

Mercer County Schools  
Cardiac Emergency Response Plan  
(CERP) and Protocols



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# Cardiac Emergency Response Steps

1. As soon as a sudden cardiac arrest is suspected, the teacher/staff closest to the victim alerts the front office by stating “Code AED” and the location.
2. If the student/staff/visitor is unresponsive, begin CPR.
3. Office announces: “Code AED in location. Team members report to location immediately. All staff hold students in their current classroom until further notice.”
4. The office calls 9-1-1.
5. Front office staff will facilitate access to the victim for arriving EMS personnel by specifying which door to enter, sending someone to go to the door to wait for EMS arrival, and escorting them to the exact location of the victim.
6. The team member closest retrieves the AED en route to the scene, leaving the AED cabinet door open. If the mobile AED is in the nurse office, the nurse will bring it to the scene.
7. If CPR has not been initiated, then the closest CPR trained/certified person begins CPR. If no one is present that has been trained, perform Hands Only CPR by pushing hard and fast in the center of the chest. The goal is 100-120 compressions per minute.
8. When the AED is brought to the victim’s location, press the power-on button, attach the pads to the victim as shown in the diagram on the pads, and follow the AEDs visual and audible prompts. If shock is needed, the AED will deliver one or more shocks. Continue CPR until the patient is responsive or EMS arrives.
9. Responders with a phone will bring it with them to communicate with the office and document the time the event occurred, when CPR was started, any AED shock delivered, EMS arrival time, and victim condition when EMS arrived.
10. Do not turn off or remove the AED from the patient. Ask EMS if they have a method to download information of the event from the AED or consider sending AED with EMS to the nearest hospital so that record of the event is available for emergency room physicians.
11. Crowd control is maintained by staff not directly involved in resuscitation.
12. Admin/Office Tasks
  - a. Contact parent/guardian
  - b. Print a current face sheet to send with EMS upon arrival
  - c. Contact district office
  - d. Upon transport of the victim by EMS, the front office should announce “All clear. Staff and students may resume normal schedules.”

# Mercer County Early Learning Center

Mercer County Early Learning Center  
203 N Washington St  
Joy, IL 61260

## Location of AED

Mounted in hallway near west entry doors

## CER Team Members

School Nurse (Team Coordinator)  
Building Admin

# Apollo Elementary School

Apollo Elementary  
801 SW 9th St.  
Aledo, IL 61231

## Location of AED

Mounted outside of gym door nearest the office

## CER Team Members

Becky Hyett RN, CSN (Team Coordinator)  
Erin Headley  
Malorie Matlick  
Katie Dengler  
Laurie Danner  
Chad Robertson  
Heidi Mills  
Kristin Reick  
Tonya finch  
Emily Baldwin  
Kamryn Whitmire  
Jamie Heartt

## New Boston Elementary School

New Boston Elementary  
301 Jefferson St  
New Boston, IL 61272

### Location of AED

Mounted outside of main office  
Mounted outside of gymnasium

### CER Team Members

School Nurse (Team Coordinator)  
Building Admin  
School Resource Officer

## Mercer County Junior High School

Mercer County Junior High School  
1002 SW 6th Street  
Aledo, IL 61231

### Location of AED

Mounted in commons along west wall closest to the office  
Mobile device in nurse's office (when not traveling with athletic teams)

### CER Team Members

School Nurse (Team Coordinator)  
Building Admin  
School Resource Officer

# Mercer County High School

Mercer County High School  
1500 S College Ave  
Aledo, IL 61231

## Location of AED(s)

Mounted outside of gym above drinking fountain

Mobile device in nurse's office (when not traveling with athletic teams)

## CER Team Members

Amber Wood (Team Coordinator)

Building Admin (Andrea Cooper/Brandy Dornon/Dustin Murray)

Tami Hains

Ashley Clark

Dawn Noble

Sharon Simpson

Deb Vanderheyden

Shane Dierikx

Catherine Staker

# Protocol for Cardiac Emergency Response Team

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. Please familiarize yourself with the guidance below to help you respond successfully to a suspected cardiac emergency.

1. Recognize the signs of sudden cardiac arrest and act quickly.
  - 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 school 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 to the victim.
  - b. Immediately contact the members of the Cardiac Emergency Response Team (CERT) using walkie talkie, room phone, or personal device.
  - c. Give the exact location of the emergency. ("Mr. /Ms. \_\_\_\_ Classroom, Room # \_\_\_\_, gym, football field, cafeteria, playground 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/parking lot.
- c. Provide EMS a copy of the patient's emergency information sheet.

6. Action to be taken by Office / 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: school nurse, athletic trainer, athletic director, safety director, safety manager, and or sports facilities manager, etc.



- h. Consider medical coverage to continue to be provided at the athletic event if continued after the event.
  - i. Consider having the students stay in place (ie. delaying class changes or hallway traffic, dismissal, recess, 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 faculty and students, staff, employees, and sports attendees when to return to the normal schedule.
  - n. Contact school district administration, human resources and/or sports facility 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 (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.
  - 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.