

AED Emergency Action Plan and protocol

EASTERN LOCAL SCHOOLS

Addendum to ELSD EOP and EHS/EMS/RES/SES EOPs

Sudden cardiac arrest events can vary greatly. All staff and safety team members must be prepared to perform the duties outlined below. Immediate action is crucial in order to successfully respond to a cardiac emergency. Consideration should be given to obtaining on-site ambulance coverage for high-risk athletic events. One should also identify the closest appropriate medical facility that is equipped in 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 appears to be having a seizure or is experiencing convulsion-like activity. Cardiac arrest victims commonly appear to be having convulsions. If it's a true seizure, the 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 building or location address, cross streets, 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 the victim.
 - b. Immediately contact the office (admin, nurse, safety team)
 - c. Give the exact location of the emergency (office or room number, cafeteria, etc.). Be sure to let EMS know which door to enter. 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. If you are a safety team member, proceed immediately to the scene of the cardiac emergency.
 - e. 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. If the nurse is on site she will operate the AED.

- 3) Start CPR
 - a. Begin continuous chest compressions and have someone retrieve the AED if not at the scene. Referred to simplified adult BLS graphic below.
 - 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.) 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 $1/3^{\text{rd}}$ the depth of the chest for children under 8 years old). Follow the 9-1-1 telecommunicator's instructions, if provided.

- ii. If you are able and comfortable giving rescue breaths, please use a barrier and provide 2 rescue breaths after 30 compressions.

4) 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 if you will 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 patient's bare chest.
- c. Continue CPR until the patient is responsive or a professional responder arrives and takes over. Make sure to rotate persons doing compression 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 or location.
- c. Provide EMS a copy of the patient's emergency information sheet.

6) Action to be taken by administrative staff:

- a. Confirm the exact location and the condition of the patient.
- b. Activate the Safety 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: safety director, safety manager, or leadership, etc.
- h. Consider medical coverage to continue to be provided at the athletic event if continued after the event.
- i. Consider having people in the location stay in place (i.e. delaying area traffic, services provided in the area, or other changes) to facilitate CPR and EMS functions.
- j. Designate people to cover the duties of the CPR responders.
- k. Copy the patient's emergency information for EMS.
- l. Notify the patient's emergency contact (parent/guardian, spouse, etc.).
- m. Notify staff, volunteers, members, clients, and other individuals in the location when to return to the normal schedule or services.
- n. Contact organization leadership, human resources, or other management.

7) 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.

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- b. An evaluation of whether the plan 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.
- 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.

ELSD

EMS/EHS nurses on site

Katie Duncan

Ashley Gardner

Mobile unit in concession stand of sports complex (Seasonal), Athletic Director assists

Locations:

HS- main hallway outside gym

MS- main lobby outside office close to gym and cafe

RES nurse on site

Cindy Lawrence

Locations:

-Rear lobby outside gym/café

-Mobile unit housed in nurses' station, place in concession stand of outdoor complex for seasonal youth activities

SES nurse on site

Tella Halcomb

Locations:

Main front hallway outside of gym

-Mobile unit housed in nurses' station, placed in outdoor SAY soccer complex building for seasonal youth activities

- All of the following has received CPR/AED
- All staff completes annual AED training via public schools works
- AED's will be maintained by the school nurses and with the support of Dennis Lewis (Brown County Health Wellness)
- Monthly AED checks completed at each building
- AED location posted in each building and in classrooms on every evac plan sheet

*ELSD EOP addendum be included in ELSD and individual building EOP's moving forward

MEDICAL RESPONSE

Definition

- Medical response provides emergency first aid to any injury or illness that occurs at the school prior to first responders arriving on-scene.
- The school district has a school nurse licensed by the Ohio Department of Education.
- A medical response team, consisting of specially trained staff, does not exist.

Applicable to Below Hazards

Active Shooter

Bus Accident

Chemical Accident

Dam Failure

Earthquake

Explosion

Injury/Health Emergency

Medical: Blood borne Pathogen

Medical: Pandemic

Nuclear Incident

Sexual Assault/Abuse

Medical Response Procedures

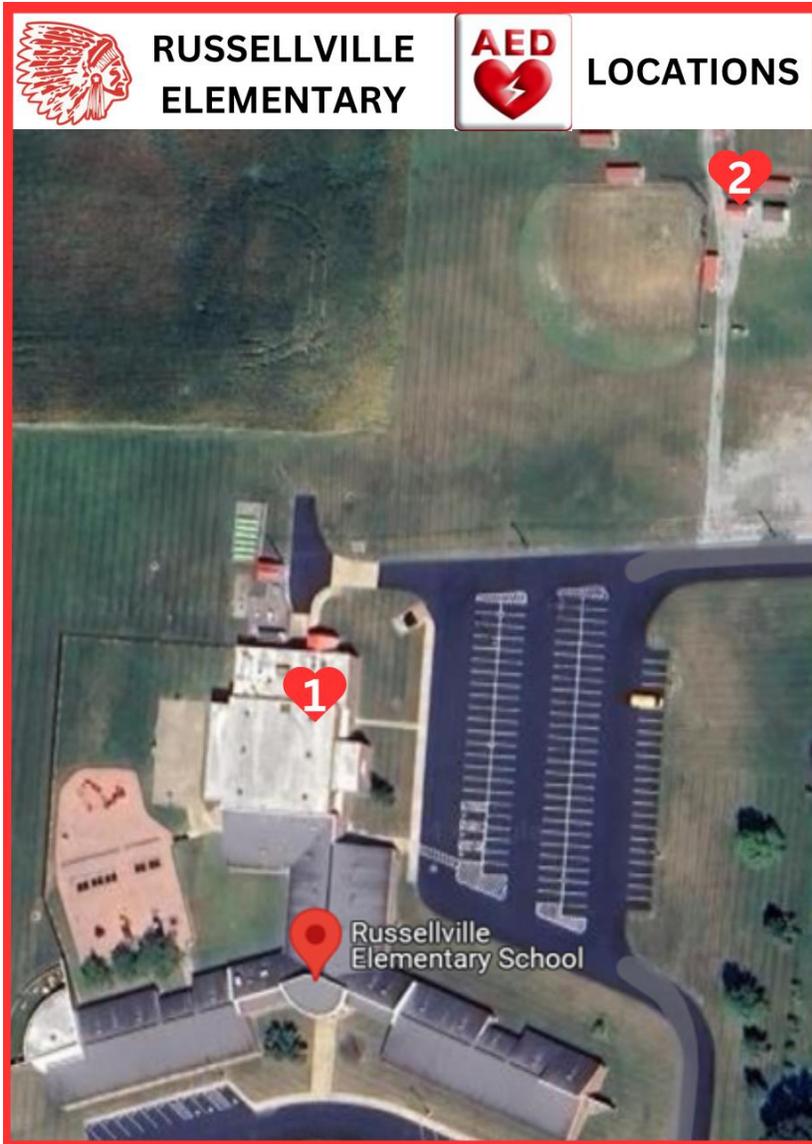
1. If a school nurse is present, either bring the student to the nurse or the nurse to the student.
 - a. If no school nurse, the trained designated staff member(s) should respond.
2. Assess the ill or injured person: develop and execute a plan of care.
3. Instruct another adult to call 9-1-1.
4. Notify school administration of incident.
5. School administrator should contact the student's parent or guardian.
6. Provide emergency medical care parent/guardian consent form to EMS
7. School personnel must accompany a student to the hospital if the parent/guardian is not present.
8. The incident should be documented per school policy



1- front lobby
outside of office

2- front hallway
outside of gym

3- mobile AED for seasonal
outdoor activities



1- rear lobby outside of gym

2- mobile AED for seasonal youth activities



1- Front Hallway outside of gym

2- MOBILE UNIT FOR SEASONAL
OUTDOOR ACTIVITIES

Simplified Adult BLS

