

Cardiac Emergency Response Plan Protocol

Mingo Central High School

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.

All football games held at Buck Harless Stadium have on-site ambulance coverage.

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, directions, 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
 - b. Immediately contact the members of the Cardiac Emergency Response Team (CERT) using the designated communication system (i.e. walkie talkies, overhead page, phones). **Have one team member contact the building administrator.**
 - 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.

CERT members include coaches, administration and limited football trainers led by certified athletic trainer, Hunter Bevins (ATC). A coach will call 911 and another coach or designated athlete will direct EMS to the location of the emergency. If ATC providing coverage elsewhere on MCHS campus, have admin contact her after 911 is on the way.

AEDs are always on the sideline, in the dugout or to the left of the bleachers in the gymnasium.

If an emergency happens at the school, there is an AED at the following locations:

- **Across from the media center**
- **In the hallway entrance to the Auxiliary gym on the wall**

3) Start CPR

- a. Begin continuous chest compressions and have someone retrieve the AED if not at the scene. Refer 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.

If ATC is on site, she will begin CPR. Limited football trainers will assist with CPR if the emergency occurs during a football event.

Otherwise, coaches may assist ATC with CPR after 911 is called and administration has been made aware of the emergency.

If ATC is providing coverage elsewhere on campus, the head coach should begin CPR and she should be contacted immediately after EMS has been contacted.

- 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 facility'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 compressions to avoid fatigue.

AEDs are always on the sideline, in the dugout or to the left of the bleachers in the gymnasium. ATC carries her own AED to every event she covers.

Members of the CERT team (ATC, limited football trainers, coaches, admin) are trained in AED operation. ATC will continue CPR while another CERT team member applies the AED. (Limited football trainer or head coach if emergency takes place with another sport)

- 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 the patient's emergency information to EMS.

ATC and other members of the CERT team should remember that when EMS arrives, they are in charge. We are only there to assist them with anything they may need.

- 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 superintendent or designee.
- 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.

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.

***Please note that this CERT cardiac emergency protocol is rehearsed before each sport's season begins with ATC, Hunter Bevens. This ensures that we are well prepared for cardiac emergencies.**

Simplified Adult BLS

