

Cardiac Emergency Response Plan

Huntington Union Free School District

This Cardiac Emergency Response Plan is adopted by Huntington UFSD, effective January 12, 2025. This plan was reviewed and approved by medical for HUFSD on November 23, 2025.

A cardiac emergency requires immediate action. Cardiac emergencies may arise as a result of a Sudden Cardiac Arrest (SCA) or a heart attack, but can have other causes. SCA occurs when the electrical impulses of the heart malfunction, resulting in sudden death.

Signs of Sudden Cardiac Arrest can include one or more of the following:

- Not moving, unresponsive, or unconscious, *or*
- Not breathing normally (i.e., may have irregular breathing, gasping, or gurgling or may not be breathing at all), *or*
- Seizure or convulsion-like activity.

Note: Those who collapse shortly after being struck in the chest by a firm projectile/direct hit may have SCA from commotio cordis.

The Cardiac Emergency Response Plan of Huntington UFSD shall be as follows:

1. Developing a Code Blue Team

- (a) The Code Blue Team shall be comprised of those individuals who have current CPR/AED Certification. It will include the school nurse, coaches, and others within the school. It should also include an administrator and office staff who can call 9-1-1 and direct EMS to the SCA location.
- (b) Members of the Code Blue Team are identified in the “Code Blue Team” attachment, to be updated yearly and as needed to remain current. One of the members shall be designated as the Code Blue Team Coordinator.
- (c) All members of the Code Blue Team shall receive and maintain nationally recognized training, which includes a Certification card with an expiration date of not more than 2 years.
- (d) As many other staff members as reasonably practicable shall receive training.

2. Activation of Code Blue Team during an identified cardiac emergency

- (a) The members of the Code Blue Team shall be notified immediately when a cardiac emergency is suspected via Code Blue Team announcement over the PA system or portable radios and the RAVE APP.
- (b) The Protocol for responding to a cardiac emergency is described in Section 8 (below) and in the “Protocol for Posting” attachment.

3. Automated external defibrillators (AEDs) – placement and maintenance

- (a) Minimum recommended number of AEDs for HUFSD:
 - (1) *Inside school building* – The number of AEDs shall be sufficient to enable the school staff or another person to retrieve an AED and deliver it to any location within the school building, ideally within 2 minutes of being notified of a possible cardiac emergency.
 - (2) *Outside the school building* on school grounds / athletic fields – The number of AEDs, either stationary or in the possession of an on-site athletic trainer, coach, or other qualified person, shall be sufficient to enable the delivery of an AED to any location outside of the school (on school grounds) including any athletic field, ideally within 2 minutes of being notified of a possible cardiac emergency.
 - (3) *Back-up AEDs* – One or more AEDs shall be held in reserve for use as a replacement for any AED that may be out of service for maintenance or other issues. The back-up AED(s) should also be available for use by the school's athletic teams or other groups traveling to off-site locations.
- (b) HUFSD will regularly check and maintain each school-owned AED in accordance with the AED's operating manual, and the nurse at each building shall maintain a log of the maintenance activity. The nurse will be responsible for verifying equipment readiness and for maintaining maintenance activity.
- (c) Additional Resuscitation Equipment: A resuscitation kit shall be connected to the AED carry case. The kit shall contain trauma shears, latex-free gloves, a towel, antiseptic wipes, and a CPR barrier mask.
- (d) AEDs shall not be locked in an office or stored in a location that is not easily and quickly accessible at all times.
- (e) AEDs shall be readily accessible for use in responding to a cardiac emergency, during both school-day activities and after-school activities, in accordance with this Plan. Each AED shall have one set of defibrillator electrodes connected to the device and one spare set. All AEDs should have clear signage, so they are easily identified. Locations of the AEDs are to be listed in the “Code Blue Team” attachment and in the “Protocol for Posting” attachment.

4. Communication of this Plan throughout the school campus

- (a) The Cardiac Emergency Response Protocol shall be *posted* as follows:
 - (1) In each classroom, cafeteria, restroom, health room, faculty break room, and in all school offices.
 - (2) Adjacent to each AED.
 - (3) In the gym and in all other indoor locations where athletic activities take place.
 - (4) At other strategic school campus locations, including outdoor physical education and athletic areas.
 - (5) Attached to all portable AEDs.
- (b) The Cardiac Emergency Response Protocol shall be *distributed* to:
 - (1) All staff and administrators at the start of each school year, with updates distributed as made.
 - (2) All Health Services staff, including the school nurses

- (3) All athletic directors, coaches, and applicable advisors at the start of each school year and as applicable at the start of the season for each activity, with updates distributed as made.
- (c) Results and recommendations from Cardiac Emergency Response Drills performed during the school year shall be communicated to all staff and administrative personnel. See paragraph 5(b) below.
- (d) A copy of this Cardiac Emergency Response Plan shall be provided to any organization using the school. A signed acknowledgment of the receipt of this Plan and the Protocol by any outside organization using the school shall be kept in the school office. School administration and any outside organization using the school shall agree upon a modified Cardiac Emergency Response Plan. The modified Plan shall take into consideration the nature and extent of the use and shall meet the spirit and intent of this Plan, which is to ensure that preparations are made to enable a quick and effective response to a cardiac emergency on school property.

5. Training in Cardiopulmonary Resuscitation (CPR) and AED Use

- (a) Staff Training:
 - (1) In addition to the school nurse, a sufficient number of staff shall be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED to enable HUFSD to carry out this Plan. (It is recommended that, at a minimum, at least 10% of staff, 50% of coaches, and 50% of physical education staff should have current CPR/AED Certification.) Training shall be renewed at least every two years. The school shall designate a person responsible for coordinating staff training and, if available, a medical contact for school-based AEDs.
 - (2) Training shall be provided by an instructor, who may be a school staff member, currently certified by a nationally recognized organization to conform to current American Heart Association guidelines for teaching CPR and/or Emergency Cardiac Care (ECC).
 - (3) Training may be traditional classroom, online, or blended instruction, but should include cognitive learning, hands-on practice, and testing.
- (b) Cardiac Emergency Response Drills:

Cardiac Emergency Response Drills are an essential component of this Plan. HUFSD shall perform a minimum of 2 successful Cardiac Emergency Response Drills each school year with the participation of athletic trainers, athletic training students, team and consulting physicians, school nurses, coaches, campus safety officials, and other targeted responders. A successful Cardiac Emergency Response Drill is defined as full and successful completion of the Drill in 5 minutes or less. HUFSD shall prepare and maintain a Cardiac Emergency Response Drill Report for each Drill. (See “Conducting Drills” attachment.) These reports shall be maintained for a minimum of 5 years with other safety documents. The reports shall include an evaluation of the Drill and

recommendations for modifying the CERP, if needed. (It is suggested that the school/school district consider incorporating the use of students in the Drills.)

6. Local Emergency Medical Services (EMS) integration with the school/school district's plan

- (a) HUFSD shall provide a copy of this Plan to local emergency response and dispatch agencies (e.g., the 9-1-1 response system), which may include local police and fire departments and local Emergency Medical Services (EMS).
- (b) The development and implementation of the Cardiac Emergency Response Plan shall be coordinated with the local EMS Agency, campus safety officials, on-site first responders, administrators, athletic trainers, school nurses, and other members of the school and/or community medical team.
- (c) HUFSD shall work with local emergency response agencies to 1) coordinate this Plan with the local emergency response system and 2) inform the local emergency response system of the number and location of on-site AEDs.

7. Annual review and evaluation of the Plan

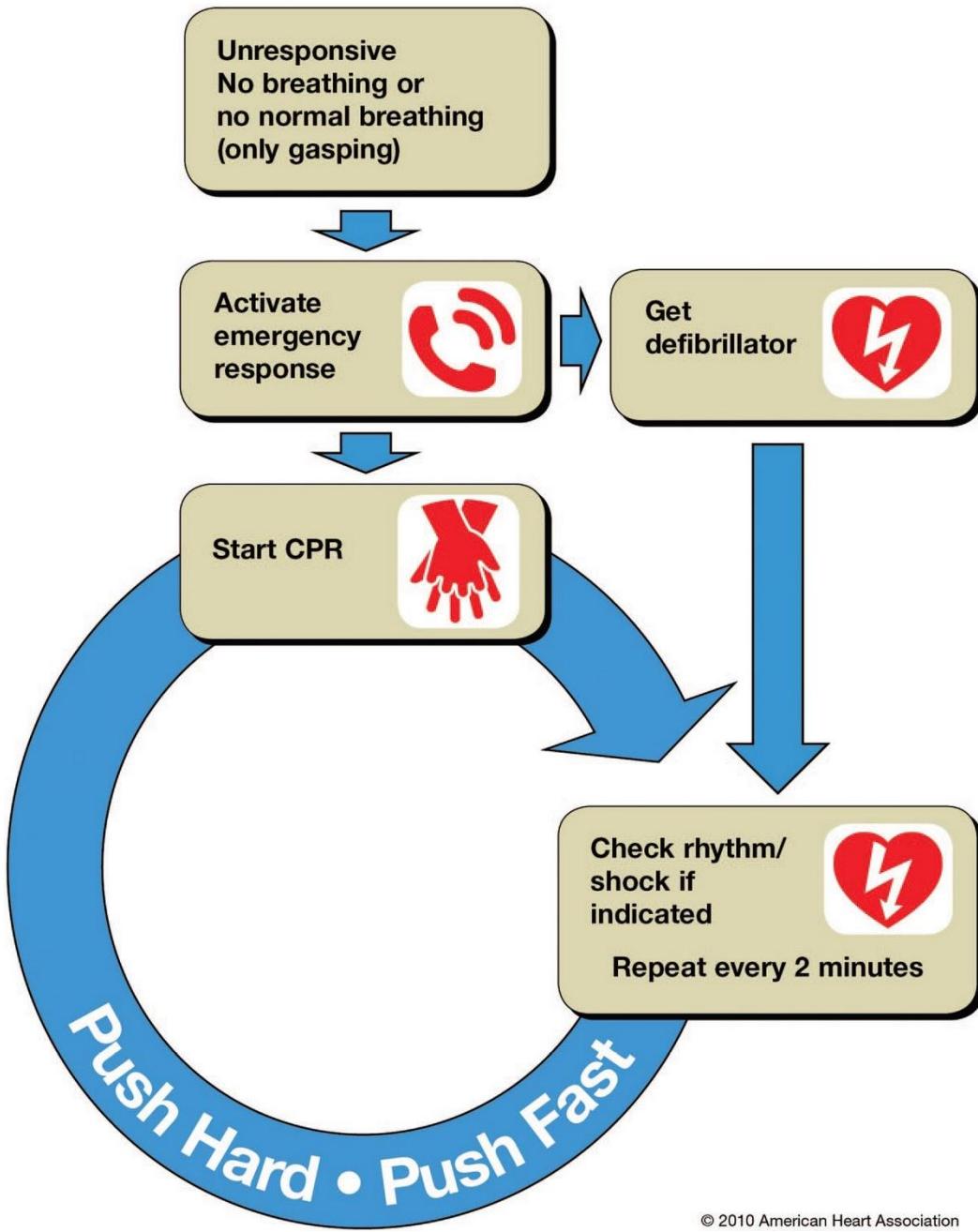
HUFSD shall conduct an annual internal review of the school/school district's Plan. The annual review should focus on ways to improve the school's response process, including:

- (a) A *post-event review* following an event. This includes a review of existing school-based documentation for any identified cardiac emergency that occurred on the school campus or at any off-campus school-sanctioned function. The Director of School Safety and Security will be responsible for establishing the documentation process in accordance with each building's Code Blue Team.
Post-event documentation and action shall include the following:
 - (1) A contact list of individuals to be notified in case of a cardiac emergency.
 - (2) Determine the procedures for the release of information regarding the cardiac emergency.
 - (3) Date, time, and location of the cardiac emergency and the steps taken to respond to the cardiac emergency.
 - (4) The identification of the person(s) who responded to the emergency.
 - (5) 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.
 - (6) 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 in 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 (ideally through the school's medical counsel) to help in the debriefing process and to address any concerns regarding on-site medical management and coordination.

- (7) 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.
- (b) A review of the documentation for all Cardiac Emergency Response Drills performed during the school year. Consider pre-established Drill report forms to be completed by all responders.
- (c) A determination, at least annually, as to whether or not additions, changes or modifications to the Plan are needed. Reasons for a change in the Plan may result from a change in established guidelines, an internal review following an actual cardiac emergency, or from changes in school facilities, equipment, processes, technology, administration, or personnel.

HUNTINGTON UFSD CODE BLUE TEAM PROTOCOL

Simplified Adult BLS



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IMPORTANT: This is a draft document intended for use in formulating a plan for adoption by a school/school district. Medical and legal counsel for the school/school district should review this Plan before implementation. It is the responsibility of the school/school district to ensure that the Cardiac Emergency Response Plan, as adopted, is consistent with local, state, and federal law.