School Site

Cardiac Emergency Response Plan

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Cardiac Emergency Response Plan (CERP)

Overview

This Cardiac Emergency Response Plan is adopted by **Westminster School District** effective December 20, 2023.

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 is a life-threatening emergency that occurs when the heart suddenly stops beating often without warning. SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, a condition that develops as young hearts grow, a virus in the heart, or a hard blow to the chest that causes a malfunction that can lead to SCA. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment

Warning signs and risk factors. Although SCA sometimes happens unexpectedly, some people may have warning signs or symptoms, such as:

- Fainting or seizure, especially during or right after exercise;
- Fainting repeatedly or with excitement or startle;
- Excessive shortness of breath during exercise;
- Racing or fluttering heart palpitations or irregular heartbeat;
- Repeated dizziness or lightheadedness;
- Chest pain or discomfort with exercise; and/or
- Excessive, unexpected fatigue during or after exercise.

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.

An automated external defibrillator (AED) is a lightweight, portable device that delivers an electric shock through the chest to the heart. The shock can potentially stop an irregular heartbeat (arrhythmia) and allow a normal rhythm to resume following SCA. (American Heart Association, What Is an Automated External Defibrillator? At https://www.heart.org/-/media/Files/Health-Topics/Answers-by-Heart/What-is-an-AED.pdf). The heart must be "defibrillated" quickly, because a victim's chance of surviving drops by seven to 10 percent for every minute a normal heartbeat isn't restored.

The Cardiac Emergency Response Plan of **Westminster School District** shall be as follows:

1. Developing a Cardiac Emergency Response Team

(a) The Cardiac Emergency Response 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 location of the SCA.

(b) Members of the Cardiac Emergency Response Team are identified in the "Cardiac Emergency Response Team" attachment, to be updated yearly and as needed to remain current. One of the members shall be designated as the Cardiac Emergency Response Team Coordinator.

(c) All members of the Cardiac Emergency Response 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. 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) Adjacent to each school telephone.

(4) In the gym, near the swimming pool, and in all other indoor locations where athletic activities take place.

(5) At other strategic school campus locations, including outdoor physical education and athletic areas.

(6) 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 nurse, health room assistants and self-care assistants.

(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. Refer to Section 5(b) and 7(b) for more information on Cardiac Emergency Response Drills.

(d) A copy of this Cardiac Emergency Response Plan shall be provided to any organization using the school. A signed acknowledgement of the receipt of this Plan and the Protocol by any outside organization using the school shall be kept in the school office. Any group or organization using school facilities or grounds outside of operating hours/days is responsible for providing its own AED and AED training, if applicable. Any group or organization using school facilities or grounds is liable for any injuries resulting from its negligence during the use of district facilities or grounds. (AR 1330, Education Code 38134).

3. Activation of Cardiac Emergency Response Team during an identified cardiac emergency

(a) The members of the Cardiac Emergency Response Team shall be notified immediately when a cardiac emergency is suspected.

(b) The Protocol for responding to a cardiac emergency is descried in Section 8.

4. AEDs - placement and maintenance

(a) **Westminster School District** will comply with all regulations governing the placement of an AED.

(b) **Westminster School District** will notify an agent of the local EMS agency of the existence, location, and type of AED acquired.

(c) Minimum recommended number of AEDs for **Westminster School District:**

(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 which 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.

(d) The **Principal** of each school site will ensure that instructions on how to use the AED are posted next to the AED in no less than 14-point type

(e) **Westminster School District** will regularly check and maintain each school-owned AED in accordance with the AED's operating manual and maintain a log of the maintenance activity. The school shall designate a person who will be responsible for verifying equipment readiness and for maintaining maintenance activity. This person shall:

(1) Ensure a copy of the AED’s operating manual is maintained;

(2) Ensure that the AED is maintained and tested in accordance with the operating and/or operation and maintenance guidelines set by the manufacturer;

(3) Ensure that the AED is maintained and tested in accordance with the American Heart Association, or the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority;

(4) Ensure that the AED is tested at least biannually and after each use;

(5) Ensure that an inspection is made of all AEDs on the premises at least every 90 days for potential issues related to operability of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the AED; and

(6) Ensure that the records of maintenance, testing, and inspections are retained

(f) Additional Resuscitation Equipment: A resuscitation kit shall be connected to the AED carry case. The kit shall contain latex-free gloves, razor, scissors, towel antiseptic wipes and a CPR barrier mask.

(g) AEDs shall not be locked in an office or stored in a location that is not easily and quickly accessible at all times. AEDs shall not be locked in an office or stored in a location that is not easily and quickly accessible to available to athletic trainers and coaches and authorized persons at any interscholastic athletic program activities or events.

(h) 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 AED signage so as to be easily identified. Locations of the AEDs are to be listed in the "Cardiac Emergency Response Team" attachment and in the "Protocol for Posting" attachment.

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

(a) Staff Training:

(1) The **Principal** of each school site shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED.

(2) The **Principal** of each school site shall, at least annually, notify school employees of the location of all AED units on the campus.

(3) 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 **Westminster School District** 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 the person responsible for coordinating staff training as well as the medical contact for school-based AEDs, if available.

(4) 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).

(5) Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice and testing.

(6) Coaches will be required to complete a sudden cardiac arrest training course and retake the training course every two years thereafter. (Ed. Code § 33479.6(a).) Coaches violating this training requirement will be suspended from coaching until completion of the required training. (Ed. Code § 33479.6(b).)

(7) If a school elects to sponsor or host, in or around a swimming pool, an on-campus event that is not part of an interscholastic athletic program, the school district or charter school shall require at least one adult with a valid certification of cardiopulmonary resuscitation training to be present throughout the duration of the event. The presence of an adult with cardiopulmonary resuscitation training, as mandated by the California Interscholastic Federation coaching education program requirements, would satisfy this paragraph.

(b) Cardiac Emergency Response Drills:
Cardiac Emergency Response Drills are an essential component of this Plan. **Westminster School District** 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 District in 5 minutes or less. **Westminster School District** shall prepare and maintain a Cardiac Emergency Response Drill Report for each Drill. (Site Drill Evaluation 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 shall include recommendations for the modification of 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) **Westminster School District** 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) **Westminster School District** shall work with local emergency response agencies to 1) coordinate this Plan with the local emergency response system and 2) to inform local emergency response system of the number and location of on-site AEDs.

7. Annual review and evaluation of the Plan

Westminster School District 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, to include:

(a) A post-event review following an event. This includes 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 school shall designate the person who will be responsible for establishing the documentation process. 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 nurse) 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 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 law, regulations, guidelines, an internal review following an actual cardiac emergency, or from changes in school facilities, equipment, processes, technology, administration, or personnel.

8. Protocol for School Cardiac Responders

Johnson Middle School

Cardiac Emergency Response Team PROTOCOL
For All Schools

Sudden cardiac arrest events can vary greatly. Faculty, staff and Cardiac Emergency Response Team (CERT) members must be prepared to perform the duties outlined. **Immediate action is crucial** in order to successfully respond to a cardiac emergency. Consideration should be given to obtaining g on-site ambulance coverage for high-risk athletic events. The school should also identify the closest appropriate medical facility that is equipped in advanced cardiac care.

If a student athlete displays any of these warning signs and risk factors during sport:

1) Fainting or seizure, especially during or right after exercise;
2) Fainting repeatedly or with excitement or startle;
3) Excessive shortness of breath during exercise;
4) Racing or fluttering heart palpitations or irregular heartbeat;
5) Repeated dizziness or lightheadedness;
6) Chest pain or discomfort with exercise; and/or
7) Excessive, unexpected fatigue during or after exercise.

Follow these steps:

(a) REMOVE the student athlete from play;

(b) ALERT the parent or guardian;

(c) RECORD and share information about the symptom/s to help a health care provider evaluate the student athlete; and

(d) REQUIRE written clearance from the student athlete's health care provider to green-light the player to return

If a student or adult displays or is:

1) Collapsed and unresponsive or unconscious; or
2) Not breathing normally (i.e., may have irregular breathing, gasping or gurgling or may not be breathing at all); or
3) Seizure or convulsion-like activity without a regular heartbeat.

Follow these steps in responding to a suspected cardiac emergency:

(a) Facilitate immediate access to professional medical help:

(1) Call 9-1-1 as soon as you suspect a sudden cardiac arrest. Provide the school address, cross streets, and patient condition. Remain on the phone with 9-1-1. (Bring your mobile phone to the patient's side, if possible.) Give the exact location and provide the recommended route for ambulances to enter and exit. Facilitate access to the victim for arriving Emergency Medical Service (EMS) personnel.

(2) Immediately contact the members of the Cardiac Emergency Response Team.

- Give the exact location of the emergency. ("Mr. /Ms. _ Classroom, Room # _, gym, football field, 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.

(3) If you are a CERT member, proceed immediately to the scene of the cardiac emergency.

- The closest team member should retrieve the automated external defibrillator (AED) enroute to the scene and leave the AED cabinet door open; the alarm typically signals the AED was taken for use.
- Acquire AED supplies such as scissors, a razor and a towel and consider an extra set of AED pads.
- Contact or have someone contact the office/administrative staff person on the CERT team.

(4) If no CERT members are present, ask someone nearby to retrieve the AED and ask someone else to notify the office/administrative staff person on the CERT team.

(b) Start CPR:

- Begin continuous chest compressions and have someone retrieve the AED.
- Here's how:
  - Press hard and fast in center of chest. Goal is 100 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 2 inches (or 1/3ro the depth of the chest for children under 8 years old.
  - Follow the 9-1-1 dispatcher's instructions, if provided.

(c) Use the nearest AED:

- 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.
    - Note: The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.
    - continue CPR until the patient is responsive or a professional responder arrives and takes over.

(d) Transition care to EMS:

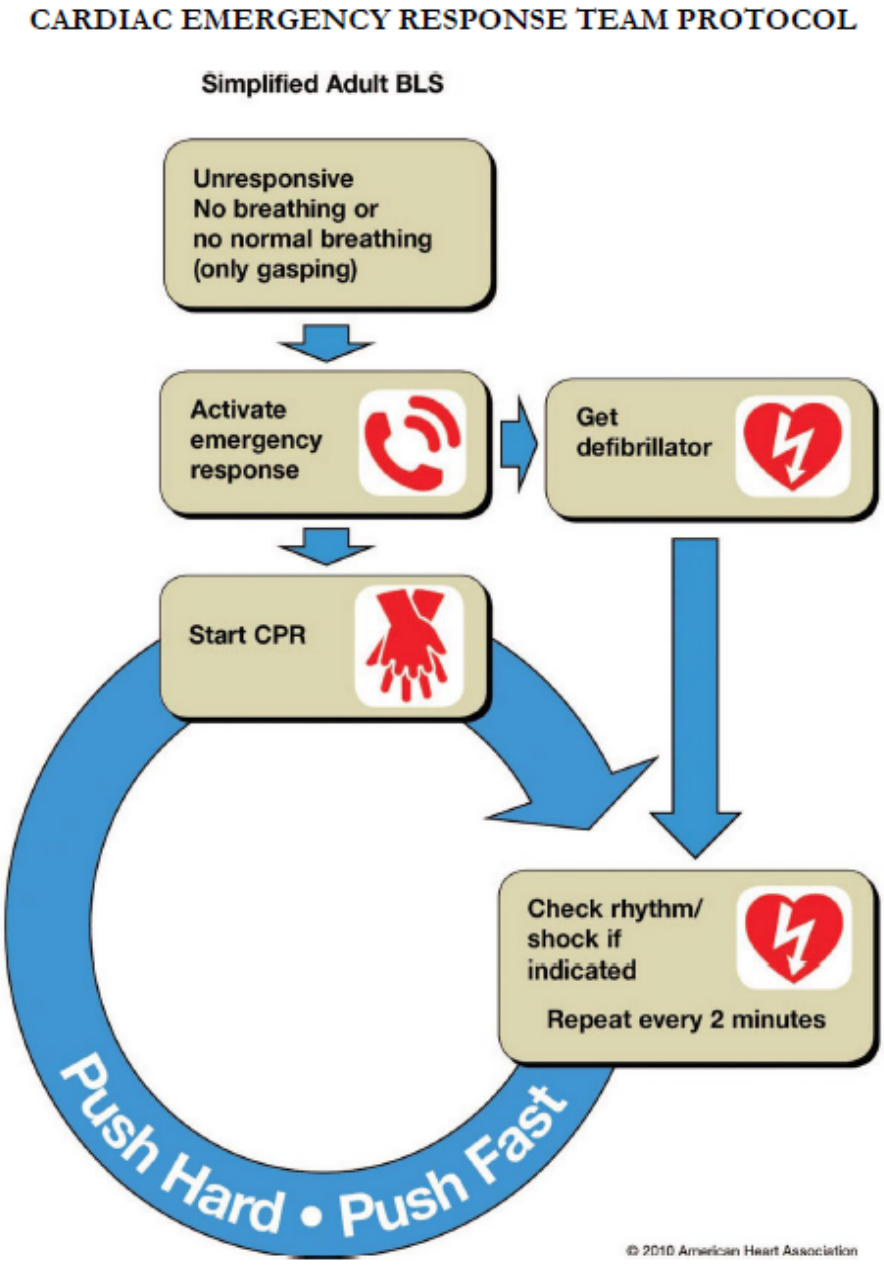
Transition care to EMS upon arrival so that they can provide advanced life support.

(e) Action to be taken by Office/ Administrative Staff:

(1) Confirm the exact location and the condition of the patient
(2) Activate the Cardiac Emergency Response Team and give the exact location if not already done
(3) Confirm that the Cardiac Emergency Response Team has responded.
(4) Confirm that 9-1-1 was called. If not, call 9-1-1 immediately.
(5) Assign a staff member to direct EMS to the scene.
(6) Perform "Crowd Control" - directing others away from the scene
(7) Notify other staff: school nurse, athletic trainer, athletic director, etc.
(8) Ensure that medical coverage continues to be provided at the athletic event if on-site medical staff accompanies the victim to the hospital.
(9) Consider delaying class dismissal, recess, or other changes to facilitate CPR and EMS functions.
(10) Designate people to cover the duties of the CPR responders.
(11) Copy the patient's emergency information for EMS.
(12) Notify the patient's emergency contact (parent/guardian, spouse, etc.).
(13) Notify staff and students when to return to the normal schedule.
(14) Contact school district administration.

Building Location Information	
School Name & Address	Johnson Middle School, 13603 Edwards, Westminster, CA
School Emergency Phone #	714-894-7244
Cross Streets	Edwards and Westminster
AED Location Gym	AED Location
AED Location Health Office	AED Location
AED Location Boys' Locker Room	AED Location
AED Location Girls' Locker Room	AED Location

American Heart Association Response - Simplified Flow



Site Cardiac Emergency Response Team List

NAME	TITLE	DATE TRAINED
Jessica Melton	Health Office Assistant	June 15, 2026
Abel Cordova	Instructional Aide	June 15, 2026
Jason Carey	PE teacher	June 2026
Melissa Towning	PE teacher	June 2026
Daniel Owens	Principal	October 2026
Michelle Eichinger	Assistant Principal	October 2026