

**Clover Park School District  
Building Annual Emergency Action Plan (EAP) for  
Sudden Cardiac Arrest (SCA)**

Prepare and maintain this form with the AED system when stored prior to use. Maintain a copy in the Building Safety Plan.

Building: \_\_\_\_\_ Date: \_\_\_\_\_

1. The on-site coordinator of this EAP is (i.e., school nurse or athletic trainer): \_\_\_\_\_  
\_\_\_\_\_
2. Number of AEDs on schools grounds: \_\_\_\_\_  
\_\_\_\_\_
3. The AEDs are located in: \_\_\_\_\_  
\_\_\_\_\_
4. EMS system AED(s) are registered with: (West Pierce Fire and Rescue or JBLM Fire and Rescue): \_\_\_\_\_  
\_\_\_\_\_
5. The following individuals have been trained in CPR and AED use (i.e., administrators, coaches, physical education teachers, athletic trainers, nurses, and safety and security personnel): \_\_\_\_\_  
\_\_\_\_\_
6. During school hours, the following individuals are identified as our school emergency response team to a possible sudden cardiac arrest: \_\_\_\_\_  
\_\_\_\_\_
7. In case of an emergency during school hours, the school/facility office is notified and the response team is alerted of the emergency and the location via the school's internal radio or public address system. The school/facility office will also active the EMS system by calling 9-1-1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. For athletic or school events occurring after school hours, access to the AED is maintained through (i.e., unlocked office and cabinet): \_\_\_\_\_  
\_\_\_\_\_

9. In case of an emergency after school hours, the AED will be retrieved and used by trained or voluntary responders closest to the emergency. If a local response team is also available, they are notified by (list individual below) The EMS system will also be activated by calling 9-1-1. \_\_\_\_\_  
\_\_\_\_\_
10. The transportation route for ambulances to enter and exit the school to each sporting facility and places of assembly has been determined and are posted (list location below):  
\_\_\_\_\_
11. We practice and review our EAP and response to a possible sudden cardiac arrest annually. The following personnel are included in this rehearsal: \_\_\_\_\_  
\_\_\_\_\_
12. If a sudden cardiac arrest or AED use occurs, the following individuals (with phone numbers) will be notified (i.e., administrators, EAP Program Coordinator, crisis counselors, and Risk Manager): \_\_\_\_\_  
\_\_\_\_\_
13. Emergency Action Plan for Sudden Cardiac Arrest S building or sporting facility: \_\_\_\_\_  
\_\_\_\_\_
14. Street Address: \_\_\_\_\_  
\_\_\_\_\_

**Contact with First Responders:**

- Call 9-1-1** from cell phone or campus phone. The dispatcher will ask for the following information:
- Provide **name and phone number** of caller
- Provide **condition of injured person** – i.e., suspected cardiac arrest
- Explain **treatment initiated** – i.e., CPR directions (see above)
- Alert school **emergency response team**: \_\_\_\_\_
- The **closest AED** to this venue is located at: \_\_\_\_\_
- Have someone meet the arriving EMS if possible and notify EMS of link up location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_