all times. It must be available in written and electronic form on the school district's network.

While activation of this CEAP may be rare, it is vital to ensure proper care and response is taken when a Cardiac Emergency occurs. It is important that this document is updated and reviewed on a yearly basis with all personnel (See Appendix XII). This will provide the best possible care for the whole school community during a sudden cardiac emergency.

Emergency Cardiovascular Care (ECC)

It is important to recognize the need to improve school community cardiac emergency plans of ECC to optimize patient survival. According to the American Heart Association (2000), a systematic, organized, coordinated effort in a community remains the strongest recommendation we can make to save more people from out-of-hospital cardiac arrest.

Chain of Survival: Five Links

The term Chain of Survival provides a useful metaphor for the elements of the ECC systems concept according to the AHA. The five links in the Chain of Survival are:

- Immediate recognition of cardiac arrest and activation of the emergency response system
 - Early identification of the patient's collapse by someone who activates the system, both internal team and external response (911).
 - Ensure scene safety and call over school's public address system that a cardiac emergency is in effect and give exact location.
 - Ensure the evacuation of the students/bystanders, if any are present, to another classroom/location to ensure proper accessibility of first responders to the scene.
 - Rapid notification of EMS response team (See #3- Instructions for 911 Emergency Communication)
 - Rapid arrival of EMS responders at the scene will be the responsibility of the staff member/personnel assigned to the Main Entrance of the school building.
 - The staff member/personnel must know the layout of the building to ensure arrival of the EMS in a timely manner to the scene.
- Early cardiopulmonary resuscitation (CPR) with an emphasis on chest compressions
 - CPR is most effective when started immediately after the victim's collapse.
 - Minimizing Interruptions during compressions is optimal for survival
 - See Appendix I (Simplified Adult CPR Skills Checklist)
 - See Appendix II (CPR is as easy as C-A-B chart)
 - See Appendix III (HealthCare Provider (BLS) Checklist)
 - CPR/AED Certified Personnel List (See Table of Contents 4)
- Rapid defibrillation (Use of AED)
 - AEDs are computerized, low-maintenance, easy to use medical devices that analyze the victim's rhythm to determine whether a shockable rhythm is present.
 - AEDs should be in an unlocked location with appropriate signage which is accessible during the school day and any other time in which a school-sponsored athletic event or team practice, in which pupils of the district are participating, and is within **reasonable proximity** of the school athletic field, gymnasium or event.

- Early defibrillation is the key in the Chain of Survival.
- Principal or Designee should assume command and ensure CPR/AED certified personnel are responding with the AED and medical go bag
- See Table of Contents 5 (School Specific Guide)
- See Appendix I (Simplified Adult CPR Skills Checklist)
- See Appendix III (HealthCare Provider (BLS) Checklist)
- Knowledge of coworkers CPR/AED certification in nearby classrooms/offices (See Appendix V)
- See Appendix VIII (AED locations template)
- See Appendix IX (Walking Guide to AED From Main Entrance)
- Effective advanced cardiac life support (ACLS)
 - Ensure the placement of key personnel to guide police, EMT's, and paramedics to the patient.
 - Key Personnel should retain School Building Floor plans (See Table of Contents 5)
- Early Post Resuscitative Care (Hospital Care and Rehabilitation)

Instructions for 911 Emergency Call Procedure

Communication is key to a quick, efficient emergency response.

- Verify your school specific 911 outgoing call system here:
 - Dial 911 for the 911 Emergency Operator
- Provide information
 - Name, address, telephone number of the caller
 - Nature of emergency (CPR in progress?)
 - Condition of patient (awake/unresponsive)
 - First Aid/Use of AED initiated by personnel
 - **Specific Instructions as needed to locate the emergency scene**

CPR/AED Certified Personnel List

The purpose of this list is to ensure that an adequate number of school personnel have been taught CPR/AED skills to increase the chances of survival of the patient.

- At least five school staff members for each school building at Saint [Joseph School](#) hold current certifications in CPR/AED.
- Please refer to Appendix IV (CPR/AED Certified Personnel List)
- This list will be available for all staff members to review on the school's network of documents located in this file: list in Upper & Lower School Offices and with AED's.
- This list shall be placed next to the AED locations for easy access.
- The principal or designee shall review the above referenced lists four times at the monthly staff meeting during the course of the 10 month school year (September, November, February, and April).
- This mandatory agenda item shall be included during those staff meetings and reported in the monthly principal's report.
- This list shall be updated at least annually.

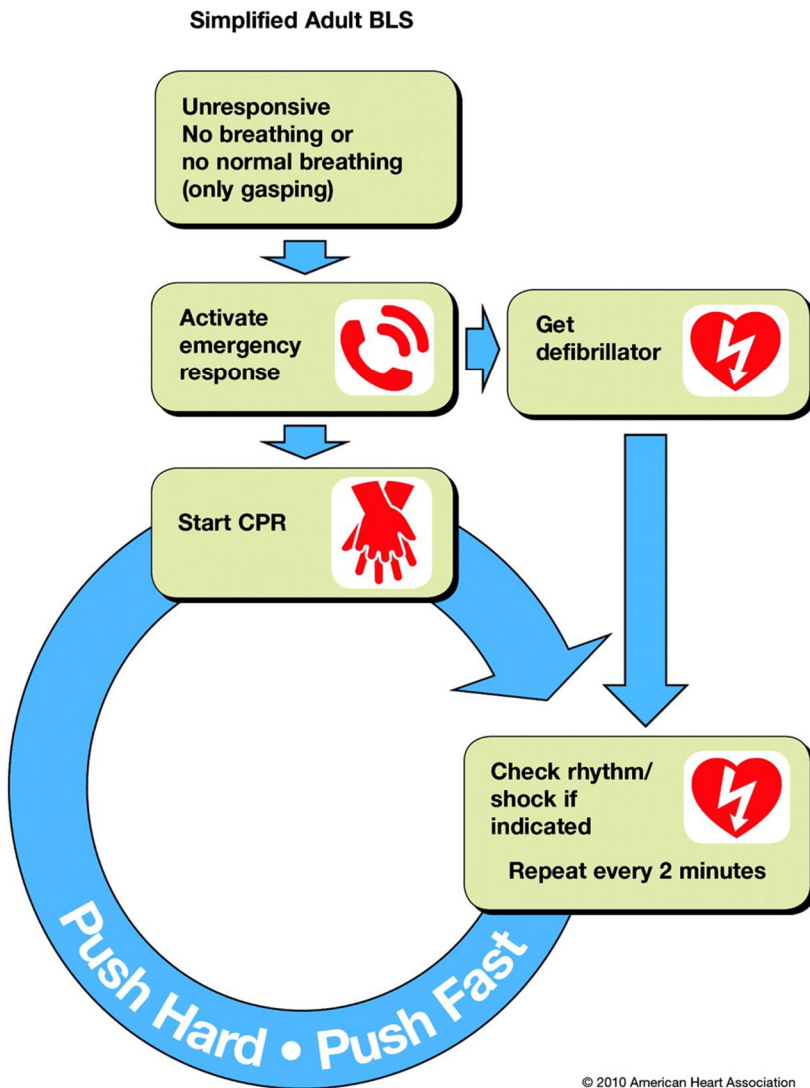
School Specific Guide

School Building Floor Plans must be easily accessible for all school personnel to review on an as-needed basis. In addition, collaboration with the local Police Department (PD) is essential (See Appendix XI). The local PD may be the first to respond to a 911 emergency call.

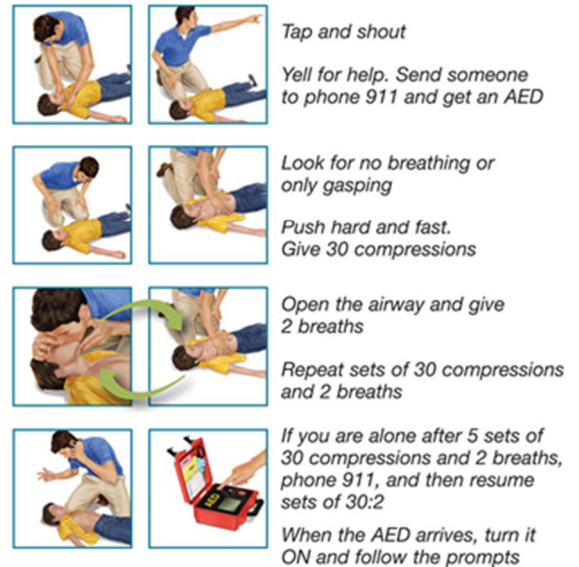
- The AED locations should be marked in red to ensure easy visibility on the written floor plan.
- A walking guide from the Main Entrance of the building should be available on the district's network by viewing file named SJS website, under "Health Services". See Appendix IX (Walking Guide to AED from Main Entrance)
- A chart with AED's and their locations school-wide should be available for easy viewing on the district's network by viewing the file named SJS website, under "Health Services". See Appendix VIII.
- AED drills should be done on a yearly basis to evaluate efficiency of cardiac emergency action plan.
 - District personnel (Carol Leibowitz, Colette Vail) will be assigned to complete the Drill form in order to evaluate effectiveness of the personnel.
 - The form will be kept on file for review for the next drill.

APPENDIX I

Heartsaver® Child CPR AED



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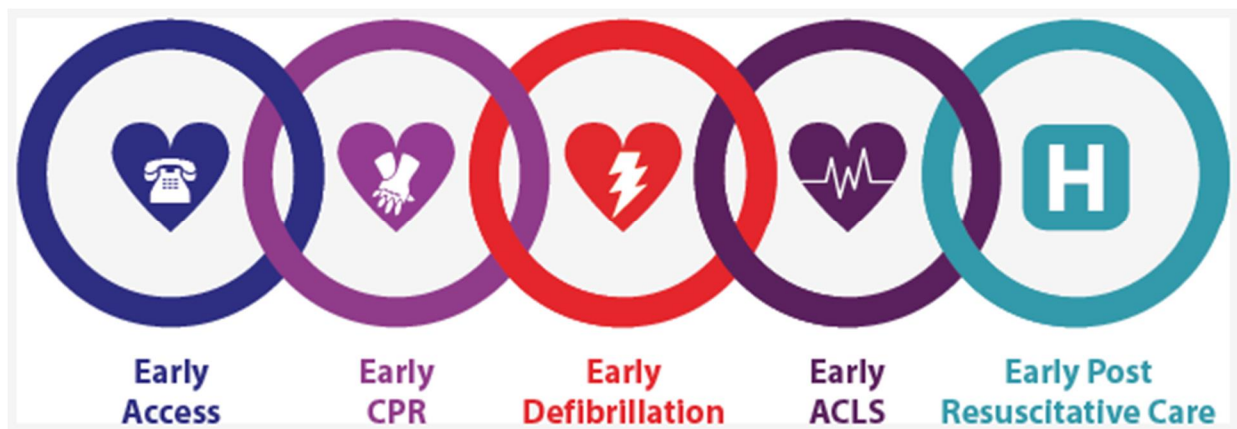
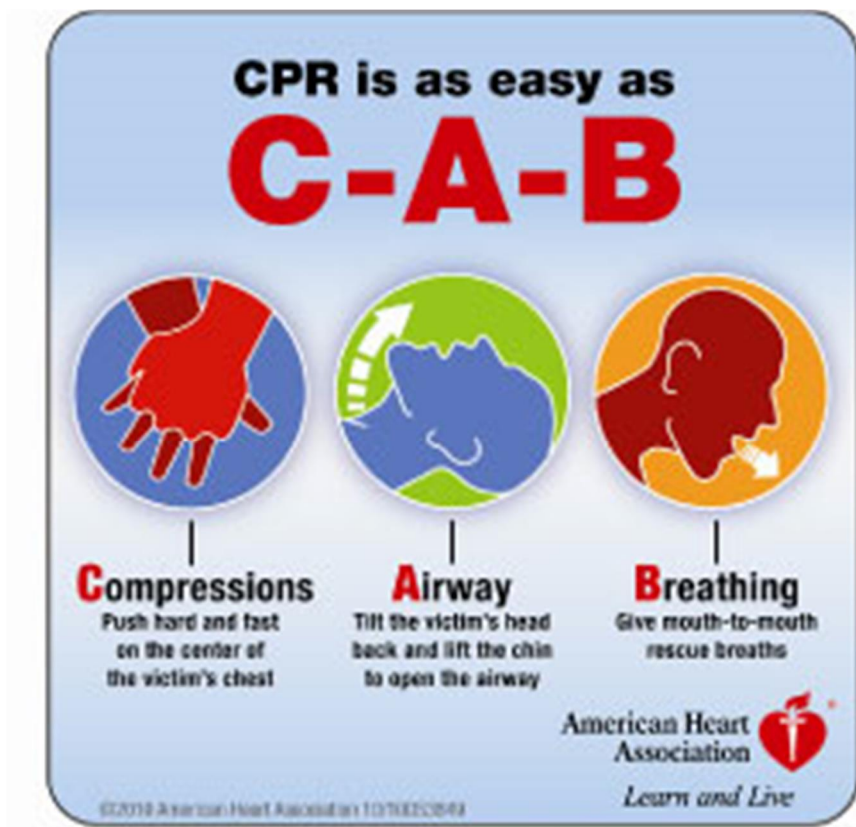


Heartsaver® Infant CPR



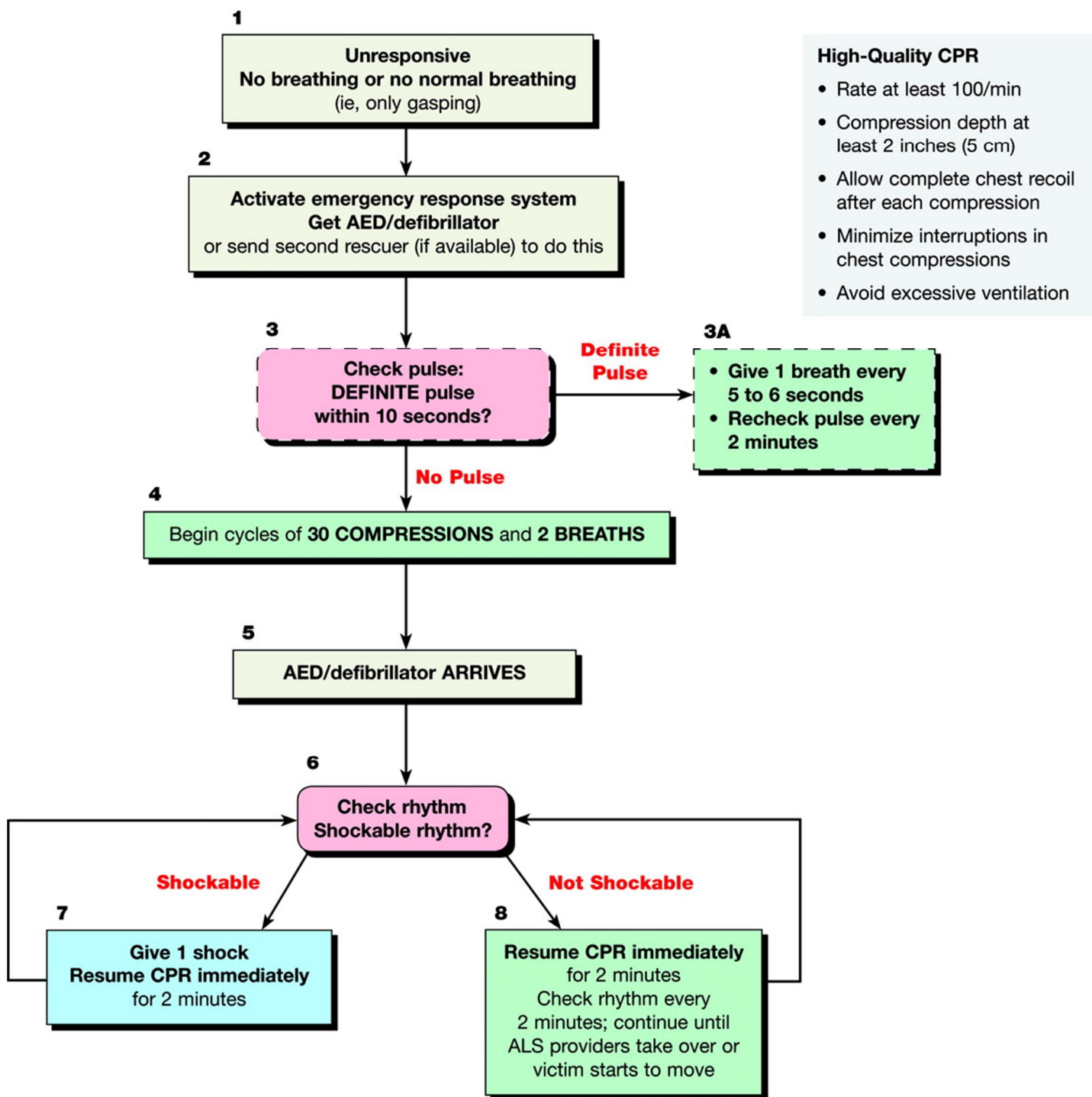
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APPENDIX II



APPENDIX III

Adult BLS Healthcare Providers

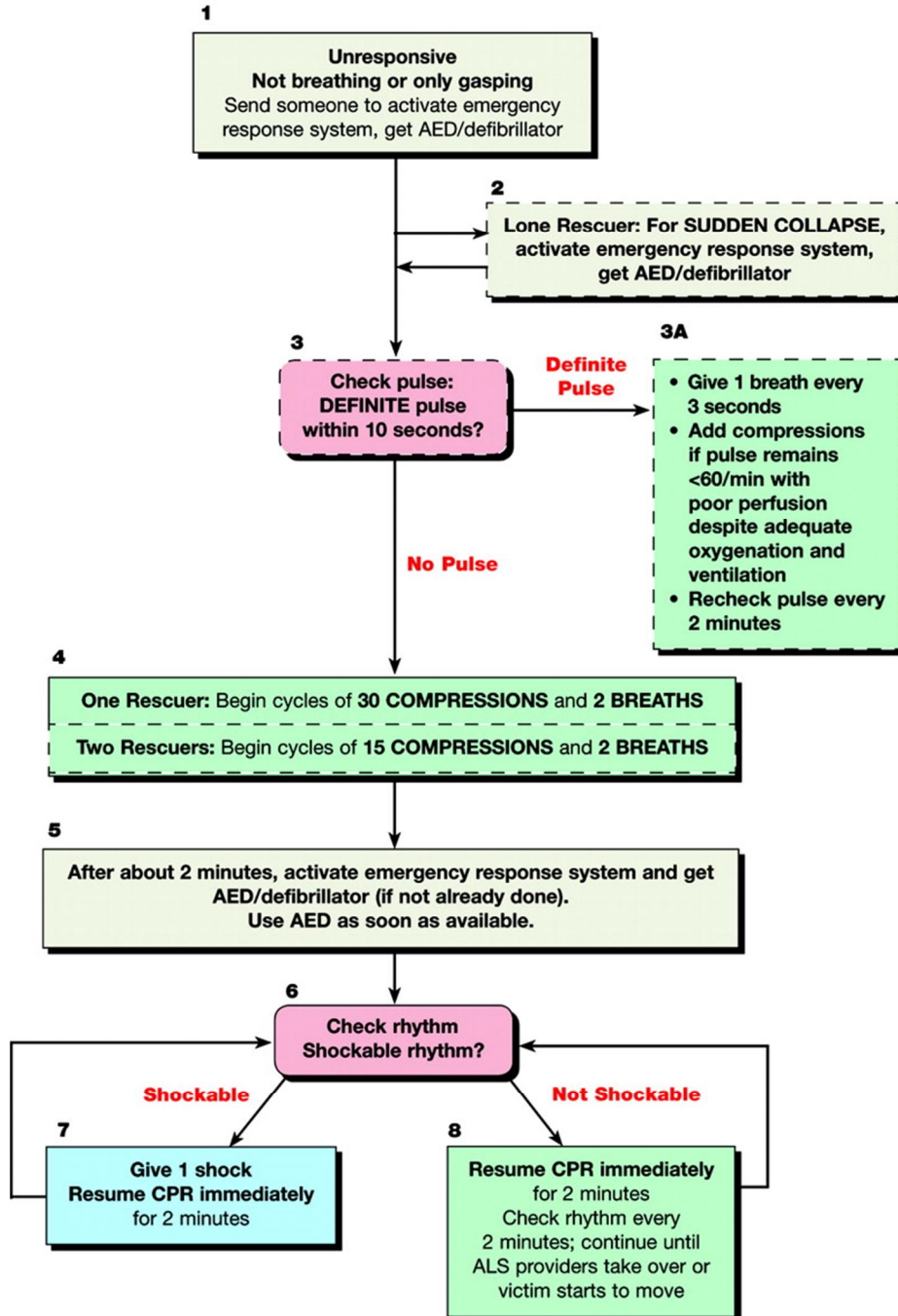


Note: The boxes bordered with dashed lines are performed by healthcare providers and not by lay rescuers

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APPENDIX IV

Pediatric BLS Healthcare Providers



High-Quality CPR

- Rate at least 100/min
- Compression depth to at least $\frac{1}{3}$ anterior-posterior diameter of chest, about 1½ inches (4 cm) in infants and 2 inches (5 cm) in children
- Allow complete chest recoil after each compression
- Minimize interruptions in chest compressions
- Avoid excessive ventilation

Note: The boxes bordered with dashed lines are performed by healthcare providers and not by lay rescuers

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APPENDIX V

CPR CERTIFIED PERSONNEL LIST TEMPLATE

NAME	AED/CPR EXPIRES	SCHOOL
Maureen Asaro	5/2017	LS
Maria Rose Contini	5/2017	LS
Frank Langan	5/2017	LS
Mary Lee	5/2017	LS
Ana Rossig	5/2017	LS
Colette Vail	5/2017	US/LS
Cary Caraballo	5/2017	US

APPENDIX VI

911-REPORTING FORM

School: Saint Joseph School

Date: ____/____/____

911 called at: _____

Transported to hospital at: _____ am/pm

Name: _____ Address: _____ Telephone: _____

DOB: _____ Employee: _____

Allergies/Medical Conditions:

Medications Taken:

Vital Signs: Temp _____; Pulse _____; Respirations _____; BP _____/_____

Pulse Ox: _____

Level of Consciousness: Oriented to time and place: Yes No

CPR Started: _____ AED USE: _____

Description of Injury/Condition:

Family Notified: YES NO

Treatment: O2 started: Yes No

If yes, How many liters? _____ l/min via nasal cannula or non-rebreather mask

AED attached: Yes No

Other Treatment rendered: _____

School Nurse/Staff Signature: _____

School Phone Number: _____

APPENDIX VII

AED/CPR DRILL USE PROCEDURE CHECK LIST AND TIME LINE	
Date _____	Time _____ Location _____
Participants _____	
Participants _____	
Patient Collapses	
First Person arrives at the scene (may be first responder-not EMS): start clock	

- Concern for own safety considered?	YES NO
- Patient checked for responsiveness?	YES NO
- Internal call for help in accordance emergency protocol?	YES NO
- "Call 911" command given?	YES NO
- Command given to obtain AED?	YES NO
- Command given for crowd control?	YES NO
- Command given to contact First Responder?	YES NO
Time of 911 Call _____ am pm	
- Description of victim's status given to operator?	YES NO
- Individual sends someone for help?	YES NO
- Individual instructs someone to meet EMS?	YES NO
- Documented emergency protocols followed (Note taking)?	YES NO
Time of First Responder arrives at scene	
- Concern for own safety considered?	YES NO
- Patient checked for responsiveness?	YES NO
- "Call 911" and AED commands confirmed?	YES NO
Time of AED command	
- Patient responsiveness and breathing checked?	YES NO
- CPR started and performed correctly?	YES NO
- Documented emergency procedures followed?	YES NO
Time of AED arrival at Scene	
- Clothing properly removed?	YES NO
- Electrodes properly placed?	YES NO
- AED voice prompts followed? (especially do not touch patient)	YES NO
Time of first AED shock	
- AED voice prompts continued to be followed?	YES NO
- Patient placed in recovery position?	YES NO
- Monitoring of patient continued?	YES NO
- Was AED left on?	YES NO
Time of EMS Arrival (Add six (6) minutes to time of 911 call)	
- Were details of event properly conveyed to EMS	YES NO
SHOCK WITHIN 3 MINUTES / EMS WITHIN 7 MINUTES	EXCELLENT
SHOCK WITHIN 5 MINUTES / EMS WITHIN 8 MINUTES	FAIR
SHOCK AFTER 5 MINUTES / EMS AFTER 8 MINUTES	POOR
YES ANSWERS 20-23	HERO EXTRAORDINAIRE
YES ANSWERS 17-19	HERO
YES ANSWERS 12-17	THANKS FOR RESPONDING
YES ANSWERS 6- 12	IMPROVEMENT NEEDED
YES ANSWERS LESS THAN 6	POSSIBLE 2nd PATIENT

APPENDIX VIII

AED LOCATIONS TEMPLATE

SCHOOL NAME	AED'S ON-SITE	LOCATION	NEAREST BUILDING ENTRANCE POINT
<i>Upper School</i>	1	Hallway outside Main Office	Front Door, Grand Street

[illegible]

APPENDIX IX

WALKING GUIDE TO AED FROM MAIN ENTRANCE

SCHOOL NAME/ADDRESS	LOCATION IN BUILDING OR NEAREST CLASSROOM NUMBER	FROM MAIN ENTRANCE TO AED WALKING DIRECTIONS
Upper School	Main Hallway, First Floor	1. Enter building from Grand Street .

This report is to be initiated and completed by the operator of the AED in a rescue situation. It is to be reviewed and signed by the responsible physician. The original is to be kept on file at the _____ Board of Education.

Name of School: _____

Name of AED User (s): _____

Name of Patient: _____

Date of Incident: _____ Time of Incident: _____

Patient Age: _____ Patient Sex: Male Female

Cardiac Arrest: Not Witnessed Witnessed by bystanders Witnessed by operator

CPR Prior to Defibrillation: Attempted Not Attempted

Estimated Time from Arrest to First shock: _____ Number of Shocks Delivered: _____

Comments: _____

Patient Outcome at Incident Site:

Return of spontaneous circulation

Return of spontaneous circulation then cessation of spontaneous circulation

Never achieved return of spontaneous circulation

Name of EMS Responding: _____

Name of EMS Transporting: _____

Name of Facility Patient Transported To: _____

Name of Physician Responsible for AED program: _____

Physician Signature: _____

Signature of Operator: _____

Date Report Submitted: _____

New Milford Police Department
145 Madison Avenue
New Milford, NJ 07646

October 9, 2014

Dear Chief:

We have instituted an extensive Public Access Defibrillation (PAD) program within Saint Joseph School. We have substantially expanded this program as part of our school wide emergency preparedness program.

Enclosed please find a listing of all AEDs located throughout the Saint Joseph School campus.

We have installed Cardiac Science AEDs through TEAM LIFE, INC.

As always, the level of cooperation between Saint Joseph School and the New Milford Police Department is greatly appreciated. The direct benefactors of this relationship and collaborative AED program are the students, staff and visitors to our schools. Thank you for your assistance in this matter.

Sincerely,

Colette Vail, Principal

Kelly Tiscornia, School Nurse

APPENDIX XII

DATES OF ANNUAL REVIEW AND/OR REVISION

This Cardiac Emergency Action Plan shall be reviewed annually for any necessary revisions. This document will commence upon board approval of this plan.

____9/20/16____

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

____C. Vail/ C. Leibowitz, RN____

Administrator

Administrator

Administrator

Administrator

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References

American Heart Association (2000). Part 12: From science to survival. Strengthening the Chain of Survival in Every Community.