

SUDDEN  
EMERGENCY  
RESPONSE PLAN

CHASE MORRIS  
SITE PLAN

7<sup>TH</sup>–12<sup>TH</sup> GRADE

# CHASE MORRIS ACT

## Oklahoma Statutes Citationized

### Title 70. Schools

#### Chapter 1 - School Code of 1971

#### Article Article XXIV - Miscellaneous Provisions

#### Section 24-156 - Chase Morris Sudden Cardiac Arrest Prevention Act

Cite as: 70 O.S. § 24-156 (OSCN 2024)

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- A. This act shall be known and may be cited as the “Chase Morris Sudden Cardiac Arrest Prevention Act”.
- B. As used in the Chase Morris Sudden Cardiac Arrest Prevention Act, “athletic activity” means any sport sanctioned and offered in grades seven through twelve by a school district.
- C. The State Department of Health and the State Department of Education shall jointly develop and post on their publicly accessible websites guidelines and other relevant materials to inform and educate students participating in or desiring to participate in an athletic activity, their parents, and their coaches about the nature and warning signs of sudden cardiac arrest including the risks associated with continuing to play or practice after experiencing one or more symptoms of sudden cardiac arrest including unexplained fainting, difficulty breathing, chest pains, dizziness, and abnormal racing heart rate. In developing the guidelines and materials, the State Department of Health and the State Department of Education may utilize existing materials developed by other entities or organizations.
- D. A student participating in or desiring to participate in an athletic activity and the student’s parent, or guardian shall, each school year and prior to participation by the student in an athletic activity, sign and return to the student’s school an acknowledgement of receipt and review of a sudden cardiac arrest symptoms and warning signs information sheet jointly developed by the State Department of Health and the State Department of Education.
- E. A school may hold an informational meeting prior to the start of each athletic season for all ages of competitors regarding the symptoms and warning signs of sudden cardiac arrest. In addition to students, parents, coaches, and other school officials, informational meetings may include physicians, pediatric cardiologists, and athletic trainers.
- F. A student who collapses or faints without a concurrent head injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- G. A student removed or prevented from participating in an athletic activity pursuant to subsection F of this section shall not return to participation until the student is evaluated and cleared for return to participation in writing by a health care provider as defined in Section 3090.2 of Title 63 of the Oklahoma Statutes.
- H. Once each year, a coach of an athletic activity, school nurses, and athletic trainers shall complete:
1. The sudden cardiac arrest training course offered by a provider approved by the State Department of Health; and
  2. Training in first aid, cardiopulmonary resuscitation, and use of an automated external defibrillator. The training shall follow guidelines set by a nationally recognized, guidelines-based organization focused on emergency cardiovascular care.
- A coach of an athletic activity shall not coach the athletic activity until the coach completes the training course required under this subsection.
- I. Each public school in this state shall develop a sudden cardiac emergency response plan. The plan shall be formulated by a school site administrator and presented to the school district board of education. The plan shall:**
- 1. Establish and provide for membership of a sudden cardiac emergency response team for each school site. Each team shall include a school site administrator;**
  - 2. Activate the team in response to a sudden cardiac arrest;**

3. Implement automated external defibrillator (AED) placement and routine maintenance within the school as needed and dictated by the plan and in accordance with guidelines set by a nationally recognized, guidelines-based organization focused on emergency cardiovascular care. The plan shall provide for implementation of clearly marked and easily accessible AED placement;
4. Provide for communication and dissemination of the plan throughout the school campus;
5. Require the response team to practice the plan by conducting periodic drills;
6. Provide for coordination with emergency medical service providers that serve the area in which the school is located;
7. Address athletic events and athletic facilities at each middle school and high school site provided:
  - a. an AED shall be placed at each athletic venue or be accessible within one to three minutes of each venue where athletic practices or competitions are held, or
  - b. a mobile AED device shall be on the premises in accordance with guidelines set by a nationally recognized, guidelines-based organization focused on emergency cardiovascular care;
8. Provide for appropriate school staff to be trained in first aid, cardiopulmonary resuscitation, and the use of an AED in accordance with guidelines set by a nationally recognized, guidelines-based organization focused on emergency cardiovascular care. The plan shall stipulate the appropriate staff to receive training which shall include, but not be limited to, athletic coaches, school nurses, and athletic trainers; and
9. Be reviewed by the school district board of education and sudden cardiac emergency response team members and updated annually.
- J. The sponsors of youth athletic activities not associated with a school are encouraged to follow the guidance stated in the Chase Morris Sudden Cardiac Arrest Prevention Act.
- K. Nothing in the Chase Morris Sudden Cardiac Arrest Prevention Act shall be construed to create, establish, expand, reduce, contract, or eliminate any civil liability on the part of any school or school employee.
- L. The State Board of Health and the State Board of Education shall promulgate rules to implement the provisions of the Chase Morris Sudden Cardiac Arrest Prevention Act.

#### *Historical Data*

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Laws 2015, SB 239, c. 272, § 1, emerg. eff. July 1, 2015; Amended by Laws 2024, SB 1921, c. 451, § 1, emerg. eff. July 1, 2024 ([superseded document available](#)).

# Cardiac Emergency Response

## Plan and Protocol

### Schools

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## ***Cardiac Emergency Response Plan***

### **Purpose**

1) This document provides direction and detailed guidance for responding to a sudden cardiac arrest (SCA) through a Cardiac Emergency Response Plan (CERP). This plan outlines Cardiac Emergency Response Teams (CERTs), AED maintenance and locations, and related staff training/certification. This document does not replace any district policies or local, state, or national regulations.

2) In the United States, it is estimated that annually 356,000 adults experience out-of hospital cardiac arrest as well as 23,000 pediatric cardiac arrests (Mozaffarian, D, 2015; Okubo, M et al, 2020) . Although approximately 90% of those people will not survive the event, the likelihood of survival increases with prompt intervention. According to the American Heart Association (AHA), early intervention that includes CPR and restoration of normal heart rhythm with the use of an AED increases the chance of survival. Developing a Cardiac Emergency Response Team (CERT)

1) Designate one person as the Cardiac Emergency Response Team Coordinator who oversees CPR-AED program activities, training, education, and evaluation.

2) All individuals on CERT should have current CPR/AED training from a nationally recognized organization.

3) Designate one person to call 9-1-1 and direct EMS to the location of the sudden cardiac arrest (SCA).

### **Best Practice Considerations:**

a) The Cardiac Emergency Response Team comprise of at least 5 people.

In recognition of periodic absences and overall staff turnover, a robust team of individuals trained to be part of the CERT is essential to ensure uninterrupted response activities.

b) CERT members shall be able to step away from their tasks to assist when CERP is activated or have coverage for their classrooms.

c) A list of these individuals and their CPR certifications should be maintained on-site in a readily accessible area.

d) Consider medical coverage continues to be provided at the athletic event if continued after the event.

e) Automated External Defibrillators (AEDs) – Placement, Installation and Maintenance

1) Minimum recommended number of AEDs for (insert name of school/school district/workplace/community/sports) include inside the building and outside the building:

a) Three AEDs will be maintained on the CD campus (Outside Cafeteria, Lobby of Gymnasium, Outside Old Teachers Workroom in High School)

2) Regularly check and maintain each AED in accordance with the AED's operating manual

- 3) CERT coordinator should be responsible for verifying equipment readiness and for maintaining maintenance activity.
- 4) Additional Resuscitation Equipment: A resuscitation kit shall be connected to the AED carry case. The kit shall contain latex-free gloves, razor, scissors, a CPR barrier mask, and a set of Child AED pads.
- 5) AEDs shall not be locked in an office or stored in a location that is not easily and quickly accessible at all times.
- 6) AEDs shall be accessible for responding to a cardiac emergency
- 7) Each AED should have one set of AED pads connected to the device and one child set.
- 8) Signage: All AEDs should have clear AED signage to be easily identified. These should be visible from the normal path of travel.
- 9) AED cabinet shall not be locked
- 10) AEDs to be installed using a cabinet or bracket/wall rack approved for such purpose and be surface mount or wall recessed.
- 11) AEDs shall be placed so that the AED's readiness indicator faces outward.
- 12) Keep copies of event documentation with AED and first responder kits.
- 13) If only adult pads are available: adult AEDs may be used on children. If the pads are too large for standard positioning without touching, Pads can be placed with one pad on the center of the chest between the nipples and the other pad on the back of the child between their shoulder blades.
- 14) If pediatric pads are available: the small pads or child key/switch will deliver a shock with a lower energy dose than the larger pads will. If a child is very small, you may need to put one pad on the child's chest and the other on the child's back.

### ***Communication of CERP***

- 1) The Cardiac Emergency Response Plan may be distributed to:
  - a) All staff and administrators at the start of each school year, with updates distributed as made. In workplace and recreation centers, the CERP should be made available annually and when updates are made.
  - b) All coaches should be educated on the Cardiac Emergency Response Plan in their school yearly.

### ***Staff training***

- a) A sufficient number of staff should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED as is required by the OSDE. Training shall be renewed at least every two years. Absolute minimum number is 3 to ensure CPR is initiated, AED is retrieved, and 911 is notified.
- b) The superintendent is responsible for coordinating staff training and the medical contact for AEDs, if available.
- c) Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice, and testing.
- d) All staff, regardless of if they are a CERT member, should receive annual training on SCA and understand how to recognize a cardiac arrest, how to initiate the response team, and where the AEDs in the building are located.

### **2) Cardiac Emergency Response Drills**

- a) Cardiac Emergency Response Drills are an essential component of this Plan. The site should perform at least 2 successful Cardiac Emergency Response Drills each year with the participation of staff, 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. One drill may include a tabletop exercise with all the staff and CERP members present.
- b) Include as many other people as possible (staff, faculty, coaches, students, parents, etc.) who can receive additional CPR/AED education and awareness of the plan.

### ***Annual Review and Evaluation of the Plan***

- 1) Conduct an annual internal review of the Cardiac Emergency Response Plan (CERP) for schools. The annual review should focus on ways to improve the response process, to

include:

- a) A post-event review following an event. This includes review of existing documentation for any identified cardiac emergency that occurred at the location or at any sanctioned function. There should be a designated person responsible for establishing the documentation process.
- 2) Post-event documentation and action shall include the following:
  - a) A contact list of individuals to be notified in case of a cardiac emergency.
  - b) Determine the procedures for the release of information regarding the cardiac emergency.
  - c) Date, time, and location of the cardiac emergency and the steps taken to respond to the cardiac emergency.
  - d) The identification of the person(s) who responded to the emergency.

e) 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.

f) 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.

g) 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.

h) A review of the documentation for all Cardiac Emergency Response Drills performed during the year. Consider pre-established Drill report forms to be completed by all responders.

i) A determination, at least annually, as to whether 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 facilities, equipment, processes, technology, administration, or personnel.

***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 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 your school's designated communication system



- c. 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.
- 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.

## **SUDDEN CARDIAC RESPONSE TEAM:**

Darren Sharp	Superintendent
Brian Smith	Principal
Rob Woods	Contracted Athletic Trainer
Ryan Donaldson	Coach
Josh Dickson	Coach
Mike Kaiser	Coach
Bonnie Casteel	Coach

**Dissemination** of plan will be by email and on the school's website

**Drills:** Each coach shall familiarize themselves with the cardiac response plan and carry out a drill within the first week of practice.

### **Emergency Providers:**

Covington Fire and Rescue in association with Miller EMS – Their contact is 911

### **CD Schools has 3 AEDs and they are found:**

Lobby of new gym

Lobby of old gym

Outside front door of cafeteria