# Table of Contents

- **Introduction** 2
- **History** 2
- **Heart Safe School Accreditation Overview** 3
- **Accreditation Submission** 4
- **Intent to Participate** 5
- **Application** 6
- **Heart Safe School Accreditation Elements Checklist** 7
- **Logo Use** 9
- **Budget** 9

## Appendix 10

- **Element 1: Screening Tool Examples** 16
  - **Pediatric Sudden Cardiac Death Risk Assessment Form** 17
- **Element 2: Sample Care Plans** 19
- **Element 3: Emergency Response Drill Guidelines & Examples** 24
  - **Facts About Sudden Cardiac Arrest in the Young** 30
  - **Facts About AEDs** 30
- **Element 4: Automatic External Defibrillators (AED) Info** 35
- **Elements 5 & 6: CPR Training Information and Examples** 37
- **Element 7: Sudden Cardiac Awareness Event Examples** 39
  - **Fundraising Ideas** 44

## Frequently Asked Questions 46

- **What is Accreditation?** 46

## Acknowledgements 48
Welcome to the *Heart Safe School Accreditation* Toolkit!!! The Sudden Arrhythmia Death Syndromes (SADS) Foundation has developed this toolkit to assist you in becoming an Accredited Heart Safe School.

We expect our schools to provide a high level of education to our children. During the school year, most students spend more waking hours at school than they do at home. While sudden cardiac arrest (SCA) in youth is uncommon, it occurs more often than one may think.

We have provided all the documents and details necessary for planning for your accreditation. Obviously, you will need to supply the manpower and planning in order to make this a success. We are excited that you are interested in joining us in the effort to make your community a Heart Safe environment.

**Benefits of Participating**

- Risk assessment to determine students’ risk of sudden cardiac arrest.
- Well-organized care plans prepared and on file for all students with a known cardiac diagnosis.
- Medical emergency drills conducted by school personnel several times per school year.
- AEDs available and located in appropriate areas.
- At least one member of the school staff trained in CPR for every fifty students enrolled (1:50).
- CPR training for all students as part of the curriculum.
- Ongoing education on sudden cardiac arrest in youth for continued preparedness.
Introduction

The purpose of the *Heart Safe School Accreditation (HSSA)* Toolkit is to assist school staff and volunteers in developing skills and knowledge regarding cardiac arrest and emergency drills.

The toolkit was primarily designed to guide the provider in becoming an Accredited Heart Safe School.

The Appendix section provides additional resources and materials regarding Sudden Arrhythmia Cardiac Arrests as well as examples from schools that are accredited.

Materials can be individualized for the school by adding a logo. Materials will be housed on the SADS website (www.StopSADS.org/HSSA). Please contact 1-800-STOP-SAD or email HSSA@sads.org for any questions.

History

The Heart Safe School Accreditation program began as a pilot program in Ohio in 2012 by the Snider Community Heart Watch at Fairfield Medical Center in Lancaster. It began with an idea from one dedicated group of passionate individuals!

Schools that chose to become involved immediately found there was much more they could do to prepare themselves to deal with medical emergencies. Risk assessments were completed to identify at-risk students, automated external defibrillators (AEDs) were moved from behind locked doors, staff and students became trained in CPR and medical emergency response drills were conducted on a routine basis.

It is understood that schools are continually being asked to do more with less. Heart Safe School Accreditation is designed so that it is achievable with minimal financial resources, while providing the necessary measures to improve safety. There is no application fee for accreditation. While the accreditation was developed with the intent of protecting youth in our communities, the principles of preparedness protect everyone who passes through the doors of an accredited school.
Heart Safe School Accreditation
Overview

**Mission:** To increase awareness of sudden cardiac arrest in youth and prevent death from sudden cardiac arrest in both private and public school settings with emergency preparedness and continuing education.

**Vision:** Decrease sudden cardiac death in children by implementing Heart Safe School Accreditation nationally.

**Term:** Approval will result in accreditation for a 3-year term.

**Elements:** There are seven elements to this program. Each must be entirely completed in order to apply for accreditation.

Element 1 – Screening and Risk Assessment
Element 2 – Care Plans
Element 3 – Emergency Medical Response Drills
Element 4 – Automatic External Defibrillators (AEDs)
Element 5 – CPR Training for Staff and Teachers
Element 6 – CPR Training for Students
Element 7 – Sudden Cardiac Arrest Awareness Event

**Program Steps:**

1. Familiarize yourself with Heart Safe School Accreditation by reviewing this toolkit.
2. Talk to school health professional or school administrator – best to make an in-person contact.
3. Schedule an appointment with parent-teacher organizations.
4. Make presentation about the program to the school health professional/administrator and/or the parent-teacher organization.
   a. PowerPoint (www.StopSADS.org/HSSA)
   b. Include personal story
5. Secondary meeting as necessary with school/district administrators (school health professional should attend) to review the program elements one by one and to discuss how to implement.
7. Work through the toolkit.

**Accreditation Submission**

When complete, please electronically submit all materials to HSSA@sads.org, subject line: HSSA application. Materials should include the Heart Safe School Accreditation Application, Heart Safe School Accreditation Elements Checklist (including any forms needed to verify completion of each element), and video of one Emergency Medical Response drill.
HEART SAFE SCHOOL ACCREDITATION INTENT TO PARTICIPATE

Name of School

School District

Street Address

City State Zip

Contact Name

Contact Title

Phone Number Email

Grades of Students

Number of Students Number of Staff

Number of Students w/Care Plans (before HSSA implemented) Number of Staff already CPR trained

We understand that there are seven elements to this program, and that each element must be entirely completed in order to apply for accreditation.

Element 1 – Screening and Risk Assessment
Element 2 – Care Plans
Element 3 – Emergency Medical Response Drill
Element 4 – Automatic External Difibrillators (AEDs)
Element 5 – CPR Training for Staff and Teachers
Element 6 – CPR Training for Students
Element 7 – Sudden Cardiac Awareness Event

Signature of
Responsible Party: ________________________________ Date: _______________
HEART SAFE SCHOOL ACCREDITATION APPLICATION

Please completely fill out the following pages. All elements must be met in order to be considered for accreditation.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Students</th>
<th>Number of Staff</th>
<th>Number of CPR trained staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In the last 3 years, how many times was an AED used?</th>
<th>If the AED was used, was it used on a child or an adult?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We understand that accreditation is for 3 years, and in order to reapply for accreditation we must continue to follow all seven elements. We also understand that the accrediting body reserves the right to conduct an onsite visit anytime during accreditation period.

Signature of
Responsible Party: ___________________________ Date: _____________
<table>
<thead>
<tr>
<th>Heart Safe School Accreditation Elements Checklist</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element 1: Risk Assessment</strong></td>
<td></td>
</tr>
<tr>
<td>1) ALL students will take home an assessment form to their parents/guardians. It will consist of questions specific to student’s cardiac history and family history of any heart problems. (Will not be returned to school)</td>
<td></td>
</tr>
<tr>
<td>- Sample Screening forms can be found in the Appendix</td>
<td></td>
</tr>
<tr>
<td>2) Provide a copy of the screening/assessment form used.</td>
<td></td>
</tr>
<tr>
<td>3) Provide documentation of Policy and Procedures for annual distribution of screening/risk assessment form.</td>
<td></td>
</tr>
<tr>
<td><strong>Element 2: Care Plans</strong></td>
<td></td>
</tr>
<tr>
<td>1) All students with a cardiac diagnosis will have a plan of care in the student’s school record. This should be in collaboration with the student’s family.</td>
<td></td>
</tr>
<tr>
<td>2) Provide a template of the care plan(s) used.</td>
<td></td>
</tr>
<tr>
<td>- Specific care plans for sudden arrhythmia death syndromes can be found on the SADS website (<a href="http://www.StopSADS.org">www.StopSADS.org</a>)</td>
<td></td>
</tr>
<tr>
<td>- Sample Care Plan can be found in the Appendix</td>
<td></td>
</tr>
<tr>
<td>3) Provide documentation of Policy and Procedures for annual care plan updates for all students with a cardiac diagnosis.</td>
<td></td>
</tr>
<tr>
<td><strong>Element 3: Emergency Medical Response Drills</strong></td>
<td></td>
</tr>
<tr>
<td>1) Conduct emergency medical response drills <em>at least three times per year.</em> (See Appendix for Drill Guidelines)</td>
<td></td>
</tr>
<tr>
<td>Dates: 1._____________ 2._____________ 3._____________</td>
<td></td>
</tr>
<tr>
<td>a. “Victim” must be defibrillated in under 3 minutes.</td>
<td></td>
</tr>
<tr>
<td>b. Provide documentation of drills that include date and staff involved.</td>
<td></td>
</tr>
<tr>
<td>c. Provide video evidence of one drill.</td>
<td></td>
</tr>
<tr>
<td>d. Strongly Recommended: Hold a debriefing after drill to discuss what went well and how to improve.</td>
<td></td>
</tr>
<tr>
<td>2) Provide documentation of Policy and Procedures for conducting Emergency Medical Response drills at least 3 times per year.</td>
<td></td>
</tr>
<tr>
<td><strong>Element 4: Automatic External Defibrillators (AEDs)</strong></td>
<td></td>
</tr>
<tr>
<td>1) AED will be no further than 90 seconds from any point in the building (from scene to AED and back). If so, additional AEDs will be necessary.</td>
<td></td>
</tr>
<tr>
<td>a. Provide location of AEDs and travel times to furthest part of the building.</td>
<td></td>
</tr>
<tr>
<td>b. Provide a copy of floor plan or a copy of the school policy if it does not allow floor plan to be distributed.</td>
<td></td>
</tr>
</tbody>
</table>

2) AEDs to be kept in an unlocked open area.

**Element 5: CPR Training for Staff/Teachers**

1) Documentation of number of CPR trained staff.
   a. School must meet a ratio of 1:50 CPR trained staff to students.
      ▪ CPR training to be either full certification or Hands On certification from approved CPR instructor.*
   2) Provide documentation of Policy and Procedures for maintaining a 1:50 ratio of CPR trained staff to students.

**Element 6: CPR Training for Students**

1) CPR training offered to students as part of curriculum.
   ▪ Training needs to be offered to all students at some point as they pass through the building (example: all 4th grade classes receive CPR training every year for a K-6 school).
   2) Documentation of CPR training and participation.
      a. List the ratio of students trained to students offered training (75 out of 100 students).
         ▪ CPR training to be either full certification or Hands On certification from approved CPR instructor.*
   3) Provide documentation of Policy and Procedures for ensuring all students are offered CPR training by the time they graduate from the building.

**Element 7: Sudden Cardiac Arrest Awareness Event**

1) Conduct an awareness event of sudden cardiac arrest on a yearly basis. It can be a community based event, a family event, fundraiser, flyer, etc.
   a. Must provide documentation of awareness event.
      ▪ See Appendix for event ideas.
2) Provide documentation of Policy and Procedures for conducting an annual Sudden Cardiac Awareness Activity/Event/Fundraiser.

*Approved providers include American Safety and Health Institute, American Heart Association, and American Red Cross
Logo Use

The Heart Safe School Accreditation (HSSA) Logo

The HSSA logo consists of a seal with a wavy border, containing a circle within a circle with the words “HEART SAFE SCHOOL” at the top curve inside the circle and the word “ACCREDITATION” along the bottom curve of the circle with a heart centered on the left and right side of the circle in between the wording. Another circle is set within a circle, containing two intertwined hearts set on a diagonal axis on a circle in the center of the mark.

Logo Use Rules

• Use only logo files you download from StopSADS.org. Do not recreate the logo.
• The HSSA logo may not be altered, modified or obscured in any way. It must be used without disturbing or distorting its proportions or otherwise altering the impression it creates.
• The HSSA logo is red, blue, and green with a white background. You may also use it in a black and white version. Background colors or patterns should never show through the profiles.
• The HSSA logo cannot be physically incorporated into or graphically connected to any other graphic elements – it must stand on its own.

Budget

• AEDs – costs must be covered by the school or a sponsor. There are fundraising ideas in the Appendix
• CPR Training – cost to be covered by the school or a sponsor
• Banners & Plaques – provided after receiving accreditation
Appendix

Promotional and Informational Material Examples

The following pages are examples/ideas of ways you can complete each element.
HEART TO HEART:
START THE CONVERSATION

Getting schools excited about becoming a “Heart Safe School”

Who do you need?

- Parent and Teacher Organizations
- School Nurse
- Principal
- Local Fire and Emergency Medical Services

What to say?

- Ask what the school’s plan is for cardiac arrest, where the Automatic External Defibrillator (AED) is located, and who knows CPR. Bring these topics to the school’s attention.
- Accreditation is FREE, offers plans for emergency drills, sample student care plans, and AED recommendations.
- Students spend more waking time at school than at home. A school is a small community and adults are at risk too.
- Speak from personal experience; share your story.

Where to speak?

- Set up personal meeting with key players, face to face is always more effective than a phone call or email, put a face to the cause.
- At the district level, speak at a school board meeting and enlist their support.
- At the administrative level, speak at a school board meeting and set up meetings.
- At the building level, speak at a faculty meeting and rally your teachers.
- At the community level, speak at a Parent Teacher Organization (PTO) meeting and gain the support of other parents.
**Helpful Facts**

- 1 in 50 schools in America will be impacted by a cardiac arrest each year.
- Average survival rate for an out-of-hospital child cardiac arrest in U.S.A is less than 7.8% (American Heart Association, 2013).
- Average survival rate for an out-of-hospital adult cardiac arrest in U.S.A is less than 9.5% (American Heart Association, 2013).
- A study published in the March 8, 2013 issue of *Circulation: Cardiovascular Quality and Outcomes* showed that people who view a CPR instructional video are significantly more likely to attempt life-saving resuscitation.
- Hands-Only CPR (CPR with just chest compressions) has been proven to be as effective as CPR with breaths in treating adult cardiac arrest victims.
- The American Heart Association has recommended Hands-Only CPR for adults since 2008 (2013).

**Important Contact Information**

SADS Foundation

www.StopSADS.org/HSSA

email: HSSA@sads.org

phone: 1-801-272-3023
**Key Players**

Who is needed to be on board? There are a variety of ways to go about putting together a committee to develop the Heart Safe School Program. Below is a menu that you can use to help guide your choices.

**Superintendent** – a superintendent of schools, also known in many states as a chief school administrator, is a person who has executive oversight and administrative powers, usually within an educational entity or organization.

**Principal** – the head of a primary or secondary school.

**School Health Professional/Nurse** – facilitates positive student responses to normal human development; promotes health and safety in the school environment; intervenes with actual and potential health problems; provides case management services; and actively collaborates with others to build family capacity for adaptation, self-care, self-advocacy, and learning.

**Teacher** – person who provides education for students.

**Staff** – anyone at school other than teachers. This can be office staff, teacher’s helpers, janitorial staff, etc.

**Parents** – adults who have children attending the school.

**Community** – there are a variety of community people that can become involved.

**Volunteers to train in CPR** – members include: Local hospital, local fire station, Red Cross and other organizations accredited to teach CPR. Approved providers include The American Safety and Health Institute, American Heart Association, and American Red Cross.
Dear Principal __________________

I would like to inform you of a program, Heart Safe School Accreditation (HSSA), that I am interested in bringing to your school since schools are important places to raise awareness. HSSA was developed in Ohio in 2012 by SADS Foundation and the Snider Community Heart Watch. The mission of the program is to increase awareness of sudden cardiac arrest in youth and prevent death from sudden cardiac arrest in both private and public school settings emergency preparedness and continuing education.

Schools have found there is a lot they can do to prepare themselves for a medical emergency. HSSA contains seven elements: Screening and Risk Assessment; Care Plans; Emergency Medical Response Drill; Automatic External Defibrillators (AEDs); CPR Training for Staff/Teachers; CPR training for Students; and Sudden Cardiac Awareness Activity/Event. There is a HSSA Toolkit to assist in implementing the program, which can be found at www.StopSADS.org/HSSA

You might be interested in some facts regarding cardiac arrest:

- 1 in 50 schools in America will have a cardiac arrest each year
- Average survival rate for an out-of-hospital child cardiac arrest in U.S.A is <7.8% (American Heart Association, 2013).
- Average survival rate for an out-of-hospital adult cardiac arrest in U.S.A. is <9.5% (American Heart Association, 2013).
- A study published in the March 8, 2013 issue of Circulation: Cardiovascular Quality and Outcomes showed that people who view a CPR instructional video are significantly more likely to attempt life-saving resuscitation.
- Hands-Only CPR (CPR with just chest compressions) has been proven to be as effective as CPR with breaths in treating adult cardiac arrest victims.
- The American Heart Association has recommended Hands-Only CPR for adults since 2008 (American Heart Association, 2013).

It is understood that schools are limited financially and are continuously being asked to do more with less. The Heart Safe School Accreditation was designed so that is achievable, while providing the necessary measures to improve safety. It is budget friendly. There is no fee to get involved in the process or apply for accreditation. While accreditation was developed with the intent of protecting youth in our communities, it protects anyone who passes through the doors of the school.

I am hoping to bring this program to your school and would like an opportunity to discuss it with you.

Thank you again for helping to save lives in the community!

Sincerely,
SAMPLE Press Release

South West Junior High School AWARDED HEART SAFE SCHOOL ACCREDITATION

Small Town, UT (January 1, 2014) – Fairfield Medical Center (FMC) and the Sudden Arrhythmia Death Syndromes (SADS) Foundation presented South West Junior High School with the Heart Safe School Accreditation.

The accreditation is granted to schools that meet specific criteria designed to ensure the safety of students and staff who may suffer sudden cardiac arrest. South West Junior High School met the seven criteria necessary to achieve accreditation. The criteria are as follows:

- Pediatric sudden cardiac arrest risk assessments
- Care plans for students with a cardiac medical diagnosis
- Emergency Medical response drills
- Automated external defibrillators (AEDs) available throughout the school
- CPR trained staff to student ratio of 1:50 or better
- CPR instruction provided to students as part of the curriculum
- Education on sudden cardiac arrest in youth provided annually

“I am very proud of South West Junior High School for taking the initiative to do this,” said Joe Smith, superintendent of Small Town City Schools. “It speaks volumes regarding the dedication they have to their students and the community and we thank the SADS Foundation for working with us to achieve this goal.” [Insert own quote]

The SADS Foundation hopes other schools will recognize the importance of being prepared for a cardiac arrest. The accreditation is an effort of the SADS Foundation. To learn more visit www.StopSADS.org/HSSA or email HSSA@SADS.org.
## Element 1: Screening Tool Examples

<table>
<thead>
<tr>
<th>Element 1: Screening/Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) ALL students will take home an assessment form to their parents/guardians. It will consist of questions specific to student’s cardiac history and family history of any heart problems (will not be returned to school).</td>
</tr>
<tr>
<td>▪ Sample Screening forms can be found in the Appendix</td>
</tr>
<tr>
<td>2) Provide a copy of the screening/assessment form used.</td>
</tr>
<tr>
<td>3) Provide documentation of Policy and Procedures for annual distribution of screening/risk assessment form.</td>
</tr>
</tbody>
</table>
Is Your Child At Risk? from sudden cardiac death

Your child or a young person you know may be at risk for sudden cardiac death due to an inherited condition. He/she will appear healthy and, in most cases, you will have absolutely no idea that something might be wrong. Once diagnosed, these conditions are treatable!

About sudden cardiac death in the young

• Each year in the United States, 350,000 Americans die suddenly and unexpectedly due to cardiac arrhythmias. Almost 4,000 of them are young people under age 35 (CDC, 2002)
• These conditions include Long QT Syndrome (LQTS), Hypertrophic Cardiomyopathy (HCM), Brugada Syndrome, etc.
• 10-12% of SIDS is due to Long QT Syndrome.
• LQTS is now known to be 3 times more common in the US than childhood leukemia.
• 1 in 200,000 high school athletes in the US will die suddenly, most without any prior symptoms (JAMA, 1996)
• According to the CDC, deaths from SCA increased 10% (from 2,719 in 1989 to 3,000 in 1996) in people between the ages of 15 and 34.

What you can do

1. You or your child’s doctor should fill out the questionnaire on the back of this form. If you answer yes to any of the questions, your doctor should check your child’s heart.

2. If your child has any of the following warning signs see your doctor:
   • Family history of unexpected, unexplained sudden death in a young person
   • Fainting (syncope) or seizure during exercise, excitement or startle
   • Consistent or unusual chest pain and/or shortness of breath during exercise

3. Ask your school or child’s sports association to make this questionnaire mandatory for all kids before they participate in any active sport.

For more information or if you need a referral to a heart specialist, contact us at 1-801-272-3023 or visit www.StopSADS.org.

The life you save may be your child’s... or your own!

Pediatric Sudden Cardiac Death Risk Assessment Form
Parents, answer these questions (or have your child’s doctor help complete them) every few years at these times: preschool, before/during middle school, before/during high school and before participating in organized sports.

### Patient History Questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child fainted or passed out DURING exercise, emotion or startle?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child fainted or passed out AFTER exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child had extreme fatigue associated with exercise (different from other children)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child ever had unusual or extreme shortness of breath during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child ever had discomfort, pain or pressure in their chest during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a doctor ever ordered a test for your child’s heart?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child ever been diagnosed with an unexplained seizure disorder?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Family History Questions

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any family members who had an unexpected, unexplained death before age 50? (include SIDS, car accident, drowning, others)</td>
<td></td>
</tr>
<tr>
<td>Are there any family members who died of heart problems before age 50?</td>
<td></td>
</tr>
<tr>
<td>Are there any family members who have had unexplained fainting or seizures?</td>
<td></td>
</tr>
<tr>
<td>Are there any relatives with any of these conditions:</td>
<td></td>
</tr>
<tr>
<td>Hypertrophic cardiomyopathy (HCM)</td>
<td></td>
</tr>
<tr>
<td>Dilated cardiomyopathy (DCM)</td>
<td></td>
</tr>
<tr>
<td>Aortic rupture or Marfan syndrome</td>
<td></td>
</tr>
<tr>
<td>Arrhythmogenic right ventricular cardiomyopathy</td>
<td></td>
</tr>
<tr>
<td>Long QT syndrome (LQTS)</td>
<td></td>
</tr>
<tr>
<td>Short QT syndrome</td>
<td></td>
</tr>
<tr>
<td>Brugada syndrome</td>
<td></td>
</tr>
<tr>
<td>Catecholaminergic ventricular tachycardia</td>
<td></td>
</tr>
<tr>
<td>Primary pulmonary hypertension</td>
<td></td>
</tr>
<tr>
<td>Pacemaker</td>
<td></td>
</tr>
<tr>
<td>Congenital deafness</td>
<td></td>
</tr>
</tbody>
</table>

Please explain more about any “yes” answers here:

If you answer yes to any of these questions, your doctor should check your child’s heart. For more information or if you need a referral to a heart specialist, contact us at 1-801-272-3023 or visit [www.StopSADS.org](http://www.StopSADS.org)
## Element 2: Sample Care Plans

<table>
<thead>
<tr>
<th>Element 2: Care Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) All students with a cardiac diagnosis will have a plan of care in the student’s school record. This should be in collaboration with the student’s family.</td>
</tr>
<tr>
<td>2) Provide a template of the care plan(s) used.</td>
</tr>
<tr>
<td>▪ Specific care plans for sudden arrhythmia death syndromes can be found on the SADS website: <a href="http://www.StopSADS.org">www.StopSADS.org</a></td>
</tr>
<tr>
<td>▪ Sample Care Plan can be found in the Appendix.</td>
</tr>
<tr>
<td>3) Provide documentation of Policy and Procedures for annual care plan updates for all students with a cardiac diagnosis.</td>
</tr>
</tbody>
</table>
Care Plans for SADS Kids in School

Definitions

School nurses use Care Plans for children with medical conditions to help them keep your kids safe in school. These plans should be used by teachers, aides, school administration—every person who has contact with your child at school. School districts and schools around the country have many names (and initials!) for these plans but, essentially, they should all contain the information that we recommend on our Individualized School Health Care Plans.

To help you sort out some of the various types of plans (names and initials) being used, we provide the following brief definitions:

**Individualized Educational Plan/Program (IEP):** The IEP is written by the IEP team for a student who has been found to be eligible for special education and related services under IDEA.

**504-Plan:** 504-Plan is written for a student who is not eligible for special education under IDEA, but still needs accommodations in environment or instruction in the regular education classroom to access an appropriate education in the least restrictive environment (Arnold & Silkwood, 1999).

The federal government has established under the Rehabilitation Act of 1973 Section 504 that a child cannot be denied access to “reasonable accommodations” in his or her school regarding health issues that may impair his or her ability to function. A 504 plan is, therefore, for students who have a “disability—temporary or permanent—that substantially limits one or more major life activities”.

Each school district should have a plan in place for 504 accommodations. The plan should include all modifications and services required to ensure a student’s right to a free and appropriate public education.

**Individualized Health Care Plan (IHP):** The IHP is a plan of action for management of actual and potential health care needs during the school day, on field trips, and at school-sponsored activities. The IHP provides a format to record each step in the nursing process, where the school nurse summarizes assessment findings, synthesizes problem statements in the form of nursing diagnoses, formulates goals and plans of action, and documents interventions and the evaluation of outcomes (Arnold & Silkwood, 1999).

**Emergency Care Plan (ECP):** Whenever there is a known risk of an emergency, as there is in the management of students with SADS conditions in schools, the school nurse creates an Emergency Care Plan (ECP). The ECP is an outcome of the IHP and is listed in the IHP as such. It is a clearly written step-by-step set of instructions for what to do in a particular emergency situation. It is written in language that a layperson can understand because it is created to be used by non-nursing school personnel who may respond to an emergency. Unlike the IHP, the ECP is distributed to appropriate staff, and the school nurse trains staff to respond to emergencies that may arise with individual students (Arnold & Silkwood, 1999).

These are most likely not all of the types of plans—and names—that are being used around the country. The definitions of the usage of the plan may not be accurate for every school district either. However, we hope these will be helpful as you work to get a plan in place for your student(s). Please let us know if you have any questions or encounter any problems.
Individualized School Health Care Plan
For Children with Long QT Syndrome

Name of Student: ___________________________ DOB: ____________ School Year: ________

School: ___________________________ Homeroom teacher: _______________ Grade: ________

Medical Diagnosis/Chronic Health Condition: Long QT Syndrome, an abnormality of the heart’s electrical system caused by dysfunction in cardiac ion channels, may result in disturbances of the heart’s normal rhythm. These disturbances are due to a disorder of electrolyte flow (potassium, calcium, and sodium ions) through the ion channels. The child is being treated medically for this condition, but still may be at risk of a sudden fainting episode or heart arrhythmia leading to sudden cardiac arrest.

Emergency Plan: Since the child is at risk, however slight, of having a sudden cardiac arrest, it is essential that an emergency plan be in place. This plan should include the entire campus.

• If the student becomes unresponsive, look at their chest for abnormal, irregular breathing or only gasping. Call 911. There may also be some jerking movements that make you think of a seizure. Lay responders should not check a pulse.

• If the student is unresponsive and not breathing normally, begin CPR with chest compressions. As soon as an AED arrives, turn it on and follow the voice prompts. Time is critical. Each minute of delay in response can mean a decreased survival rate of 7-10%. Effective CPR will give you extra time until the AED arrives, protecting brain and heart cells. But the plan should include the AED being on the way at the same time as the first responders.

• If the student is unconscious, but is breathing normally, call 911, and observe them closely.

• If the child faints but regains consciousness quickly, observe them closely. Parents should be called and advised to seek follow up medical care.

• If the student experiences palpitations, a rapid heart rate, or has chest pain or shortness of breath, the parents should be notified and advised to seek medical care.

Other considerations:
If child becomes light-headed or dizzy, experiences chest pain or shortness of breath with exercise, she/he should be allowed to sit down, and be observed by the school nurse. Occurrences of dehydration, vomiting, and/or diarrhea should also be monitored.

Because sudden cardiac arrest can occur at anytime, the school should have a designated first responder team of at least five staff members, with current CPR and AED skills. All staff should have training in recognizing a sudden cardiac arrest, location of the AEDs and activating the school’s emergency response plan.
The AED should be no more than 90 seconds away and placed on the victim as soon as available. CPR can continue while the pads are being placed and until the AED calls for no one to touch the victim. Follow the voice prompts of the AED, and resume CPR when indicated. It will cycle and reevaluate the victim every two minutes. Immediate and constant attendance by first responders is paramount until EMS arrives, and parents should be notified.

This student may be on medications called beta blockers (such as Nadolol, Propanolol, etc.). These medications are quite protective, but do not prevent 100% of episodes of life-threatening arrhythmia. Beta blockers may, on occasion, lower blood sugar, and can aggravate reactive airway disease. These potential side effects should be kept in mind.

**Emergency Contacts:**

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Relationship</th>
<th>Phone number</th>
<th>Alternate phone/contact method (including email)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Daily Medications:**

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Dose</th>
<th>When/How Use</th>
<th>Side effects to observe for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medications In Case of Emergency:**

**Special Considerations and Precautions:**

Activity/PE restrictions: Self-limiting physical exercise may be allowed, however this varies from child to child. Competitive sports in many cases will be prohibited.
If the child becomes fatigued, dizzy, short of breath or complains of chest pain, she/he must sit down, be allowed to rest, and observed closely for becoming unresponsive. The school nurse should be notified.

On field trips and other activities away from school, an AED and a trained CPR responder should be available.

A cell phone or other emergency communication device should always be available.

Other accommodations:

________________________________________________________________________
________________________________________________________________________

I, this child’s parent/guardian hereby authorize the named healthcare provider who has attended my child to furnish to the School Health Services or School Clinic staff any medical information and/or copies of records pertaining to my child’s chronic health condition, and for this information to be shared with pertinent school staff. I understand that HIPAA regulations limit disclosure of certain medical information. However I expressly authorize disclosure of information so that my child’s medical needs may be served while at school. This authorization expires as of the last day of this school year.

Physician name:_________________________________________ Phone number:________________________

Parent/Guardian
Signature:_________________________________________________ Date:___________________

For a list of medications to avoid that have been found to overly stimulate the heart or to prolong the QT interval in patients with LQTS, please consult our website www.stopsads.org or www.qtdrugs.org.
# Element 3: Emergency Response Drill Guidelines & Examples

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Conduct emergency medical response drills <em>at least three times</em> per year. (See Appendix for Drill Guidelines)</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Provide documentation of drills that include date and staff involved.</td>
</tr>
<tr>
<td>b.</td>
<td>Provide video evidence of one drill.</td>
</tr>
<tr>
<td>c.</td>
<td>Strongly Recommended: Hold a debriefing after drill to discuss what went well and how to improve.</td>
</tr>
<tr>
<td>2)</td>
<td>Provide documentation of Policy and Procedures for conducting Emergency Medical Response drills 3 times per year.</td>
</tr>
</tbody>
</table>
Emergency Drill Components

1. Immediate recognition and activation of EMS
2. Methods of alerting others in the area that assistance is needed (i.e., overhead announcement of medical emergency)
3. CPR started as soon as possible
4. AED to scene with defibrillation within 3 minutes
5. Staff maintains control of hallways and classrooms
6. Staff prepares to escort EMS to scene

Sample Plan

Heart Safe La Plata Emergency Response Plan


Emergency Response Plan for AED Use (Updated Feb 11, 2009)

Location
Our AED is located ______________.

For Emergency at Our Location

When you witness a cardiac arrest, notify 911 immediately. If you are alone, make the call yourself. If someone else is available, send them to call Central Dispatch at 911. Follow the steps for AED use as outlined below.

For Emergency at a Nearby Location

When the AED Alert! system is activated by a call from Central Dispatch that the AED should be taken to the location of the victim, a CPR/AED certified responder will take the AED to the specified location. If no one who is certified is available, someone else will deliver it.
Use of the AED

The following are steps for use of the AED and will be posted with the AED unit.

1. Activate the EMS system (call 911) if not already activated.
2. Establish that the victim is unresponsive and not breathing.
3. Turn on AED and follow verbal commands.
4. Place defibrillation pads exactly as shown on the pads (Note: if the patient has an implanted pacemaker, place the pads several inches from the pacing generator.)
5. Ensure that no one is touching the patient and deliver shock.
6. Do 2 minutes of CPR.
7. Follow the verbal commands of the AED. Continue providing care until EMS arrives.

Training

Our organization requires the following training:

1. Initial CPR/AED training must be provided by a nationally-recognized training institution including American Heart Association, American Health & Safety Institute, American Red Cross, or National Safety Council.
2. Lay responders must attend the complete CPR/AED certification class once every two years. An annual review is highly recommended.

Maintenance

1. Our staff member who will assume responsibility for AED maintenance and repair is ____________________________.
2. The AED shall be checked for readiness at least once every 30 days.
3. AED pads will be replaced prior to their expiration date.
4. AED batteries will be replaced when indicated.
SAMPLE PLAN

Emergency Action Plan (EAP) for Schools

Project S.A.V.E., Children’s Healthcare of Atlanta

This plan should be in place for all schools, since sudden cardiac arrest can happen to anyone in the school, mostly to adults, sometimes to children of any age, and not just student athletes. When there is a student with a known cardiac condition that puts him at increased risk for a sudden cardiac arrest, the plan is critical.

1. The most important thing is to be able to recognize an SCA (sudden cardiac arrest), so that 911 can be called and CPR can begin immediately. Sudden witnessed unresponsiveness, or finding someone unresponsive, is the first sign for all potential witnesses (all staff) to know. There is also no purposeful breathing or respiratory movements. This means a sudden cardiac arrest until proven otherwise, and requires a 911 call, CPR for the victim and use of the AED. It’s also important to know that:
   - if the victim is not breathing normally (or is just gasping), CPR should be started immediately
   - no pulse check is needed
   - the victim may have some jerking movements that might make you think of a seizure
   - a blow to the chest can cause sudden cardiac arrest
   - if there is any doubt, it’s better to start CPR—you will not hurt the victim

2. If these things are true, begin CPR with hard and fast compressions to the middle of the chest (on the lower half of the breastbone). Compressions should be 2 inches deep, and at a rate of at least 100/minute (to the beat of the song "Stayin' Alive"). If others are present send one of them to call 911, and get the school's AED if there is one. Someone else should be sent to the front of the school to direct EMS when they arrive. If no one else is around, the witness should call 911 before beginning compressions.

3. For an adult or teen victim, the AED should be turned on, following the prompts and applying pads as soon as it arrives. For an elementary-age child, give CPR for 2 minutes, then turn on and apply the AED. You cannot hurt the victim with CPR or the AED. It will not shock someone who does not need to be shocked, so don’t hesitate at all to put it on. Continue following AED prompts, providing CPR after every shock if prompted, and switching rescuers every two minutes until EMS arrives. Effective CPR buys you time, causing circulation and protecting heart and brain cells, until the AED can be used to jump start the heart’s natural beat.
4. In most schools the plan should be that a witness calls the front office ASAP, and staff will:

1) call the designated first responder team using overhead PA and/or walkies
2) call 911
3) send the AED
4) send someone to the front to direct EMS when they arrive.

CPR should be started as soon as possible, within 1 minute if possible. The victim's survival decreases 10% with each minute of delay.

5. These are also important parts of a comprehensive emergency plan:

- There should be at least 5 staff members with current training in CPR and AED use, including some during after school hours and for sports.
- There should be someone responsible for checking the AED at least monthly for routine maintenance, and a budget for replacing pads (usually every 2 years) and batteries (usually every 4 years) as per manufacturer’s recommendations.
- The AED, like your fire extinguishers, should be accessible to all at all times. It should never be locked or kept behind a locked door when people might be in the building.
- There should also be a plan in place for medical emergencies during after school activities/ sports practices and games/ band practice/ concerts, etc.
- A realistic practice drill should be done with the first responders, an AED trainer and a manikin at least annually.
- If there is a school nurse present, she or he should lead and direct the response team, making sure that all efforts are coordinated and complete, compressions are effective, etc.
- If no AED is present or available in the school, then continuous effective CPR, changing rescuers every two minutes, is critical to keeping the victim’s heart and brain protected until EMS arrives.

When this plan is in place and has been practiced, it is a template for any other medical emergency as well.

Any school can contact the Clinical Manager of Project S.A.V.E. at Children's Healthcare of Atlanta at 404-785-7201 for more information and assistance with practice drills, training, review of emergency plans, etc.

Another user-friendly website with great information and templates about sports emergency action plans can be found at: www.anyonecansavealife.org.
Preventing Sudden Cardiac Death in Your Schools

Medical Emergency Response Plan with Automatic External Defibrillator (AED) Program

It is important for all staff members to know: how to recognize a sudden cardiac arrest, that time is critical, who the first responders are, that there is an AED, where the AED is, and enough about the emergency plan to know how to initiate it if they ever witness an unresponsive victim.

Facts About Sudden Cardiac Arrest in the Young

• Each year in the United States, 350,000 Americans die suddenly and unexpectedly due to cardiac arrhythmias. 3,976 of them are young people under age 35 (CDC, 2002)

• 1 in 200,000 high school athletes in the US will die suddenly, most without any prior symptoms (JAMA, 1996)

• According to the Centers for Disease Control and Prevention (CDC), deaths from sudden cardiac arrest (SCA) increased 10 percent (from 2,719 in 1989 to 3,000 in 1996) in people between the ages of 15 and 34. In young women, the death rate from SCA increased 30 percent. African Americans are more likely to die from SCA than Caucasians.

• Without immediate effective CPR and defibrillation within 3-5 minutes, at least 80% of SCA victims will die.

• A heart attack is a “plumbing problem” that occurs when the pipes (or arteries) are clogged up. Most often the victim is still conscious and talking. A sudden cardiac arrest is usually an “electrical problem” that most often occurs without warning, and causes unresponsiveness.

• Most SCD in children is due to hereditary conditions and, therefore, more than one family member will be at risk. It is extremely important that all family members be tested once one family member is diagnosed.

• The symptoms of genetic arrhythmias (like LQTS) are frequently misdiagnosed as vasovagal syncope, asthma or epilepsy without any cardiac evaluation. Thus, the opportunity to diagnose and treat LQTS and related disorders is missed.

• Most cardiac arrhythmias and structural defects that may cause sudden death in the young are treatable. With treatment, people with these conditions often have normal life spans and lifestyles.

Facts About AEDs

• Effective CPR in the first minute, and a shock delivered by an AED within 3-5 minutes may save these lives. Survival rates decrease by 10% with each minute of delay.

• If a shock is not needed, the device will not shock the victim (i.e. if there has been a seizure, injury, or another cause for the victim to collapse). In this case other reasons for the collapse should then be assessed and CPR should be continued if needed.

• AEDs are safe and easy to use. A study published in Circulation found that sixth-graders with no training were able to correctly use AEDs, and use them at an only modestly slower pace (90 second versus 67 seconds) than trained EMTs.
• AEDs work. Survival rates up to 74 percent have been achieved in places that have successfully implemented AED programs.

Why Schools Should be Concerned with Sudden Cardiac Arrest
• Schools are public gathering places where 20% of the general public can be present in any given year.
• Unfortunately, anyone can suffer sudden cardiac arrest. SCA is unpredictable and can happen to anyone, anytime.
• The average time it takes emergency crews to arrive is between 8-12 minutes, giving your students and visitors a very minimal chance at survival.

How does an Automated External Defibrillator (AED) save lives?
• The only way to effectively treat sudden cardiac arrest (SCA) is with an electrical shock delivered by a defibrillator. Voltage stored by the defibrillator pushes an electrical current through the heart by means of the electrodes placed on the chest. This brief electrical pulse halts the chaotic activity of the heart, giving it a chance to start beating again with a normal rhythm.
• AEDs are extremely easy to use, difficult to misuse and have been designed specifically for lay responders. This enables anyone to give a defibrillation shock that could save a life.

Can the user of an AED or our School District be held liable?
All 50 states in the U.S. have Good Samaritan laws, giving immunity to lay people who help others in distress. AED programs are included under national Good Samaritan laws. In addition, the federal Cardiac Arrest Survival Act (CASA) provides additional Good Samaritan protection, including limited immunity for those who provide emergency treatment with an AED.

Resources for Schools
• Project S.A.V.E. provides help in developing/revising your plan, including lists and protocols. This program promotes a local, comprehensive emergency plan that, if followed, will help facilities acquire the equipment, education, support, and evaluations tools necessary to build a safe environment for children. (www.choa.org/projectsave)
• Project A.D.A.M. is a program that trains students, faculty and staff in Wisconsin about the acquisition and use of AEDs and provides materials and assistance for programs around the country. (www.projectadam.com)
• American Heart Association—AED guidelines, etc. for businesses & schools.
  • SADS Foundation—sample emergency plans, links to resources (including the above).
• SADS Foundation – sample emergency plans, links to resources (including the above). (www.StopSADS.org)

What the SADS Foundation Recommends
1. Every child should have a risk assessment history at regular intervals: preschool, before/during middle school, before/during high school and before participation in organized sports.
2. The Sudden Arrhythmia Death Syndrome (SADS) Foundation offers a simple, comprehensive risk assessment form, the “Pediatric Sudden Cardiac Death Risk Assessment Form” that you can download from our web site (www.StopSADS.org).
3. Every school should have a medical emergency response plan in place which includes a plan for cardiopulmonary resuscitation (CPR). An automated external defibrillator (AED) in schools is vital.

4. Every school child with a SADS condition should have an individualized care plan in place.

5. Every school with a child who has a diagnosed SADS condition should have an AED program.

6. All high school students should be trained in CPR and AED protocol as a requirement for graduation.
   - Everyone should be aware of the warning signs that may indicate someone is at risk of a sudden cardiac arrest: A family history of unexplained, sudden death in a young person (under age 50)—including drowning suddenly
   - Fainting (syncope) or seizure during exercise, excitement, or following a startle
   - Consistent or unusual chest pain and/or shortness of breath during exercise

The SADS Foundation wants to make sure that each child grows up happy and healthy! Information is available on our website at www.StopSADS.org or by calling 1-801-272-3023.
EXAMPLE: Drill Overview: Junior High School Drill – Feb. 18, 2014

Location: Science Hallway, outside room 307

Staff member was walking down hallway and noticed the “victim”. They called for help. Another staff member called the office immediately.

11 seconds – compressions started
17 seconds – second staff member ran down hall to scene
33 seconds - first staff member directed him to go get AED
1 minute 18 seconds – AED arrived
1 minute 26 seconds – Overhead announcement of Medical All Call made; other staff members arrived
2 minutes 2 seconds several other staff members arrived
2 minutes 23 seconds – First shock delivered (some delay due to our trainer pads, they are getting harder to stick)
2 minutes 40 seconds – another rescuer took over compressions
2 minutes 52 seconds – verified 911 called with administration, compressions continued
4 minutes 54 seconds – compression stop while AED analyzed; no further shock advised
5 minutes 24 seconds – compressions resumed by another rescuer
5 minutes 54 seconds – drill called (EMS on the scene!)

Hallways were kept clear. Students were very orderly.

Discussed after event for areas of improvement.
EXAMPLE: Elementary School Emergency Medical Drill Notes

Mr. X made initial announcement over building PA System, “Emergency Medical Team please report to the main office for a medical emergency”.

24 seconds – first staff member arrive to main office and assessed the patient
26 seconds – CPR was started
58 seconds – second staff member arrived to the main office with the AED machine
1 min 20 seconds – AED pads plugged in the AED and attached to the patient’s chest
1 min 24 seconds – 911 called
1 min 55 seconds – AED turned on
2 min 10 seconds – AED analyzed heart rhythm, CPR stopped
2 min 21 seconds – 2nd AED machine arrive to location (front office)
2 min 25 seconds – 1st shock advised and delivered to patient
2 min 30 seconds – CPR continued per AED machine command/instructions
3 min. 10 seconds – Staff questioned to ensure 911 had been called by Mr. X confirmed 911 had been called
3 min 26 seconds – Staff switched who was doing CPR
4 min 25 seconds – Staff switched who was doing CPR
4 min 26 seconds – AED analyzed heart rhythm, CPR stopped
4 min 30 seconds – EMS arrived and took over

Debriefing Notes

• Medical team who responded to announcement (listed names)
• Team discussed concerns regarding planned coverage versus actual individuals available to cover/watch students (for example, substitutes). Okay to get any staff member to watch your students so that you can respond to the medical emergency as a trained employee
• The team discussed/identified concerns with getting from the main building and into modular building and vice versa – key needed to get into modular building and side entrance of main building, someone needed to help open doors, someone needed to escort EMS to the correct building location
• Team reviewed the above notes from the drill
# Element 4: Automatic External Defibrillators (AED) Info

<table>
<thead>
<tr>
<th>Element 4: Automatic External Defibrillators (AEDs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) AED will be no further than 90 seconds from any point in the building (from scene to AED and back). If so, additional AEDs will be necessary.</td>
</tr>
<tr>
<td>a. Provide location of AEDs and travel times to farthest part of the building.</td>
</tr>
<tr>
<td>b. Provide a copy of floor plan or a copy of the school policy if it does not allow floor plan to be distributed.</td>
</tr>
<tr>
<td>2) AEDs to be kept in an unlocked open area.</td>
</tr>
</tbody>
</table>
Automatic External Defibrillators (AEDs)

Technology has developed a safe and effective treatment for Sudden Cardiac Arrest (SCA). The mission of Heart Safe School Accreditation is to develop a system to ensure that a defibrillator reaches a victim of SCA within minutes of a collapse. The only effective treatment for SCA is an electrical shock delivered by a defibrillator which shocks the heart out of a fatal rhythm, allowing a normal, healthy rhythm to resume. Time is critical because each minute of delay before a defibrillation reduces the chances of survival by about 10%. Prompt use of an AED can increase the cardiac arrest survival rate from 5% to 70% or more.

Where to purchase an AED? There are several types of available through AED.com

AED Information

American Heart Association AED Resources
https://www.heart.org/HEARTORG/CPRAndECC/CorporateTraining/AEDResources/AED-Resources_UCM_001296_SubHomePage.jsp

American Red Cross Steps for use of an AED

1. Turn on the AED
2. Wipe the chest dry
3. Plug in the connector, if necessary
4. Make sure no one, including you, is touching the person
5. Push the analyze button

If the AED advises you to shock the person

1. Make sure no one, including you, is touching the person
2. Tell everyone to “STAND CLEAR!”
3. Push the “shock” button
# Elements 5 & 6: CPR Training Information and Examples

## Element 5: CPR Training for Staff/Teachers

1) Documentation of number of CPR trained staff  
   a. School must meet a ratio of 1:50 CPR trained staff to students  
      - CPR training to be either full certification or Hands On certification from approved CPR instructor.

2) Provide documentation of Policy and Procedures for maintaining a 1:50 ratio of CPR trained staff to students.

## Element 6: CPR Training for Students

1) CPR training offered to students as part of curriculum  
   - Training needs to be offered to all students at some point as they pass through the building. (example: all 4th grade classes receive CPR training every year for a K-6 school)

2) Documentation of CPR training and participation  
   a. List the ratio of students trained to students at some point as they pass through the building. (example: all 4th graders for K-6; all 8th graders for Junior High)

3) Provide documentation of Policy and Procedures for ensuring all students are offered CPR training by the time they graduate from the building

*Approved providers include American Safety and Health Institute, American Heart Association, and American Red Cross.

The following are different places you can look into for CPR training. This is by no means a comprehensive list, feel free to use any resource available to you.

## Hands-Only CPR

According to the American Heart Association, Hands-Only CPR is CPR without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult suddenly...
collapse in an “out-of-hospital” setting (such as at home, at work or in a park). It consists of two easy steps:

1. Call 9-1-1 (or send someone to do that).
2. Push hard and fast in the center of the chest.

Hands-Only CPR is an acceptable method of CPR training to achieve Heart Safe School Accreditation. If you would like to more information regarding Hands-Only CPR you can visit:

1. American Heart Association
   a. [http://www.heart.org/HEARTORG/CPRAndECC/HandsOnlyCPR/Hands-Only-CPR_UCM_440559_SubHomePage.jsp](http://www.heart.org/HEARTORG/CPRAndECC/HandsOnlyCPR/Hands-Only-CPR_UCM_440559_SubHomePage.jsp)

2. American Red Cross
   a. [http://www.redcross.org/prepare/hands-only-cpr](http://www.redcross.org/prepare/hands-only-cpr)

3. Hands Only Practical Experience (HOPE)
   a. A free Hands-Only CPR training course that can be downloaded by any ASHI CPR trained instructor.

**Other CPR Resources**

1. American Red Cross
   a. [http://www.redcross.org/take-a-class](http://www.redcross.org/take-a-class)

2. American Heart Association
   a. [http://www.heart.org/HEARTORG/CPRAndECC/FindaCourse/Find-a-Course_UCM_303220_SubHomePage.jsp](http://www.heart.org/HEARTORG/CPRAndECC/FindaCourse/Find-a-Course_UCM_303220_SubHomePage.jsp)

3. American Safety and Health Institute

4. Local Fire Department
   a. Many local fire departments offer CPR training
Element 7: Sudden Cardiac Awareness Event Examples

<table>
<thead>
<tr>
<th><strong>Element 7: Sudden Cardiac Awareness Event</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Conduct an awareness event of sudden cardiac arrest on a yearly basis. It can be a community based event, a family event, fundraiser, flyer, etc.</td>
</tr>
<tr>
<td>b. Must provide documentation of awareness event.</td>
</tr>
</tbody>
</table>

2) Provide documentation of Policy and Procedures for conducting an annual Sudden Cardiac Awareness Activity/Event/Fundraiser.
Educating the public about SADS is one of the primary goals of the SADS Foundation because making the public aware of the symptoms *saves lives*.

The SADS Foundation strongly encourages each volunteer to embark upon a public awareness campaign in his/her community. Even if you use no organized media, by informing and educating parents, as well as people who work with children and young adults (coaches, teachers, recreation centers, church youth leaders, etc.) about the symptoms of SADS, youth can be protected.

*Saturate your community with information about SADS.* Anyone who comes into contact with young people should know how to recognize the symptoms.

**Remember, in all your presentations, to make these points:**

- Children and young adults who die from SADS usually appear healthy
- Warning Signs: family history of unexpected, unexplained sudden death; fainting or seizure during exercise, excitement or startle; consistent or unusual chest &/or shortness of breath during exercise
- These conditions are absolutely treatable and treatment saves lives
- Mention the SADS Foundation contact information Hotline: 800-STOP-SAD

I. **CENTERS, CLUBS AND COMMUNITY GROUPS FOR CHILDREN AND YOUNG ADULTS**

The following organizations and locations are likely places for a young person to experience recognizable symptoms. Remember, you want to reach the adults who are organizing and supervising the activities as well as the parents/grandparents. There are certainly some places that are specific to your community and will not be listed here. Brainstorm to come up with all of the possibilities.

- Boys and Girls Clubs
- YMCA/YWCA
- Community Centers
- Recreation Centers
- Scout Troops
- Youth Sports Teams
- Community Health Clinics
- Local Churches
- Summer Camp
- Amusement/Water Parks
II. SCHOOLS

A. DEPARTMENT OF HEALTH
Most states have an individual within the Department of Health that oversees School Health Programs. Contact this person to get information sent to school nurses and counselors via newsletters and/or meetings and seminars.

B. STATEWIDE EDUCATION ASSOCIATIONS (TEACHERS UNION)
Most states have annual conventions sponsored by such groups. Nearly every teacher and counselor and some parents attend these sessions. Ask if you can either sponsor a session on SADS conditions or Sudden Cardiac Arrest, or get included in another program. They may also have booths, so check into renting a booth space. Consider teaming up with another local organization like the American Heart Association (AHA) to defray costs.

C. EDUCATION STATE OFFICE
Call the Education State Office and ask if they have a program devoted to the health of its students. If they do not have such a program, ask if they have any systems that you can use to get information out to all the school districts in the state.

D. PTA, HOME AND SCHOOL CLUBS
Call the state office and push for the inclusion of materials and information in newsletters, meetings and seminars. Local PTAs usually publish their own newsletter and meet monthly in each school. Ask if you can attend the meeting and take a few minutes to talk about SADS conditions and follow up with a newsletter article.

E. PRIVATE SCHOOLS

F. DAY CARE CENTERS/PRE-SCHOOLS

III. OTHER ORGANIZATIONS/GROUPS

A. NEWSLETTERS, E-NEWSLETTERS, WEBSITES
Always ask if an organization has a newsletter and if they will include an article about LQTS and the SADS Foundation. People that opt in to receiving newsletters are typically more invested in the organization sending it, and will probably read it more carefully. If space is limited, ask for even a few lines to list the symptoms and the
SADS Hotline (800 STOP SAD). Always stress the urgency of your message and that lives can be saved if these symptoms are recognized.

B. PUBLIC SPEAKING/PROGRAMS
Some organizations have evening programs for parents or other active individuals and they are often looking for a fresh idea. Suggest the topic “Sudden Cardiac Death in the Young”. You, or someone else from the group, can speak about their own experiences and come armed with literature and brochures from the SADS Foundation.

C. INFORMATION
Give organizations a handful of our brochures and ask if they can be visible and readily available at their front desk. Provide a physician’s packet to keep in a reference file.

D. STAFF MEETINGS
Some organizations may be small enough that an announcement can be made at a staff meeting with brochures handed out to all staff members.

E. PARENT MEETINGS/ORIENTATIONS
Ask the organizations if you can talk about Long QT during a portion of any meetings or orientations, and offer copies of our brochure.

F. FUNDRAISING EVENTS
If asked, many community groups and organizations will hold a special event and donate the proceeds to the SADS Foundation. If not, they may be willing to participate in an event which you organize (e.g. Jump-a-Thons, Fun Runs). See fund raising ideas handout.

NOTE: Please ask these organizations to publish the SADS Foundation number (801-272-3023) number rather than your number for people who want more information. That way we can enter interested people in our database, and make certain they get our newsletter.

Contact SADS if you have any questions or need any materials. Good Luck, and thank you for all that you are doing to support families and save lives!
Sample Program Planning

1. After receiving notice that accreditation status has been achieved, St. Vincent de Paul School will hold a public event that will include awareness information for sudden cardiac arrest and the importance of being prepared.

2. After achieving accreditation status an article containing awareness information will be submitted to the Mount Vernon Newspaper and Columbus Catholic Times.

3. St. Vincent de Paul School would also like to provide an evening or weekend event to invite the schools parents and Parishioners to be trained in the Hands Only CPR (H.O.P.E.). This is not only to heighten awareness but also preparedness for a community that is aging.

4. St. Vincent de Paul Administration in partnership with Knox Community Hospital would like to schedule meetings with Knox County and Mount Vernon local school principals to educate them about Heat Safe School Accreditation program. If needed mentor any interested school through the process.

5. St. Vincent de Paul faculty would also like to speak to principals in the Columbus Diocese about the importance of the Heart Safe School Accreditation program. If needed mentor any interested school thorough the process.
Fundraising Ideas

Raise Funds to place AEDs in your school

Fundraising Ideas:

Join our Facebook Page and join us on Pinterest
This is one of the easiest ways you can help and stay up-to-the-minute with SADS information! Join the cause on Facebook called Sudden Arrhythmia Death Syndromes (SADS) Foundation. Sign up for your own fundraising goal for birthdays, special events, and so much more.

Use your network of supporters
Raising money can be a breeze with the help of your family and friends. Ask a few people to help you brainstorm some ways they can help you to raise funds. Know someone who is a gourmet cook, seamstress, or jewelry maker? Host a social function that includes a silent auction and include some homemade dinner for two, tailoring or a specially designed necklace. Other fundraisers such as a car wash, 5K fun run, theme party, or yard sale will not be as overwhelming with the help of your friends.

Stage auctions and raffles
Many merchants and retail business people find it easier to give merchandise or services in place of cash. These donations can be turned into cash by auctioning or raffling them. It is also possible to auction or raffle your own time and talents.

Look for local business support
Ask local businesses to donate a portion of proceeds from their sales on a particular day to support your charity. They also may donate goods or services such as certificates, hotel stay, dog grooming services, spa day, etc. for a silent auction. If not on of these options, perhaps they simply will place a donation canister next to their cash register.

Sell wristbands
Kids and adults alike love “Keeping Hearts Beating” wristbands that come complete with a card listing the warning signs of SADS and contact information for the SADS Foundation. You can order up to 25 wristbands for free (sads@sads.org) and sell them for as much as you want. We have had some organizations sell them for $5 each!
Host a party
Use donated food and door prizes and invite friends to a pledge party. Make it fun, but also make it educational by making a presentation on SADS programs and ask for donations and pledges. One way of leveraging your own contact list is to ask a small set of your close friends to commit to bringing ten friends each. Create teams and give prizes to the team that pledges the most.

School Fundraising Event
Find out how many kids at your child’s school would help raise awareness as well as funding for AEDs. The kids collect sponsorships for participating in specific school sports (jumping rope, track, team sports), events (school dances, bake sales), or community service projects.

Spa Day
Service providers may be willing to donate massages, manicures, pedicures, and facials. Participants pay for the services and the service providers get free advertising. The event can be hosted at a house and include neighborhood friends and family, or at a community center to accommodate a large crowd.

Movie Night
Most movie theaters will rent out a theater for group events on weeknights. Many also will include donated passes that can be sold at regular or discounted ticket prices to all those in attendance. Families and teenagers love this event!

Tournaments: Golf, Tennis, Bowling
Many community and private courses, courts or lanes will assist in arranging for a tournament with a few as 24 players and as many as 100. You decide the mode of play, the prizes (which could be donated or purchased) and charge an entrance fee. After expenses, the proceeds can be used to fund AEDs.

Fashion Show
Some local merchants will sponsor ‘fashion shows’ of their merchandise. The models can be community leaders, politicians, or your family! These events are usually held at community centers or hotels and a small entrance fee is charged. The merchant then donates 10% or 15% of any sales that come from the event.

Organize a Penny/Coin Drive
Collect loose change for a few months. What a wonderful way to put spare change to use.

Host a Booth at a Street Fair, Carnival, or Festival
The booth can have a table with SADS posters, literature and other materials to hand out to interested guests. You can have on items for sale to entice people to come and look at your information.
Frequently Asked Questions

What is Accreditation?

Accreditation is a process in which certification of competency, authority, or credibility is presented. Organizations that issue credentials or certify third parties against official standards are themselves formally accredited by accreditation bodies (such as UKAS); hence they are sometimes known as “accredited certification bodies”. The accreditation process ensures that certification practices are acceptable, typically meaning that they are competent to test and certify third parties, behave ethically and employ suitable quality assurance. ([http://en.wikipedia.org/wiki/Accreditation](http://en.wikipedia.org/wiki/Accreditation))

1. **Is HSSA a National Accreditation?**

HSSA is a national accreditation. The Sudden Arrhythmia Death Syndromes (SADS) Foundation and Snider Community Heart Watch from Fairfield Medical Center in Lancaster Ohio combined forces to detail critical components for schools to follow in order to save lives. There are seven elements/criteria that must be accomplished before accreditation is awarded.

2. **How many students need to be trained in CPR?**

There is no pre-determined number of students that need to be trained. The requirement is that training needs to be “offered” to all students as some point as they pass through the building. So if the building contains 6-8th graders, at some point by the time they finish 8th grade, they need to be offered CPR training (Example: all 7th graders are offered CPR training every year).

3. **Does the AED need to be placed 90 seconds or 3 minute roundtrip from any point in the building (from the scene to the AED and back to the scene)?**

The American Heart Association recommends that an AED is used within 3 minutes of a sudden cardiac arrest (SCA). So the AED needs to be placed in a location that allows the first responder to get to the AED and back to the scene within 90 seconds (45 seconds to the AED and 45 seconds back to the scene). This will then give the first responder 90 seconds to put the AED on the patient and use it and still be within the 3 minutes recommended by American Heart Association.
4. **Who receives the risk assessment form?**
   The risk assessment form is intended for all students every year.

5. **Does the risk assessment form need to be returned to the school?**
   No, the risk assessment form is intended to help parents start a conversation with their physician if there is a concern.
Acknowledgements

We would like to acknowledge the use of materials form other programs working on safe heart issues:

- Project S.A.V.E., Children’s Healthcare of Atlanta (http://www.choa.org/projectsave)

- Heart Safe La Plata, Durango, CO (http://heartsafelaplata.org/index.htm)

- American Safety and Health Institute (http://www.hsi.com/cprtraining)

- American Red Cross (http://www.redcross.org)
Sudden Arrhythmia Death Syndromes (SADS) Foundation is a leader in education, research and advocacy. Our Mission is to save the lives and support the families of children and young adults who are genetically predisposed to sudden death due to heart rhythm abnormalities.