Cardiac Emergency Action Plan

For

Saint Joseph School

305 Elm Street

Oradell, NJ 07649

School Year 2015-2016
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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)
  o Ensure the placement of key personnel to guide police, EMT’s, and paramedics to the patient.
  o 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:
  o Dial 911 for the 911 Emergency Operator

• Provide information
  o Name, address, telephone number of the caller
  o Nature of emergency (CPR in progress?)
  o Condition of patient (awake/unresponsive)
  o First Aid/Use of AED initiated by personnel
  o **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 (Kelly Tiscornia, 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

Simplified Adult BLS

Unresponsive
No breathing or
no normal breathing
(only gasping)

Activate emergency
response

Get defibrillator

Start CPR

Check rhythm/
shock if indicated
Repeat every 2 minutes

Push Hard • Push Fast

Heartsaver®
Child CPR AED

Tap and shout
Yell for help. Send someone
to phone 911 and get an AED

Look for no breathing
or only gasping
Push hard and fast.
Give 30 compressions

Open the airway and give
2 breaths
Repeat sets of 30 compressions
and 2 breaths

If you are alone after 5 sets of
30 compressions and 2 breaths,
phone 911, and then resume
sets of 30:2
When the AED arrives, turn it
ON and follow the prompts

Heartsaver®
Infant CPR

Tap and shout
Yell for help. Send someone
to phone 911

Look for no breathing
or only gasping
Push hard and fast.
Give 30 compressions

Open the airway and give
2 breaths
Repeat sets of 30 compressions
and 2 breaths

If you are alone after 5 sets of
30 compressions and 2 breaths,
phone 911, and then resume
sets of 30:2

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APPENDIX III

Adult BLS Healthcare Providers

1. Unresponsive
   No breathing or no normal breathing (i.e., only gasping)

2. Activate emergency response system
   Get AED/defibrillator
   or send second rescuer (if available) to do this

3. Check pulse:
   DEFINITE pulse within 10 seconds?

   Definite Pulse
   - Give 1 breath every 5 to 6 seconds
   - Recheck pulse every 2 minutes

3A. No Pulse

4. Begin cycles of 30 COMPRESSIONS and 2 BREATHS

5. AED/defibrillator ARRIVES

6. Check rhythm
   Shockable rhythm?

   Shockable
   - Give 1 shock
   - Resume CPR immediately for 2 minutes

   Not Shockable
   - Resume CPR immediately for 2 minutes
   - Check rhythm every 2 minutes; continue until ALS providers take over or victim starts to move

High-Quality CPR
- Rate at least 100/min
- Compression depth at least 2 inches (5 cm)
- 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 IV

Pediatric BLS Healthcare Providers

1. Unresponsive
   Not breathing or only gasping
   Send someone to activate emergency response system, get AED/defibrillator

2. Lone Rescuer: For SUDDEN COLLAPSE, activate emergency response system, get AED/defibrillator

3. Check pulse: DEFINITE pulse within 10 seconds?
   - Definite Pulse
     - Give 1 breath every 3 seconds
     - Add compressions if pulse remains <60/min with poor perfusion despite adequate oxygenation and ventilation
     - Recheck pulse every 2 minutes
   - No Pulse

4. One Rescuer: Begin cycles of 30 COMPRESSIONS and 2 BREATHS
   Two Rescuers: Begin cycles of 15 COMPRESSIONS and 2 BREATHS

5. After about 2 minutes, activate emergency response system and get AED/defibrillator (if not already done).
   Use AED as soon as available.

6. Check rhythm
   - Shockable
     - Give 1 shock
     - Resume CPR immediately for 2 minutes
   - Not Shockable
     - Resume CPR immediately for 2 minutes
     - Check rhythm every 2 minutes; continue until ALS providers take over or victim starts to move

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

High-Quality CPR
- Rate at least 100/min
- Compression depth to at least 1/2 anterior-posterior diameter of chest, about 1 1/2 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

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### APPENDIX V

#### CPR CERTIFIED PERSONNEL LIST TEMPLATE

<table>
<thead>
<tr>
<th>NAME</th>
<th>AED/CPR EXPIRES</th>
<th>SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maureen Asaro</td>
<td>5/2017</td>
<td>LS</td>
</tr>
<tr>
<td>Maria Rose Contini</td>
<td>5/2017</td>
<td>LS</td>
</tr>
<tr>
<td>Frank Langan</td>
<td>5/2017</td>
<td>LS</td>
</tr>
<tr>
<td>Mary Lee</td>
<td>5/2017</td>
<td>LS</td>
</tr>
<tr>
<td>Ana Rossig</td>
<td>5/2017</td>
<td>LS</td>
</tr>
<tr>
<td>Kelly Tiscornia</td>
<td>5/2016</td>
<td>US/LS</td>
</tr>
<tr>
<td>Matthew Vassallo</td>
<td>5/2017</td>
<td>US/LS</td>
</tr>
<tr>
<td>Colette Vail</td>
<td>5/2017</td>
<td>US/LS</td>
</tr>
<tr>
<td>Vicki Aquino</td>
<td>5/2017</td>
<td>US</td>
</tr>
<tr>
<td>Cary Caraballo</td>
<td>5/2017</td>
<td>US</td>
</tr>
<tr>
<td>Angela Gussoni</td>
<td>5/2017</td>
<td>US</td>
</tr>
<tr>
<td>Joanne Vanore</td>
<td>5/2017</td>
<td>US</td>
</tr>
</tbody>
</table>
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
### APPENDIX VII

**AED LOCATIONS TEMPLATE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Participants</th>
</tr>
</thead>
</table>

**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**

**YES ANSWERS 17-19**

**YES ANSWERS 12-17**

**YES ANSWERS 6-12**

**YES ANSWERS LESS THAN 6**

**POSSIBLE 2nd PATIENT**

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<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>AED’S ON-SITE</th>
<th>LOCATION</th>
<th>NEAREST BUILDING ENTRANCE POINT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upper School</strong></td>
<td>1</td>
<td>Hallway outside Main Office</td>
<td>Front Door, Grand Street</td>
</tr>
<tr>
<td><strong>Lower School</strong></td>
<td>1</td>
<td>Outside Gym Doors</td>
<td>Double Doors to Blacktop</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Off main hallway of LS)</td>
<td></td>
</tr>
<tr>
<td><strong>Church</strong></td>
<td>1</td>
<td>Inside Main Entrance</td>
<td></td>
</tr>
</tbody>
</table>

**APPENDIX IX**

WALKING GUIDE TO AED FROM MAIN ENTRANCE
<table>
<thead>
<tr>
<th>SCHOOL NAME/ADDRESS</th>
<th>LOCATION IN BUILDING OR NEAREST CLASSROOM NUMBER</th>
<th>FROM MAIN ENTRANCE TO AED WALKING DIRECTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upper School</strong></td>
<td>Main Hallway, First Floor</td>
<td>1. Enter building from <strong>Grand Street</strong>.</td>
</tr>
<tr>
<td></td>
<td>Outside Main Office</td>
<td>2. Proceed straight through double doors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. AED mounted on Left side of corridor, outside main office.</td>
</tr>
<tr>
<td><strong>Church</strong></td>
<td>Upper Church</td>
<td>1. Enter through Main Entrance (<strong>Elm Street</strong>).</td>
</tr>
<tr>
<td></td>
<td>Inside Main Entrance</td>
<td>2. AED mounted in vestibule on Left side.</td>
</tr>
<tr>
<td><strong>Lower School</strong></td>
<td>Off Main Hallway</td>
<td><strong>From Entrance via Blacktop</strong> (side of building)</td>
</tr>
<tr>
<td></td>
<td>Outside the Gym Doors</td>
<td>1. Enter through blacktop doors, <strong>side</strong> of building.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Turn Right at first hallway.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. AED mounted on Right wall, outside Gym doors</td>
</tr>
<tr>
<td></td>
<td><strong>From Main Entrance of Lower School</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lower School</strong></td>
<td>Off Main Hallway</td>
<td>1. Enter building through Main Entrance (front).</td>
</tr>
<tr>
<td></td>
<td>Outside Gym Doors</td>
<td>2. Turn Right.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Proceed past Cafeteria on Left.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Turn Left after Cafeteria, AED mounted on Right wall, outside Gym doors.</td>
</tr>
</tbody>
</table>

**APPENDIX X**

**Post Event Evaluation Form**

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Quality Assurance Report

Post-Use of An Automated External Defibrillator

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
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.

7/29/15
Date
C. Vail/ K. Tiscornia
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator

Date
Administrator
References