# CARDIAC EMERGENCY RESPONSE PLAN

## Template for California Organizations

Replace all bracketed text with organization-specific information before adoption. Confirm statutory applicability and obtain medical and legal review. This plan supplements the broader facility Emergency Action Plan and its site-specific quick-reference cards.

| | |
|---|---|
| **Organization** | [ORGANIZATION NAME] |
| **Plan owner / administrator** | [NAME, TITLE, EMAIL, PHONE] |
| **Effective date** | [DATE] |
| **Last annual review** | [DATE] |
| **Next annual review** | [DATE] |

## 1. Purpose and Applicability

This Cardiac Emergency Response Plan (the "Plan") applies to all practices, competitions, programs, and related activities of [ORGANIZATION NAME], including emergencies involving athletes, staff, officials, volunteers, spectators, and visitors. The Plan is intended to be consistent with nationally recognized, evidence-based emergency response standards, including CPR and AED use.

This template must be customized for the organization's facilities, program structure, personnel, and applicable legal requirements. Before activities at third-party or temporary locations, the organization shall verify site-specific procedures, AED availability and access, EMS entry routes, communications, and responder coverage; document responsibilities with the host and supplement the facility base plan with event-specific information.

California implementation dates: For organizations subject to Health and Safety Code section 124238.5, coach certification/recertification and a written CERP reviewed annually with coaches and staff apply beginning January 1, 2027; the plan includes annual electronic parent/guardian communication. AED access during official practices/matches and section 124238.5 maintenance obligations begin January 1, 2028. Existing AED-acquirer duties under section 1797.196 are not deferred by that later date. Earlier implementation is recommended as organizational policy.

## 2. AED Locations and Accessibility

### A. AED Inventory and Locations

The organization shall maintain a current inventory of available organization-owned, host-provided, and mobile AEDs. For each device, record site and exact location, access hours, device make/model and identifier, pediatric capability, responsible owner/contact, maintenance responsibility, and backup coverage. Supporting device records: [LOCATION / OWNER].

| Facility / Site | Exact AED Location | Access Details | Assigned Contact | Notes |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] |
| [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] |
| [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] |
| [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] |

If no organization-maintained AED is present, verify and document a functional, accessible host-provided AED or arrange a mobile AED. Mere documentation that no AED exists does not satisfy an applicable access requirement. Before January 1, 2028, document any coverage gap and the administrator's corrective-action decision; earlier or stricter requirements still apply. Commencing January 1, 2028, do not commence an official practice or match without verified AED access required by Health and Safety Code section 124238.5. Procedure / approving administrator: [INSERT].

AED access policy: Devices shall be immediately accessible throughout scheduled activities, including after-hours use, without avoidable locked-door or retrieval delays. Plan for delivery to any activity location ideally within three minutes of notification, an AHA planning benchmark rather than a universal legal deadline. Validate placement, mobile coverage, and backup arrangements using timed drills. Suspend or relocate affected activities when required access cannot be provided.

### B. AED Readiness and Maintenance

Designated administrator(s) shall ensure that organization-maintained AEDs are accessible, clearly identified, and maintained and tested according to manufacturer instructions and applicable requirements. For AEDs acquired by the organization and subject to Health and Safety Code section 1797.196: notify an agent of the local EMS agency of the AED's existence, location, and type; test at least twice each year and after each use; inspect at least every 90 days for operability issues; and maintain maintenance/testing records. Apply any more frequent manufacturer or setting-specific requirements. Responsible staff: [NAME/TITLE]. Inspection schedule, log, and EMS notification record: [INSERT].

Building-specific duties: Where the organization is the building owner and an AED is placed in the building, implement section 1797.196 annual tenant location/training-information notification, annual offer of a demonstration to at least one associated person, and use instructions next to the AED in at least 14-point type. Coordinate school-specific duties with the principal where applicable. This section does not itself require a medical director for AED acquisition/placement; medical review of response protocols remains recommended.

For host-owned AEDs, obtain written allocation of inspection, maintenance, EMS notification, and post-use responsibilities and verify readiness rather than assuming the host's device is available. Before each event/session, check presence, ready indicator, access, appropriate pads, and required supplies. Maintain pediatric capability appropriate to ages served; manage expiration dates, manufacturer notices/recalls, and replacement supplies. Do not perform manual discharge testing unless instructed by the manufacturer.

## 3. Sudden Cardiac Arrest Response Procedures

If a person is unresponsive and is not breathing normally, including only gasping, suspect cardiac arrest. Sudden collapse may include brief seizure-like activity. For other serious medical distress, activate EMS and follow dispatcher instructions; do not initiate compressions on a responsive person who is breathing normally.

1. Recognize the emergency and immediately activate this Plan.
2. Call 911 immediately (or direct a specific person to call). State suspected cardiac arrest, facility address, exact patient location, and EMS entry/access instructions. Use speakerphone if possible, remain on the line, and follow dispatcher instructions.

3. Begin CPR immediately. Do not wait for a certified coach or designated responder. Follow dispatcher instructions. For an adult or teen, push hard and fast in the center of the chest at 100–120 compressions per minute. Trained responders provide age-appropriate CPR, including breaths as trained.
4. Direct another specific person to retrieve the nearest AED immediately. Continue CPR while the AED is retrieved and prepared.
5. Turn on the AED as soon as available, expose the chest, apply pads as illustrated, and follow prompts. Ensure no one touches the person during analysis or shock. Resume CPR immediately when prompted and minimize interruptions. Follow manufacturer instructions for pediatric pads/mode and dispatcher guidance.
6. Continue CPR and AED care until EMS takes over or the person becomes responsive and breathes normally; follow dispatcher instructions. Leave pads attached until EMS assumes care.
7. Assign someone to open the designated entrance, meet EMS, and escort responders directly to the person. Keep access routes clear.
8. Keep the area clear and maintain scene control so trained responders can provide care.
9. Once emergency response is underway, notify the organization's designated contact(s): [NAME/TITLE/PHONE] and [NAME/TITLE/PHONE], and the parent/guardian or emergency contact. Notifications must not delay 911, CPR, or AED use.
10. After the incident, complete required documentation, internal reporting, and any follow-up review.

With multiple responders, 911 activation, CPR, AED retrieval, and EMS access tasks occur simultaneously. If alone, call 911 on speakerphone and follow dispatcher instructions. Do not let internal reporting delay emergency care.

## 4. Roles and Responsibilities

### A. Coaches

- Before activities begin, know this Plan and the site card; verify the emergency address, EMS entry, functional AED access, working communications, and primary/backup response assignments.
- Immediately activate the Plan when sudden cardiac arrest is suspected.
- Assign specific people to call 911, retrieve an AED, and meet EMS.
- Initiate CPR and AED care immediately using current training and dispatcher instructions. Do not delay care while waiting for another certified or designated responder. Continue until relieved or as directed by EMS/dispatch.
- Maintain control of the scene and direct athletes away from the response area.
- Participate in required training, review, and drills or practice activities established by the organization.

### B. Administration / Designated Staff

- Implement, maintain, and review this Plan at least annually and update it when locations, personnel, procedures, or applicable requirements change.
- Maintain the AED location list and designated emergency contact list.
- Ensure all coaches meet CPR/AED certification requirements and designated responders maintain current training. Track expiration dates and verify coverage before activities; maintain primary and backup response assignments.
- Ensure organization-maintained AEDs are inspected, maintained, and tested as required.
- Provide required notifications to coaches, staff, athletes, and parents/guardians.

- Coordinate post-incident documentation, reporting, and review.
- Ensure the Plan is activated and organizational support is provided during a sudden cardiac event.

Designate a response coordinator [NAME/TITLE] and assign available primary/backup personnel for CPR/AED application, 911, AED retrieval, EMS escort, and scene control before each session/event. Maintain adequate trained coverage for absences and simultaneous activity areas. Coordinate the plan and access routes with local EMS and host-facility personnel.

### C. Athletes / Participants

- Immediately alert a coach or staff member if someone collapses or appears to be in serious medical distress.
- Follow instructions from coaches, staff, and emergency responders.
- Do not interfere with emergency care; keep the response area clear.
- When age- and role-appropriate, know how to identify the nearest coach or staff member and how to summon help.

## 5. Notification and Training

### A. CPR/AED Training

Commencing January 1, 2027, covered California youth sports organizations shall ensure coaches are certified, and recertified at least every two years, to perform CPR and operate an AED under Health and Safety Code section 124238.5. Certified training may be in person or online and must be offered by an accredited organization consistent with national evidence-based cardiovascular care guidelines. As an additional organizational best-practice requirement, designated responders shall complete hands-on skills practice and assessment, including age-appropriate CPR and pediatric AED use for the population served. Other personnel required by law or organizational policy shall maintain applicable training. Certification and expiration records: [INSERT].

| Role | Training Required | Provider / Course | Recertification Interval | Records Maintained By |
|---|---|---|---|---|
| Coaches | YES | [INSERT] | 2 years | [INSERT] |
| Administrators / staff | [INSERT] | [INSERT] | 2 years | [INSERT] |
| Other designated responders | [INSERT] | [INSERT] | 2 years | [INSERT] |

### B. Plan Notification and Review

- Coaches and administration will receive the Plan before the start of each season or program and whenever material changes are made.
- Athletes will be informed of their responsibilities in an age-appropriate manner before or at the start of each season or program.
- The Plan will be reviewed at least annually with coaches and staff.
- Method(s) of distribution and review: [EMAIL / LMS / TEAM MEETING / ORIENTATION / OTHER].
- Person responsible for notification and training records: [NAME/TITLE].

C. Drills and Preparedness
As organizational policy, conduct and document at least one successful cardiac-response drill annually; two or more are recommended by AHA. Include practical timed exercises of recognition, 911 activation, CPR, AED retrieval/use simulation, communications, and EMS access. Test outdoor/remote fields and after-hours arrangements. Document results, deficiencies, corrective-action owners and completion dates. Provide annual recognition/activation education to staff and appropriate volunteers. Drill coordinator / schedule / records: [INSERT].

## 6. Annual Parent or Guardian Electronic Communication

At least annually, [ORGANIZATION NAME] shall send an electronic communication to parents or guardians of enrolled participants. This implements the plan requirement applicable to covered California youth sports organizations commencing January 1, 2027. The communication must include all of the following:

- A copy of this Cardiac Emergency Response Plan or an internet link to the current Plan.
- The location or locations of any AEDs applicable to the organization's activities.
- The names of staff members designated to be notified in a sudden cardiac event, together with their titles and appropriate contact information.

Communication timing: [INSERT ANNUAL DATE OR SEASONAL TRIGGER].

Delivery method: [EMAIL / REGISTRATION PLATFORM / MEMBER PORTAL / OTHER].

Record of distribution maintained by: [NAME/TITLE].

### Annual Parent/Guardian Communication Template

**Subject:** [ORGANIZATION NAME] Cardiac Emergency Response Plan and AED Information

Dear Parent/Guardian,

[ORGANIZATION NAME] maintains a Cardiac Emergency Response Plan describing the steps our coaches, staff, and participants will follow in the event of a suspected sudden cardiac arrest. You may review the current Plan here: [LINK TO PLAN] or see the attached Plan.

AED location(s): [LIST VERIFIED ORGANIZATION-OWNED, HOST-PROVIDED, OR MOBILE AED LOCATIONS AND ACCESS INFORMATION; DO NOT IMPLY ABSENCE OF AN ORGANIZATION-OWNED DEVICE EXCUSES REQUIRED ACCESS].

Staff designated to be notified in the event of a sudden cardiac event:
• [NAME, TITLE, CONTACT INFORMATION]
• [NAME, TITLE, CONTACT INFORMATION]

In an emergency, call 911 immediately. If the person is unresponsive and not breathing normally, begin CPR and retrieve/use the AED; follow dispatcher instructions. Do not wait for a certified responder.

## 7. Site-Specific Emergency Information

Maintain and post a current site quick-reference card at each activity area and AED location as appropriate. Include exact address/field identifier, AED and backup locations, EMS entrance/meeting point, reliable communication method, site contact, and current primary/backup assignments. Keep security-sensitive credentials in controlled-access response materials while ensuring responders and EMS can gain immediate access. Site-card verification owner / date: [INSERT].

| Site | Street Address | AED Location | EMS Access / Gate | Meet EMS At | Site Contact |
|---|---|---|---|---|---|
| [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] |
| [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] |
| [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] |
| [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] | [INSERT] |

## 8. Post-Incident Actions

- Notify designated organizational leadership: [INSERT].
- Complete incident documentation: [FORM / PROCESS].
- Preserve relevant AED event data and incident records through the device owner or authorized personnel; coordinate transfer to EMS/medical personnel as appropriate. Restrict access and disclosure under applicable privacy requirements and organizational retention procedures.
- Confirm follow-up communications and reporting required by organizational policy or applicable law.

After AED use, replace used pads/supplies, perform manufacturer-directed post-use checks and required testing, document readiness, and return the device to service. Provide a temporary replacement or alternate verified AED before affected activities resume. Responsible owner / replacement source: [INSERT].

- Conduct a documented post-incident review of response timing, communications, CPR/AED use, access, and handoff. Assign corrective actions, owners, and due dates; offer responder debriefing and support.

Employee-response safety: Assess applicable Cal/OSHA medical/first-aid and bloodborne-pathogens obligations for designated employee responders, including Title 8 sections 3400 and 5193 as applicable. Provide appropriate PPE and resuscitation supplies and maintain exposure-control, training, and post-exposure procedures where required. A CERP does not replace the employer's broader workplace safety program.

## 9. Annual Review and Approval

Review this Plan at least annually with coaches and staff and after incidents, drills identifying deficiencies, or material changes. Confirm statutory applicability, AED coverage and readiness, response assignments, training status, annual electronic parent communication, site cards, drill records, EMS coordination, and closure of corrective actions. Record approval and distribute the current version; remove obsolete copies.

| Reviewed / Approved By | Title | Date | Changes / Notes |
|---|---|---|---|
| [INSERT] | [INSERT] | [INSERT] | [INSERT] |
| [INSERT] | [INSERT] | [INSERT] | [INSERT] |
| [INSERT] | [INSERT] | [INSERT] | [INSERT] |