

The logo watermark for Memphis-Shelby County Schools is centered in the background. It features the text 'MEMPHIS-SHELBY COUNTY SCHOOLS' in a light blue, serif font, arranged in an arc. Below the text is a stylized graphic of an open book with a yellow star on its cover.

**Memphis-Shelby County Schools
Cardiac Emergency Response, Automated
External Defibrillator (AED), & Athletic
Emergency Action Plans**

Memphis-Shelby County Schools Cardiac Emergency Response & AED Plan

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Signatures by the appropriate representatives put this plan into effect. This plan will stay in place until revised, with a new signature page. Deviation from the plan may cause the physician to rescind authorization of the program.

The plan will be initiated and put into effect on the date below. As required by law (TCA 49-2-122) an annual review of this plan shall be conducted and noted by updated signatures and dates below. Any changes to the plan require prior approval by the parties signing below and should be signed accordingly.

Joe Holley
Supervising Physician

Joe Holley

9/24/24
Date

CERP, AED, AEAP Program Coordinator

Date

Overview

This document applies to the district's Cardiac Emergency Response Plan (CERP), use of an Automatic External Defibrillator (AED) listed in the Equipment Requirement & Athletic Emergency Action Plan (AEAP (if applicable)). It was developed in accordance with T.C.A. 49-2-122, Title 68 Chapter 140 Part 4, and T.C.A. 68-6-201.

This document was developed in accordance with guidelines established by the American Heart Association. Any and all use of the AED, training requirements, plan reviews and post CERP or AEAP (if applicable) event reviews will be under the auspices of the supervising physician, licensed in Tennessee.

Definitions

AEAP (if applicable) – Athletic Emergency Action Plan – This plan should be followed in the event of an emergency that occurs at any athletic event. Schools that do not participate in athletic activities are not required to develop an AEAP (if applicable).

AED – Automated External Defibrillator which is a medical device that is a heart monitor and defibrillator that received premarket approval from the United States Food & Drug Administration (USFDA). It is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia, and is capable of determining, without intervention by the user, whether defibrillation should be performed and if needed should automatically charge and request delivery of an electrical impulse to an individual's heart.

CERP – Cardiac Emergency Response Plan that shall be followed in the event of sudden cardiac arrest at all schools and/or school sponsored events.

Certified Trained Personnel – refers to any individual who has successfully completed a CPR AED training program recognized by the American Heart Association and who's certification has not expired. Certified trained personnel for each location must be listed on the Certified Trained Personnel Phone List in Appendix A. This list should be fastened (taped) to the AED carrying case. In the event of sudden cardiac arrest, certified trained personnel are the only individuals that are authorized to operate the AED.

Response Team – A team of individuals assigned to a school who have specific roles and responsibilities when responding to a sudden cardiac event. The Response Team members consist of the Certified Trained Personnel (Appendix A).

Supervising Physician – A physician with an unrestricted license to practice medicine or osteopathy in the state of Tennessee.

AED Location

All schools and administrative facilities within Memphis-Shelby County Schools (MSCS) shall be equipped with at least one (1) AED. All schools will have one (1) AED outside the main office in an area that cannot be locked during times when students, staff, and/or visitors are present. In addition to the AED outside the main office, middle and high schools will have one (1) AED in the gym. If the school has a football stadium, an AED will be installed there with the appropriate signage so it can easily be found. AEDs installed in administrative buildings will have appropriate signage so they can easily be found. The Office of Risk Management will consult with a licensed physician for the most appropriate location when a main office and/or gym does not exist within the facility.

Coordination with Emergency Medical Services

Under the consultation of a licensed physician, the Office of Risk Management will provide emergency medical services with the location of every AED in the district. The Office of Risk Management will provide updated information to emergency medical services when an AED has been added or removed from a location. This will be an on-going process and the information will be reviewed annually.

Equipment Maintenance

All AEDs in the district shall be **Phillips HeartStart AEDs**. All replacement parts **MUST** be Phillips brand equipment designed and manufactured for this AED. The Office of Risk Management maintains a list of all AEDs in the district that includes the name of the school/facility and the location within the building where the machine is placed. The list is also used to track the expiration date of pads & batteries. Replacement pads and batteries will be ordered and replaced before the expiration date. **Any schools or facilities who dispose of, misuse/abuse, or misplace AED equipment (machine, battery, adult/child pads) will be responsible for the replacement of said AED equipment.**

An AED request form has been developed for school administration and health services to request a new machine, new batteries, new pads, additional AED's, etc. These requests will be handled based on school or facility need. The form can be found in Appendix D or at the following hyperlink: [AED Service Request](#).

Training Requirements

The Offices of Health Services and Health Promotions will offer, at regular intervals, CPR/AED/First Aid training that is available to all active MSCS employees. The training must include:

- American Heart Association CPR AED training that explains the severity of sudden cardiac arrest events.
- First Aid
- Inform participants that they should obtain a copy of their school's CERP & AEAP (if applicable) if they have not already been provided with one.

Recordkeeping

Data and information that pertains to AEDs and sudden cardiac events will be tracked as indicated below.

- The Office of Risk Management shall:
 - Maintain a list of all AEDs in the district that includes but is not limited to:
 - Name of school/facility
 - Location of the AED within the building
 - AED brand (all AEDs in the district **MUST** be Phillips Heartstart AED)
 - AED unit serial #
 - AED battery expiration date
 - Adult pad expiration date
 - Child pad expiration date
 - After a sudden cardiac event maintain:
 - An electronic copy of post AED use forms and/or any narratives of the event
 - Data and corresponding reports extracted from the AED post use
 - Licensed physician final report, opinion, & recommendations
- The Offices of Health Services & Health Promotions will maintain a list of certified trained personnel that shall include but is not limited to:
 - Employee Full Name
 - Employee location (at time of training)
 - Employee best contact number
 - CPR/AED/First Aid certificate expiration date
- The Office of Emergency Management shall provide the Offices of Risk Management & Health Services with access to their online Emergency Drill tracking system that is used to log the monthly AED checks that occur at the schools.

Internal School Responsibilities

Each school is responsible for the following:

- Ensuring that signs are mounted above the AED cabinets
- Establishing a CERP & AEAP (if applicable) Response team (Appendix A)
- Developing an internal CERP & AEAP (if applicable) [see the section below labeled Protocols for Developing a CERP & AEAP (if applicable)]
- Disseminating the CERP & AEAP (if applicable) to all students, parents & staff. Parents should receive a copy during registration. Students & employees should receive a copy on their first day of school.
- Conduct semi-annual reviews of the CERP & AEAP (if applicable) with the CERP & AEAP (if applicable) Response Team
- The school nurse or other principal designated personnel will check the AED monthly and log it on to the AED Checklist found in Appendix B. This log shall be kept in the AED

cabinet behind the carrying case. The information captured on the log sheet must be entered into the online drill tracking system that is maintained by the MSCS Office of Emergency Management. If an issue is noted with the AED (beeping, light not flashing, etc.) the school will complete the online AED Service Request form available on Risk Management's website. Risk Management will respond to the request within forty-eight (48) hours. A link for the AED Service Request form is on Risk Management's website and at this link <https://forms.office.com/r/rnbXatrJBK>.

Protocols for Developing CERP & AEAP (if applicable)

All schools are responsible for developing a CERP. All schools who host athletic events are responsible for developing an AEAP. Athletic Directors & Coaches are responsible for ensuring that an AED is available at all athletic events, including those that are not held at one of our schools or stadiums. If a non-MSCS site is being used for an event, contact the Athletics office for an AED. If they do not have one available, the AED in the school's gym may be taken to the event as long as there will not be anyone using the gym during that time. If the school must take the AED from their gym, it should be returned immediately following the event; they should NEVER be taken home and returned the next day. If the school cannot use or does not have a gym with a 2nd AED, contact Risk Management. Receiving another AED from Risk Management will require the requestor to sign for it when they arrive to pick it up. Requests must be made at least twenty-four (24) hours prior to the time it is needed.

The Certified Trained Personnel list (Appendix A) should be fastened (taped) to the AED carrying case. The individuals listed on this form are considered the school's CERP & AEAP (if applicable) response team.

The first on the scene will initiate the Chain of Survival by:

- Calling out for help with a medical emergency.
- Requesting for someone to call 911 and document the time.
- Delegating someone to go outside to meet and escort paramedics to the scene.
- Instruct someone to get the AED and the Certified Trained Personnel Phone list (Appendix A) that is fastened to the AED carrying case. They should **IMMEDIATELY** make an announcement over the school intercom and call all individuals on the list.
- Instruct someone to obtain the patient's demographics & emergency contact information. The emergency contact should be called immediately.
- Certified trained personnel shall begin CPR and initiate AED use as soon as it arrives on scene.
- The individual who called 911 shall remain on the scene with their phone on speaker until paramedics arrive.
- The Risk Management office should be notified as soon as practical. Contact: Mikael Farris at (901) 491-4308, Jeri Rudolph at (901) 550-9420, or Sandra Burgess at (901) 281-0309. Main Office: 416-5515.

After paramedics arrive the certified trained personnel working on the patient should assist them as needed and document and communicate the following:

- The patient's name, demographics & emergency contact information (i.e. if contact was successful)
- Time patient was found.
- Initial and current condition of the patient.

After AED use, the following process should be completed:

- The certified trained personnel that provided care shall complete the AED Post Incident Report form (Appendix C) as soon as practical. The form should be completed whether or not the defibrillator shocks are delivered.
- The Risk Management office will notify Communications as soon as practical.
- Following the event, the Office of Risk Management will need:
 - A copy of the AED Post Incident Report form
 - The AED that was used. **DO NOT REMOVE THE BATTERY FROM THE AED.**
- The Office of Risk Management shall obtain the record of event from the AED and provide it to the supervising physician for review and analysis.
- The Risk Management Office will replace the used AED as soon as possible.
- Within ten (10) days after the event, the Office of Risk Management will review the AED record of the event and the AED Post Incident Report form with the certified trained personnel who provided care to ensure that:
 - The certified trained personnel quickly and effectively set up the necessary equipment.
 - If/When indicated by the AED, the initial defibrillator shock(s) was delivered within an appropriate amount of time given the circumstance.
 - Following each shock or set of shocks, as appropriate, the person was assessed accurately and treated appropriately.
 - The defibrillator was activated safely and correctly.
- Records obtained from the AED shall be maintained by the Office of Risk Management as prescribed by law.



Appendix B

Memphis-Shelby County Schools	Name of School/Site
AED & Narcan Checklist	

Academic School Year:	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Unit Serial Number _____ Location _____												
Inspectors Name: _____												
Date _____												
Initials _____												
Instructions and Recommended Corrective Action												
Adult pads present, in place (installed on the front of the machine) and have not expired. Note adult pad expiration date: If pads are expired, complete the AED Service Request form available on Risk Management's website.												
Battery is present, in place (installed on the back of the machine and has not expired. Note battery expiration date: If the battery has expired, complete the AED Service Request form available on Risk Management's website.												
Green light is visible and flashing on readiness display. If not, press the blue "i" button, note the issue, and if necessary complete the AED Service Request form available on Risk Management's website.												
Infant/child pads stored with AED. Note expiration Date: If pads have expired, complete the AED Service Request form available on Risk Management's website.												
Other Resuscitation equipment stored with AED. If missing, complete the AED Service Request form available on Risk Management's website.												
Opioid Reversal Kit stored with AED. Notify Health Services if missing. Blister pack #1 lot number: _____ expiration date _____ Blister pack #2 lot number: _____ expiration date _____	N/A	N/A										

IMPORTANT REMINDERS:

1. Information on this form must be entered into the MSCS online database each month by the Schools Security Officer or Designee.
2. Complete the [AED Reporting Use Form](#) if the machine is used.
3. Request battery replacement when expiration is within 90 days of inspection.
4. Complete the Narcan Reporting Use form if it is used and contact Health Services.

If your AED has any issues, complete the [AED Service Request](#) form available on Risk Management's website.

Risk Management phone number: 416-5515

Health Services phone number: 416-5600



AED Post Incident Report Form

This form **MUST** be completed any time your AED is used. **(PLEASE PRINT)**

Patient Information

First Name _____ Last Name _____

DOB _____ Sex _____ Marital Status _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Incident Information

Location _____ Incident Date _____

Estimated time of collapse _____ : _____ AM/PM Estimated time of AED arrival _____ : _____ AM/PM

Was cardiac arrest witnessed? Yes No If yes, by whom? _____

Include the witness contact number

At any time, did the patient ever regain any of the following? Check all that apply. If yes, please indicate the time:

A pulse _____ : _____ AM/PM

Breathing _____ : _____ AM/PM

Consciousness _____ : _____ AM/PM

List the names and contact information of trained personnel who performed CPR/AED and any others present.

Name _____ Contact Number _____

Provide a description of any other treatment that may have been rendered today: _____

Transporting Agency: _____

Report Completed by: _____ **Date:** _____



AED Service Request

Complete this form if you need new pads, batteries and/or a new AED at your location.

- * Required
- * This form will record your name, please fill your name.

1. Location Name *

2. Contact Name *

3. Contact Phone *

4. Contact Email *

5. Device Location in Facility (ex: hallway outside of main office) *



6. AED Manufacturer*

Phillips (Red)

HeartSine (Yellow)

Zoll (Green)

Other

7. Service Request *

- 0 Adult Pads Expired
- 0 Child Pads Expired
- 0 Battery Expired
- 0 Machine Beeping
- 0 Request New Machine

8. Adult Pad Expiration Date (if applicable)

9. Child Pad Expiration Date (if applicable)

10. Battery Expiration Date (if applicable)

11. Additional Information. If you are requesting a new **AED** machine, then please provide justification.

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