Protocol for Cardiac Emergency Response Team

Brother Rice HS

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 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 members of the Cardiac Emergency Response Team (CERT) using your organization's designated communication system (i.e. walkie talkies, overhead page, phones).

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 CERT 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.

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 1/3rd 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 Cardiac Emergency Response 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.

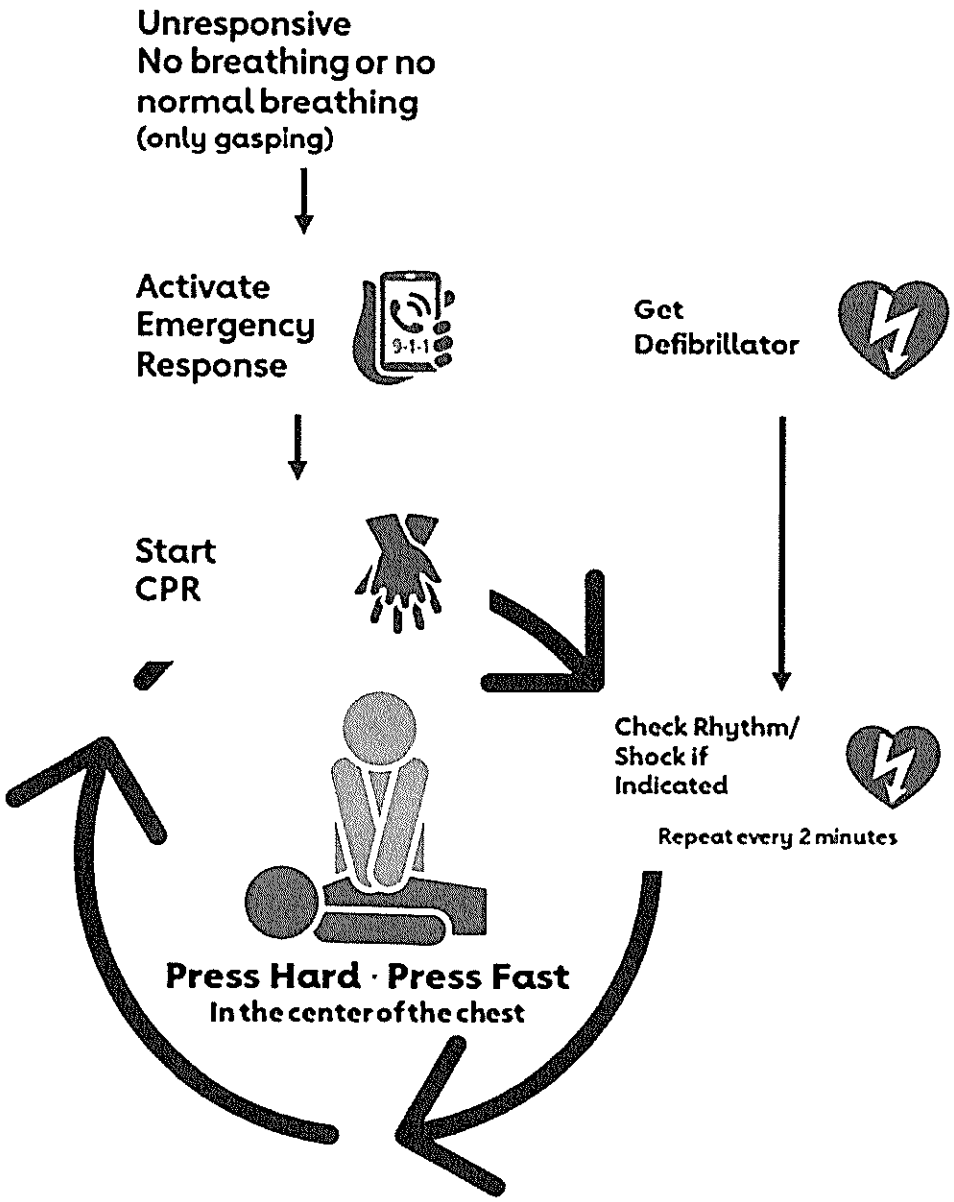
7) Debrief

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.

b. 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 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.

Simplified Adult BLS



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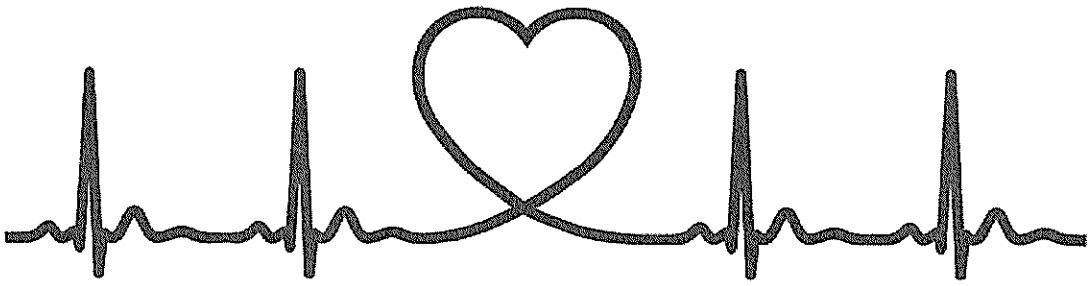
CPR AND AEDs SAVE LIVES ..... EVERY MINUTE COUNTS!



BROTHER RICE HS AED LOCATIONS

- NORTH GYM - OUTSIDE WALL OF ATHLETIC OFFICE
- SOUTH GYM- EAST WALL OF LOCKER ROOM
- WEIGHT ROOM -EAST WALL ABOVE WATER FOUNTAIN
- CAFETERIA - NORTH WALL BY VENDING MACHINES
- SHORT POOL CORRIDOR -NORTH WALL ALONG CONCESSION STAND
- T-INTERSECTION OF MAIN HALLWAY AND CLASSROOM HALLWAY (RIGHT OF ELEVATOR)
- 2ND FLOOR T-INTERSECTION OF HALLWAYS
- POOL OFFICE ROOM
- PORTABLE UNIT TO GO WITH COACH/TRAINER DAILY

*** FIRST RESPONSE TO CARDIAC ARREST VICTIM..... CALL 911***

Drill Checklist

Project ADAM®
SAVES LIVES

Directions: Utilize this checklist to ensure your team implements the core elements of a drill.
Goal: The AED is applied and used within 3 minutes.

Date/Time: _____ **School:** _____ **Drill Location:** _____

The drill starts when the finder discovers the victim. The recorder starts the timer once this happens. Document times for each of these response actions:

TIME

- **DISCOVERY OF THE VICTIM TO OVERHEAD DRILL ANNOUNCEMENT**
- **CPR STARTED**
- **AED ARRIVED AT THE SCENE**
- **AED SHOCK DELIVERED**

RESPONSE ACTION	YES	NO
Victim unresponsiveness was determined	Yes	No
Office was notified	Yes	No
Cardiac Emergency Response Team was notified	Yes	No
EMS/911 was called	Yes	No
Cardiac Emergency Response Team arrived	Yes	No
Possible SCA identified and CPR was started immediately	Yes	No
AED arrived at the scene	Yes	No
AED pads were placed appropriately and immediately on the victim's bare chest	Yes	No
Team followed all prompts from the AED	Yes	No
Team used proper CPR body mechanics throughout response	Yes	No
Use of school's chosen CPR barrier device	Yes	No
Someone met and directed EMS	Yes	No
Crowd control took place	Yes	No
Office obtained necessary information for EMS call	Yes	No
Drill was completed in our goal time of under 3 minutes "Completed" meaning AED was applied and used within 3 minutes. Drill can continue through cycles of AED use & compressions to practice switching roles.	Yes	No

If drill was not completed within the goal time of under 3 minutes, please document completion time.

CARDIAC EMERGENCY RESPONSE TEAM MEMBERS WHO ATTENDED THE DRILL:

Post-Drill Review:

- What went well during the drill?
- What could have gone better? How can these issues be addressed by the team or the school?
- Were some aspects easier to remember?
- Were some aspects harder to remember?
- Discuss with staff how the time from delivery of the AED to delivery of first shock may be shortened.
- Does the Team feel prepared to respond in an actual cardiac emergency?
- If the Team does not feel prepared, what do we need to practice or go over?
- What remaining questions do you want to discuss?