



THOMAS | GREENBRIER | IVY HILL | OLIVE | PATTON
SOUTH | DRYDEN | WESTGATE | WINDSOR

DEPARTMENT OF STUDENT SERVICES 1200 S. Dunton Ave, Arlington Heights, IL 60005 847.758.4875

CARDIAC EMERGENCY RESPONSE PLAN

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.

BUILDING PLAN

Building Location Information

School Name:

Address:

Phone #:

Cross Streets:

Cardiac Emergency Response Team Members

Principal:

CSN:

PE Teacher:

Asst Principal:

RN:

PE Teacher:

Asst Principal:

RN:

PE Teacher:

APE Teacher:

RN:

PE Teacher:

Automated external defibrillator (AED) Location

Location:

Location:

Act Now. Save a Life.

Simplified Adult Basic Life Support

Unresponsive Person No breathing, Abnormal Breathing (e.g. gasping) or seizure like activity

1. **CALL 9-1-1**
2. **Send someone to get AED**
3. **Start CPR** Press hard and fast in center of chest
4. **Get an AED** Apply AED pads. Follow AED prompts. Resume CPR for 2 minutes.

The members of the Cardiac Emergency Response Team are required to obtain and maintain a valid CPR/AED/Advanced First Aid certification from a nationally recognized organization. Training is provided by certified instructors and adheres to current American Heart Association guidelines. The program includes a combination of online instruction and hands-on practice and testing to ensure comprehensive preparedness.

Team members include registered nurses, principals, assistant principals, and physical education teachers. Additionally, training is available to facilities operations managers, athletic coaches, and teachers of students identified as having cardiac health needs.

1. It is critical to recognize the signs of sudden cardiac arrest (SCA) and respond promptly if any of the following occur:
 - The individual is not moving, unresponsive, or unconscious.
 - The individual is not breathing normally, exhibiting irregular breaths, gasping, gurgling, or no breathing at all.
 - The individual may display seizure-like or convulsion-like activity. Note: If the person is experiencing a seizure without cardiac arrest, an AED will not deliver a shock.
 - A sudden, blunt impact to the chest (commotio cordis) can cause cardiac arrest. In such cases, the individual may exhibit the same signs of cardiac arrest and should be treated accordingly.
2. Facilitate immediate access to professional medical help:
 - Call 9-1-1 as soon as you suspect a sudden cardiac arrest. Provide the facility address, cross streets, and patient's condition. Remain on the phone with 9-1-1. (Bring your mobile phone on speaker to the patient's side, if possible.)
 - Additional communication measures:
 - Give the exact location of the emergency.
 - Be sure to let EMS know which door to enter.
 - Assign someone to wait for EMS responders to escort them to the patient.
 - Immediately contact the CERT members using your facility's designated communication system (i.e. walkie talkies, overhead page).
 - If you are a CERT member, proceed immediately to the scene of the cardiac emergency.
3. Start CPR as soon as possible. The first responding CERT person should begin immediately and, if additional bystanders are available, other tasks can be delegated.
 - Begin continuous chest compressions and have someone retrieve the AED if not at the scene.
 - 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 one third the depth of the chest for children under 8 years old).
 - Follow the 9-1-1 telecommunicator's instructions, if available.
 - If you are able and comfortable giving rescue breaths, please use a barrier and provide 2 rescue breaths after 30 compressions.

4. Automated external defibrillators (AEDs)

- During a cardiac emergency, the person who can retrieve the AED the fastest (ideally in route to the scene) should bring it to the site and leave the AED cabinet door open as a signal that the AED was retrieved.
- Registered nurses will ensure that the AEDs are regularly checked, maintained in accordance with the AED's operating manual, maintain a log of the maintenance activity, and verifying equipment readiness and for maintaining maintenance activity.
- Each AED shall have one set of defibrillator electrodes connected to the device and one spare set. A resuscitation kit attached to the AED contains latex-free gloves, razor, scissors, towel antiseptic wipes and a CPR barrier mask.
- AED is located in a readily accessible location during both school-day activities and after-school activities. All AEDs should have clear, easily identifiable AED signage. Each school building and school grounds should have an AED that can be brought to the scene of a possible cardiac emergency within 2 minutes.

5. AED Use

- 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 will need to press the shock button or if it will deliver automatically.
 - AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.
- If pediatric pads are not available, adult AED pads may be used: The small pads or child key/switch will deliver a shock with a lower energy dose than the larger pads will. But if there aren't any smaller child pads, or if there isn't a child key or switch, use the larger adult pads. When you put the pads on the chest, make sure they don't touch each other. If a 5 child is very small, you may need to put one pad on the child's chest and the other on the child's back.
- Minimize interruptions of compressions when placing AED pads to the patient's bare chest.
- 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.
- Do not remove AED pads even if the patient regains consciousness - the pads should be left in place until handoff to EMS. This precaution is necessary in case the patient has a relapse.
- If the AED is used - provide the data to the patient's cardiology care team.

6. Transition care to Emergency Medical Services (EMS)

- Once EMS arrives, there should be a clear transition of care from the CERT to EMS
- Team focus should now be on assisting EMS safely out of the building/parking lot.
- Provide EMS a copy of the patient's emergency information sheet.

7. Action to be taken by Office / Administrative Staff

- Confirm the exact location and the condition of the patient.
- Activate the CERT and give the exact location.
- Confirm that the CERT has responded.
- Confirm that 9-1-1 was called. If not, call 9-1-1 immediately.
- Assign a staff member to direct EMS to the scene.
- Notify the building of a 'soft lockdown' to direct others away from the scene.

- Notify District Administration of the incident
- Plan for necessary coverage following an emergency (e.g. health office, PE class)
- Copy the patient's emergency information for EMS.
- Notify the patient's emergency contact (parent/guardian, spouse, etc.).
- Notify faculty and students, staff, employees, and sports attendees when to return to the normal schedule or services.

8. Debrief

- 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.
- 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 address any concerns regarding on-site medical management and coordination.
- An evaluation of the debriefing process for responders and post-event support. This shall include the identification of aftercare services including crisis counselors.

This Cardiac Emergency Response Plan was adopted by Arlington Heights School District 25 effective 01/01/2025 and will be reviewed annually.

The Cardiac Emergency Response Plan is located in each building's Crisis Plan Manual, School Office, Health Office, Physical Education Office, and within the AED storage box.

The Cardiac Emergency Response Plan is reviewed with the building staff and administration annually at the beginning of each school year.

[AED maintenance schedule](#) is completed by DSS Administrative Assistant and Building Registered Nurse