**[School Name]**

**Emergency Action Plan Template**

# Internal Instructions

**DISCLAIMER:** This document is intended to be an example template to use in developing a comprehensive Emergency Action Plan that is specific your unique needs. Please adapt, modify, and expand based on your requirements.

Throughout the document, you will see a placeholder for [School Name]. Please add your school name or acronym here.

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# [School Name] Medical Director(s)

**Medical Director:** The school physicians are the Medical Directors and will provide direction for the program. The Medical Directors are responsible for:

* Providing medical direction for the use of the AED in school
* Reviewing and approving guidelines for emergency procedures related to the use of the AED and CPR
* Evaluation of the post-event review forms and the digital download from the AED

**[Medical Office Name]**

Main Office:

Main Phone:

Physicians of [Medical Office]:

|  |  |
| --- | --- |
| Physician’s name |  |
| Physician’s name |  |
| Physician’s name |  |
| Physician’s name |  |

# AED Program Designees and MERT Team Members

**AED Program Designees for [School Name]:**

[School Name] Nurse (stationary, indoor AEDs)

Name: Office phone:

[School Name] Athletic Trainer (portable and outdoor AEDs)

Name: Office phone:

* Maintain monthly AED equipment checklist with battery pack status verification
* Communicate issues related to the medical emergency response team including post-event reviews

**MERT Member:**

* Some Faculty and all Coaching Staff are trained to provide basic life support including CPR and the use of the AED according to training and experience
* Understand and comply with the requirements of the K.B.O.E. AED Policy
* Complete training every two years in CPR/AED and submit new and renew certifications to the coordinator of the AED program
* Be familiar with and follow EAP procedures to properly respond to a medical emergency call

# AED

Use this space to explain your school’s AED (Automated External Defibrillators) protocols in detail:

# AED Locations of [School Name]

**School name:** Main Office #:

Address:

List all locations below:

**Provide an aerial view of all locations on your campus below:**

# [School Name] Emergency Medical Procedures: Extracurricular Athletics

## Introduction

*Use this space to provide any background information, context, etc. for your school’s emergency medical procedures for extracurricular activities.*

## Precautions

*Use this space to list any disclaimers for your school’s procedures. You can draw inspiration from the list below:*

1. All athletes shall have medical clearance prior to participation in any practice and/or games. The medical cards shall be in the possession of the supervising coach at all practices and games.
2. The coach will ensure that a phone, medical kit consisting of emergency medical supplies (gloves, gauze, scissors, and pocket mask for rescue breathing), and ice are available at every practice and game.
3. The coach shall maintain CPR/AED Certification and receive training in first aid including: concussions, weather emergencies, cardiac emergencies, and respiratory emergencies, (epi-pen and glucagon administration as needed> NOT REQUIRED).
4. The coach is responsible for following the rules and regulations regarding the acclimatization pre-season practice schedule as per NJSIAA rules.
5. The coach is responsible for the supervision of his/her athletes during travel, practice sessions, games, and after games until all student-athletes are picked up from school or other locations.
6. The coach is responsible for all safety equipment including distribution, proper fit, maintenance, and appropriate use.
7. The coach shall report any and all injuries to the athletic trainer as soon as possible.
8. If an injured student is to be transported away from an athletic site, they must be accompanied by the coach, a member of the athletic department, the athletic trainer, or any other responsible adult known to the coach. When the injured pupil is a member of a visiting team or district, these same procedures will be followed.
9. First Aid Training and Procedures: The Coach should recognize he/she is not a doctor and accept the legal demands of prudent judgment in the supervision and treatment of injuries. It is essential to have medical and emergency information supplied on the emergency card in the possession of the Coach. General procedures for care of injuries:

* Utilize the team doctor/athletic trainer and/or prudence in the administering of first aid to players.
* Use caution in delegating first aid procedures to assistants.
* In major accidents, notify parents immediately and proceed with prearranged emergency steps (Emergency Action Plan).
* Notify appropriate contacts per emergency medical card.

# Emergency Action Plan

Emergency Action Plan for school-sponsored athletic events or practices are available for each athletic venue for [school name]. During the pre-season meetings, the Emergency Action Plans for each team’s venues will be discussed with each coach along with the location of the nearest AEDs. The responsibilities of the student-athlete will also be discussed in the event of an emergency.

The following hospitals are within the closest proximity of [school name]:

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital** | **Address** | **Main Number** | **Emergency Room** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Provide an aerial view of your on-campus athletic venues:**

***Provide AED numbers and locations below:***

## [School Name] Sports:

Add/remove seasons, sports, and athletic venues as needed below:

* + Fall
    - Varsity/JV Football/Venue
    - Varsity/JV Boys & Girls Soccer/Venue
* Spring
  + Varsity/JV Boys & Girls Lacrosse/Venue
  + Boys & Girls Track & Field/Venue
  + Winter
    - Varsity/JV Boys & Girls Basketball/Venue
    - Varsity/JV Wrestling/Venue
    - Boys & Girls Swimming/Venue

## Emergency Communication

* Cell phones are carried by coaches at all times
* Land-line phone in: provide location to nearest landline phones:

**In the event of a non-life-threatening condition**

* The Coach should contact the Athletic Trainer (AT)
* The Athletic Trainer will contact the athlete’s parent or guardian and the Athletic Director
* The Athletic Director will contact the Building Principal

**In the event of a life-threatening condition**

* The Coach or ATC should contact Emergency Medical Services at 9-1-1 or your local police department
* The Coach should then contact the Athletic Trainer if they are not present
* The Athletic Trainer will contact the athlete’s parent or guardian and the Athletic Director
* The Athletic Director will contact the Building Principal

## Activating Emergency Medical Services

1. Dial 9-1-1
2. Provide necessary information to EMS personnel:
   1. Name, address, telephone number of caller
   2. Number of victims, condition of victims
   3. First-aid treatment initiated
   4. Specific directions as needed to locate the scene

## Emergency Personnel

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Office Phone** | **Cell** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* Head Coach of the team involved in the competition
* Assistant Coaches
* Team Physician may be present

## Roles of the First Responders

* The Athletic Trainer (Head Coach if the AT is not present) will provide immediate care of the injured or ill student-athlete. Keep the person calm. Give no more first-aid than is necessary. Remain with the injured person at all times.
* The Head Coach or Assistant Coach will begin Emergency Communication (contact EMS).
* In the situation of a sudden cardiac event, the team member’s Coaches and the ATC will begin CPR. As soon as an AED is made available the Coaches and ATC will begin administration of the AED.
* The ATC (Head Coach if the AT is not present) will summon the Assistant Coach (team player if no Assistant Coach is available) to retrieve the nearest AED and contact the ATC if they are not present.
  + Procedures outlined above for contacting EMS and retrieving equipment will be followed in the case of a cardiac event. In the event crowd control is needed a Coaching Staff member will be delegated to control the crowd by the AD, AT, Head Coach, or Assistant Coach.
  + The Head Coach, Assistant Coach, or AD will be designated to guide and direct EMS to the scene.
  + Upon arrival of EMS personnel, the AT or Coach will provide pertinent information regarding the injured student-athlete’s condition (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.

## Emergency Equipment

* Medical Kit consisting of emergency medical supplies (gloves, gauze, bandages, pocket mask). Team med-kits travel with teams to all home and away games and practices and will be available on the sideline.
* Emergency contact cards for each player should be in team med-kits at all times.

## AED Locations

Provide AED locations below:

## Transportation to the Emergency Department

* An injured student-athlete who is being transported by EMS to the Emergency Department of a hospital from any athletic venue must be accompanied by a parent, Coach, a member of the school staff/ administration, the AT, or any other responsible adult known by the Coach. When the injured student-athlete is a member of a visiting team the same procedure will be followed.
* In the event the student-athlete is being transported to a hospital the AT or Coach will contact the parents if they are not present and inform them of the situation.

# Emergency Medical Procedures: During the School Day

**Tennis Courts 1-5**

**Baseball Field**

## Introduction

Emergencies may arise at any time during the school day. Expedient action must be taken to provide the best possible care to the athletes of emergency and/or life-threatening conditions. The development and implementation of an emergency action plan will help ensure that the best care will be provided.

School Districts have a duty to develop an emergency action plan that may be implemented immediately, when necessary, and to provide appropriate standards of health care to all students. As injuries may occur at any time, during any activity, the medical emergency response team (MERT) must be prepared. This preparation involves formulation of an emergency action plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with normal daily activity as well as participation in physical education classes, and proper preparation on the part of the Medical Emergency Response Team (MERT) will enable each emergency situation to be managed appropriately.

# Procedure for Unresponsive

## MERT/Staff Protocol for [School Name]

## Prior Arrangements to Be Made

* **MERT Responders** must network with fellow teachers in nearby classrooms for coverage when they respond to an emergency call.
* **Teachers** who are in classrooms near a **MERT Responder** must be aware they are to cover the class of the **MERT Responder(s)** when a ***MEDICAL EMERGENCY*** announcement is made.
* **Teachers** who are not teaching a class or directly supervising students must report to the main office and be available to assume possible support roles when a ***MEDICAL EMERGENCY*** announcement is made.
* All **Teachers** who are not in a classroom where an intercom (direct line to **Main Office**) exists, i.e. gymnasium, outdoor area, etc. must carry a radio (walkie-talkie) at all times for communication with the **Main Office** for emergency purposes.

## Faculty/Staff Roles: (first to witness unresponsive victim)

If the situation appears life-threatening and/or the staff or student is ***unresponsive***:

* Notify the main office of a ***MEDICAL EMERGENCY*** alert via intercom or radio or by sending someone to the main office.
* State specifically what the emergency is (e.g. unresponsive student or staff)
* State the exact location of the victim and yourself
* Keep your students calm and be prepared to clear the area
* Remain with the unresponsive person until **MERT Responders** or **EMS** arrive
* Initiate CPR if trained
* The main office will announce ***MEDICAL EMERGENCY*** and the emergency location (i.e. hallway, room #, gym, auditorium). This will serve to notify the **School Nurse**, all trained **MERT Responders**, **Faculty/Staff**, and **Administration** of the emergency.
* If there is any doubt or inability to contact the **Main Office** to initiate the ***MEDICAL EMERGENCY*** alert, call **911** from a cell phone (if available) and send someone to notify the **Main Office** of the ***MEDICAL EMERGENCY*** alert.
  + The most important thing is activating the ***MEDICAL EMERGENCY*** and getting immediate care as soon as possible… this is in the form of the **MERT Responders,** not **EMS**

## Administration/Administrative Assistants Roles: (MERT Support)

When a call for a ***MEDICAL EMERGENCY*** alert is received by the main office:

The person who takes the ***MEDICAL EMERGENCY*** call in the main office will announce:

1. ***“MEDICAL EMERGENCY*** all **MERT Responders** retrieve an AED and report to \_\_\_\_\_\_\_\_\_\_(emergency location)”
2. “All teachers & students remain in class until further notice. Keep hallways clear. **Teachers** cover any **MERT Responders’** classrooms near yours.”
   * If a ***MEDICAL EMERGENCY*** happens during the change of classes announce:
     + “All students proceed to your next class and remain there until further notice. Keep the halls clear. **Teachers** cover any **MERT Responders’** classrooms near yours.”
3. “All available staff/faculty not currently in a class report to **Main Office** for support roles”
4. **Main Office** will call **911** to activate **EMS** after ***MEDICAL EMERGENCY*** announcement is made

* **Main Office staff** making call to **911** provide **EMS**:
* with your name
* where calling from
* type of emergency (unresponsive person)
* location of the emergency scene
  + **Remain on the phone until after MERT Responders communicate from the scene**
  + The **MERT Responders** may direct the **Main Office** to *call off* **EMS** after the scene survey and victim assessment

1. Communicate and verify who the **MERT Responders** are on scene to ensure where classroom coverage is needed

* All class bells must be held, and hallways kept clear

1. If the victim is a student, obtain student health file
2. Designate individual(s) to greet **EMS** at the access point and direct them to scene
3. Designate individual(s) to check on **MERT Responders’** classrooms to ensure coverage
4. Designate individual(s) to go to the scene as rescue support or crowd control

## MERT Responders Roles:

When a ***MEDICAL EMERGENCY*** call is announced:

**MERT Responders** must:

* react and proceed directly to the emergency location
* realize where the nearest AED is located and the route to get there according to the emergency scene location
  + when en route, if **MERT Responder** passes a wall-mounted AED:
    - retrieve the AED and bring all case contents to the scene
    - AED must be brought to every emergency scene
* **First MERT Responders** survey the scene and begin CPR
  + Provide basic life support until AED arrival
* **Secondary MERT Responders** arrive and begin AED prep and 2-person CPR (if possible)
  + As indicated after the scene survey and victim assessment, **MERT Responders** may contact and direct **Main Office** to *call off* **EMS**
* **Nurse** will bring a portable AED to the scene, but **MERT Responders** still need to retrieve a wall-mounted AED en route to the scene as they may arrive sooner.
* **MERT Responders** not directly involved in rescue assume support roles of crowd control, communicating with **Main Office**, and guiding **EMS** to the scene
* **MERT Responders** continue with CPR and AED use (as indicated) until **EMS** arrives
* Transfer of care to **EMS Professionals** as directed upon their arrival

**AED Locations at [School Name]:**

*Provide a building schematic of your school:*

# Medical Emergency Alert Announcement

|  |
| --- |
| **To make a *MEDICAL EMERGENCY* alert announcement from the cordless phone via the building intercom system. *Provide the location of cordless phones below:***  **Use a walkie-talkie or call phone extension (see below) to have *MEDICAL EMERGENCY* alert announced over the phone intercom system** |
| 1. On the cordless phone handset> press **GREEN Talk button and speak>** 2. “Attention Staff… this is a ***MEDICAL EMERGENCY*** alert.   All **MERT Responders** retrieve an AED and report to \_\_\_\_\_\_\_\_ (emergency location). **MERT Support Staff**, call 911 and help guide EMS to the scene. All additional **Staff Members** & students remain in class until further notice. Keep hallways clear. **Staff Members** cover and supervise any **MERT Responders’** classrooms near yours. ” |
|

* Upon hearing the ***MEDICAL EMERGENCY*** alert announcement, other **MERT Support Staff Member** will call **911** to activate **EMS** either during or immediately after the ***MEDICAL EMERGENCY*** alert announcement is made.

**MERT Support** **Staff Member** making call to **911:**

* provide **EMS Operator** information:
* with your name
* where calling from
* type of emergency (unresponsive person)
* location of emergency scene
  + **Remain on phone until EMS tells you to hang up**
  + The **MERT Responders** may direct the **BOE/Spec. Serv. Offices** to *call off* **EMS** after scene survey and victim assessment
* Communicate and verify who are the **MERT Responders** on the scene to ensure where classroom coverage is needed.
* Obtain student health file if the victim is a student/child or emergency contact information if the victim is a staff member
* A **MERT Support Staff Member** must reach out to emergency contact designees for the victim (staff or student victim)
* Designate individual(s) to greet **EMS** at the access point and direct them to the scene
* Designate individual(s) to check on **MERT Responders’** classrooms to ensure coverage
* Designate individual(s) to go to the scene as rescue support or crowd control
* When the victim has been transported away from school by EMS, make the announcement stating, **“Emergency situation is over, please resume normal classroom procedures.”**

## MERT Responders Roles

When a ***MEDICAL EMERGENCY*** alert is announced:

**MERT Responders** must:

* react and realize where the nearest AED is located and the route to get there according to the emergency scene location
* retrieve AED and proceed directly to the emergency location
  + when en route the **MERT Responders** should retrieve the AED and bring all case contents to scene. An AED should be brought to every medical emergency

## MERT Responder: Possible Roles and Responsibilities

|  |  |
| --- | --- |
| **MERT Responder’s primary roles at initial arrival** |  |
| 1st MERT Responder on scene (**without AED**) |  |
| Assess scene >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | Contact Staff Member in BOE/Spec. Serv. Offices to *call off* EMS if applicable |
| Begin CPR >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | Provide basic life support until AED arrival |
| 1st MERT Responder to arrive **with AED** >>>>>>>>>>>>> | Prep AED and attach electrodes to victim>  Begin 2 person CPR if applicable |

|  |
| --- |
| **Subsequent arriving MERT Responders' possible roles** |
|  |
| Delegate roles to other MERT Responders to the scene |
| Provide relief for CPR rescuers |
| Communication with the Main Office |
| Crowd control: Student relocation/ supervision |
| EMS chain to scene (guide EMS to scene) |
| Event recorder |
|  |

* An AED must be brought to every emergency scene
* All Staff Members should be familiar with who the CPR/AED Certified MERT Responders are and the phone extension numbers to call if needed
* All staff need to be aware of the locations of the cordless phones on all floors of the building
* All MERT Responders need to be aware of the locations of the AEDs on all floors of the building
* As indicated after the scene survey and victim assessment, **MERT Responders** may contact and direct **Support Staff** to *call off* **EMS** if indicated
* **The most important thing is getting an AED and someone trained to use it, to the scene as soon as possible. The *MEDICAL EMERGENCY* alert announcement will bring MERT Responders and an AED directly to the scene ASAP. The 911 call happens after or during the *MEDICAL EMERGENCY* alert announcement.**
* **MERT Responders** and/or **MERT Support Staff** not directly involved in rescue assume support roles of crowd control, communicating with and guiding **EMS** to the scene.
* **MERT Responders** continue with CPR and AED use (as indicated) until **EMS** arrives.
* Transfer of care to **EMS Professionals** as directed upon their arrival.
* Continue to keep hallways clear and students in classrooms until the victim is transported away from school by EMS and the announcement is made stating, **“The emergency situation is over. Please resume normal classroom procedures.”**

# [School Name] CPR/AED Trained Coaches (SAMPLE OF BINDER SECTION)

## Fall Season Sports Coaches

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job Position** | **Certification** | **Expiration** |
|  | Head Football |  |  |
|  | Assist. Football |  |  |
|  | Assist. Football |  |  |
|  | Assist. Football |  |  |
|  | Assist. Football |  |  |
|  | Head Boys Soccer |  |  |
|  | Assist. Boys Soccer |  |  |
|  | Assist. Boys Soccer |  |  |
|  | Head Girls Soccer |  |  |
|  | Assist. Girls Soccer |  |  |
|  | Assist. Girls Soccer |  |  |
|  | Head Girls Tennis |  |  |
|  | Assist. Girls Tennis |  |  |
|  | Head Cheerleading |  |  |
|  | Assist. Cheerleading |  |  |
|  | Head Volleyball |  |  |
|  | Assist. Volleyball |  |  |
|  | Assist. Volleyball |  |  |
|  | Boys Cross-Country |  |  |
|  | Girls Cross-Country |  |  |
|  | MS Boys Soccer |  |  |
|  | MS Girls Soccer |  |  |
|  | MS Cross-Country |  |  |
|  | MS Volleyball |  |  |

## Winter Season Sports Coaches

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job Position** | **Certification** | **Expiration** |
|  | Head Wrestling |  |  |
|  | Assist. Wrestling |  |  |
|  | Assist. Wrestling |  |  |
|  | Head Boys Basketball |  |  |
|  | Assist. Boys Basketball |  |  |
|  | Head Girls Basketball |  |  |
|  | Assist. Girls Basketball |  |  |
|  | Boys Swimming |  |  |
|  | Girls Swimming |  |  |
|  | Head Ice Hockey |  |  |
|  | Assist. Ice Hockey |  |  |
|  | Assist. Ice Hockey |  |  |
|  | Boys Indoor Track |  |  |
|  | Girls Indoor Track |  |  |
|  | Head Boys & Girls Fencing |  |  |
|  | Head Boys & Girls Bowling |  |  |
|  | MS Wrestling |  |  |
|  | MS Boys Basketball |  |  |
|  | MS Girls Basketball |  |  |

## Spring Season Sports Coaches

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job Position** | **Certification** | **Expiration** |
|  | Head Golf |  |  |
|  | Assist. Golf |  |  |
|  | Head Baseball |  |  |
|  | Assist. Baseball |  |  |
|  | Assist. Baseball |  |  |
|  | Head Softball |  |  |
|  | Assist. Softball |  |  |
|  | Assist. Softball |  |  |
|  | Head Boys Lacrosse |  |  |
|  | Assist. Boys Lacrosse |  |  |
|  | Assist. Boys Lacrosse |  |  |
|  | Assist. Boys Lacrosse |  |  |
|  | Head Girls Lacrosse |  |  |
|  | Assist. Girls Lacrosse |  |  |
|  | Assist. Girls Lacrosse |  |  |
|  | Head Boys Track & Field |  |  |
|  | Head Girls Track & Field |  |  |
|  | Assist. Track & Field |  |  |
|  | Assist. Track & Field |  |  |
|  | Assist. Track & Field |  |  |
|  | Head Boys Tennis |  |  |
|  | Assist. Boys Tennis |  |  |
|  | MS Baseball |  |  |
|  | MS Softball |  |  |
|  | MS Track & Field |  |  |

# AED: Inspection & Inventory Checklist

School Building: **[School Name]**

**School Stationary/Portable AED unit:**

☐(outdoor: *location*) ☐( *location*) ☐(*location*)

☐ (*location*) ☐ (*location*) ☐ (*location*)

☐ (*location*) ☐ (*location*)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| **R**-Routine / **P**-Post Use |  |  |  |  |  |  |  |  |  |  |  |  |
| **Inventory Items:** |  |  |  |  |  |  |  |  |  |  |  |  |
| Storage Cabinet Intact |  |  |  |  |  |  |  |  |  |  |  |  |
| Battery functional |  |  |  |  |  |  |  |  |  |  |  |  |
| AED System Check (annual) |  |  |  |  |  |  |  |  |  |  |  |  |
| Adult Electrode |  |  |  |  |  |  |  |  |  |  |  |  |
| Pediatric Electrode |  |  |  |  |  |  |  |  |  |  |  |  |
| Incident Report Forms |  |  |  |  |  |  |  |  |  |  |  |  |
| Pen |  |  |  |  |  |  |  |  |  |  |  |  |
| Mouth Barrier Device |  |  |  |  |  |  |  |  |  |  |  |  |
| Razor |  |  |  |  |  |  |  |  |  |  |  |  |
| Scissors |  |  |  |  |  |  |  |  |  |  |  |  |
| Gloves |  |  |  |  |  |  |  |  |  |  |  |  |
| Gauze or Towel |  |  |  |  |  |  |  |  |  |  |  |  |
| **Initial of Inspector** |  |  |  |  |  |  |  |  |  |  |  |  |

**Corrective Action Required and Completed:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Details** | **Initial** |
|  |  |  |
|  |  |  |

**Signature and Initial of Person completing inspection readiness inventory**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** | **Initial** | **Signature** | **Initial** |
|  |  |  |  |

School Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# AED: Inspection & Inventory Checklist

School Building: **[School Name]**

**PORTABLE AED unit:** ☐Fall ☐Winter ☐Spring

☐ *(location)*  ☐ *location)* ☐ *location)* ☐ *location)* ☐ *location)* ☐*location)*

☐ *location)* ☐ *location)* ☐ *location)* ☐ *location)* ☐*location)* ☐ *location)* ☐ *location)* ☐

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| Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **R**-Routine / **P**-Post Use |  |  |  |  |  |  |  |  |  |  |  |  |
| **Inventory Items:** |  |  |  |  |  |  |  |  |  |  |  |  |
| Storage Cabinet Intact |  |  |  |  |  |  |  |  |  |  |  |  |
| Battery functional |  |  |  |  |  |  |  |  |  |  |  |  |
| AED System Check (annual) |  |  |  |  |  |  |  |  |  |  |  |  |
| Adult Electrode |  |  |  |  |  |  |  |  |  |  |  |  |
| Pediatric Electrode |  |  |  |  |  |  |  |  |  |  |  |  |
| Incident Report Forms |  |  |  |  |  |  |  |  |  |  |  |  |
| Pen |  |  |  |  |  |  |  |  |  |  |  |  |
| Mouth Barrier Device |  |  |  |  |  |  |  |  |  |  |  |  |
| Razor |  |  |  |  |  |  |  |  |  |  |  |  |
| Scissors |  |  |  |  |  |  |  |  |  |  |  |  |
| Gloves |  |  |  |  |  |  |  |  |  |  |  |  |
| Gauze or Towel |  |  |  |  |  |  |  |  |  |  |  |  |
| **Initial of Inspector** |  |  |  |  |  |  |  |  |  |  |  |  |

**Corrective Action Required and Completed:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Details** | **Initial** |
|  |  |  |
|  |  |  |
|  |  |  |

**Signature and initial of person completing inspection readiness inventory**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** | **Initial** | **Signature** | **Initial** |
|  |  |  |  |

# AED Unit-Specific Information

**[School Name]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AED Unit #** | **AED Unit Model/ Serial #** | **Location** | **Battery Expiration** | **Electrode Expiration** |
|  |  |  |  | Adult:  Ped: |
|  |  |  |  | Adult:  Ped: |
|  |  |  |  | Adult:  Ped: |
|  |  |  |  | Adult:  Ped: |
|  |  |  |  | Adult:  Ped: |
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|  |  |  |  | Adult:  Ped: |
|  |  |  |  | Adult:  Ped: |
|  |  |  |  | Adult:  Ped: |
|  |  | Portable  Fall:  Winter:  Spring: |  | Adult:  Ped: |
|  |  | Portable  Fall:  Winter:  Spring: |  | Adult:  Ped: |
|  |  | Portable  Fall:  Winter:  Spring: |  | Adult:  Ped: |
|  |  | Portable  Fall:  Winter:  Spring: |  | Adult:  Ped: |
|  |  | Portable  Fall:  Winter:  Spring: |  | Adult:  Ped: |
|  |  | Portable  Fall:  Winter:  Spring: |  | Adult:  Ped: |

# [School Name] CPR/AED Trained Staff Members

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job Position** | **Certification** | **Expiration** |
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# Main Office Emergency Response Checklist

In the event that the Main Office receives a ***MEDICAL EMERGENCY*** alert from a staff member the following steps should be taken to ensure a comprehensive response:

|  |  |  |
| --- | --- | --- |
|  | **ACTION** | **RESPONSE** |
|  | Receive ***MEDICAL EMERGENCY*** alert to Main Office | Make announcement:  “***MEDICAL EMERGENCY*** all **MERT Responders** report to (location)”   * “All teachers and students remain in class until further notice. Keep hallways clear. Teachers, cover any **MERT Responders’** classrooms near yours.” * “All available staff/faculty not currently in class report to **Main Office** for support roles.” * “Teachers, continue teaching and do not dismiss classes until instructed to do so by announcement. Disregard the bells.” |
|  | **ALL CLASS BELLS MUST BE HELD AND HALLWAYS KEPT CLEAR** | \*\*\*If a ***MEDICAL EMERGENCY*** happens during the change of classes announce:  “All students proceed to your next class and remain there until further notice. Keep the halls clear. Teachers cover any **MERT Responders’** classrooms near yours.” |
|  | Call **911** and activate **EMS**   * Remain on the phone with **EMS** until you hear from **MERT Responders** at the scene. | Provide **EMS**   * your name * where calling from * type of emergency (unresponsive person) * location of the emergency scene |
|  | **MERT Responder** scene and victim assessment   * Remain on the phone with **EMS** until you hear from **MERT Responders** at the scene | **\*\*\*MERT Responders** may direct the **Main Office** to *call off* **EMS** if indicated as a non-emergency situation |
|  | Verify **MERT Responders** at the scene | Ensure classrooms of **MERT Responders** on the scene are covered |
|  | After **911** call | * Designate individual(s) to greet **EMS** at the access point and direct EMS to the scene. * Designate individual(s) to verify coverage of **MERT Responders** classrooms. * Designate individual(s) to go to the scene as rescue support or crowd control. |

## [School Name] MERT Responders



4.

5.

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10.

## [School Name] MERT Support Roles (Main Office)



# [School Name] AED Incident Report

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_Female Grade: \_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AM/PM)

Cardiac Arrest: \_\_\_\_\_Not witnessed \_\_\_\_\_Witnessed by bystander (Staff/Student)

\_\_\_\_\_Witnessed by MERT Member

CPR prior to defibrillation: \_\_\_\_\_Attempted \_\_\_\_\_Not attempted

Estimated time (in minutes) from arrest to CPR \_\_\_\_\_\_\_\_\_\_

Shock: \_\_\_\_\_Indicated \_\_\_\_\_Not indicated

Estimated time (in minutes) from arrest to 1st AED shock \_\_\_\_\_\_\_\_\_\_ Number of shocks \_\_\_\_\_

Patient Outcome at incident site:

\_\_\_\_\_ Return of pulse and breathing \_\_\_\_\_No return of pulse or breathing

\_\_\_\_\_ Return of pulse no breathing \_\_\_\_\_ Became responsive

\_\_\_\_\_ Return of pulse, then loss of pulse \_\_\_\_\_ Remained unresponsive

Transporting ambulance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of facility patient transported to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of MERT Responders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This report was completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of MERT Member Signature of AED Operator Date of Report