



Health Related Requirements of the Safe Stars Act

Working Together to Save Lives & Prevent Injuries

Tennessee Department of Education | July 2024



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Introduction

School youth athletic activities and sports participation is a tool for child development and health promotion. Participating in sports enhances social skills and connections, builds confidence, self-esteem, and joy, while increasing health and fitness levels, builds teamwork (e.g., sense of fair play and leadership), and provides valuable life lessons and healthy competition.

Sports injuries are common and are one of the leading causes of all injury in the pediatric population. Approximately twenty to thirty percent of injuries from all causes in children are sports related. Most injuries that occur in sports are minor. However, life-threatening injuries can occur without warning and can result in death. Sudden Cardiac Arrest (SCA), exertional heat stroke, head injuries, and exertional sickling (medical emergency occurring in athletes that carry the sickle cell trait which results in decreased blood flow) are responsible for greater than ninety percent of sudden deaths in sports and physical activity.

District-level and school-level staff involved in school youth athletic activities (e.g., head of athletics program, athletic directors, athletic trainers, coaches) and other school staff (e.g., school nurse(s), Coordinated School Health (CSH) Coordinators, school safety) should work together as a team to provide optimal health care for students participating in school youth athletic activities. Planning and preparing for sports injuries and emergencies among various school departments (athletics, health services, etc.) promotes the health and safety of students participating in school youth athletic activities. The Safe Stars Act establishes health and safety requirements for school youth athletic activities in Tennessee. A requirement of the Safe Stars Act is considered health services related if it is related to a chronic or acute health condition or health emergency that may require medical intervention. Being labeled a health services related requirement does not indicate health services program staff (e.g., school nurses) are responsible for ensuring this requirement is completed. Rather, school and district administration should identify which district and/or school-level staff are responsible for ensuring requirements of the Safe Stars Act are met. The school nurse and/or district lead nurse/school health supervisor has the knowledge, skills, and expertise required for assessing, planning, coordinating, implementing, and evaluating student healthcare needs so that all students may fully participate in school youth athletic activities and should be included in planning and implementation of the health services related requirements to ensure district policy, protocol, and procedure for implementing the health services related requirements of the Safe Stars Act align with school nursing evidence-based practice recommendations and standards.

This document is intended to support district-level and school-level staff (head of athletics program, athletic directors, athletic trainers, coaches, Coordinated School Health coordinators, district lead nurses, school nurses, etc.) in ensuring compliance with the health services related requirements of Title 49, Chapter 6, Part 36, also known as the Safe Stars Act.

The information contained in this resource does not constitute advice of legal counsel. Districts should consult with their legal counsel with respect to any matter. School districts are responsible for ensuring district policy and procedure comply with applicable state law and for reviewing and approving tools and resources in this document and embedded resources before incorporating them into local protocol and procedures.

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Overview of the Safe Stars Act – Title 49, Chapter 6, Part 36

Tenn. Code Ann. § 49-6-3601

(a) As used in this part:

(1) “LEA” has the same meaning as defined in § 49-1-103; and

(2) “School youth athletic activity” has the same meaning as defined in § 68-55-501.

(b) Each LEA and public charter school that provides a school youth athletic activity, the following safety standards must be implemented:

(1) All coaches, whether employed by the LEA or public charter school or a volunteer, shall:

(A) Annually complete the concussion recognition and head injury safety education course program required under § 68-55-502;

(B) Annually complete the sudden cardiac arrest education program required under § 68-6-103;

(C) Receive training in cardiopulmonary resuscitation (CPR) and in the use of automated external defibrillators (AEDs); and

(D) Comply with all applicable background check and fingerprinting requirements of § 49-5-413;

(2) The following plans and policies must be implemented at each public school, including public charter schools, for school youth athletic activities:

(A) An allergy and anaphylaxis emergency response plan that:

(i) Identifies the signs and symptoms of allergic reactions, including severe allergic reactions and anaphylaxis;

(ii) Provides information relating to the storage, location, use, and administration of epinephrine auto-injectors; and

(iii) Includes emergency follow-up procedures;

(B) An emergency action plan that facilitates, organizes, and provides for the rehearsal of the actions of coaches and athletes in an emergency; and

(C) A severe weather policy that requires all coaches who oversee or participate in outdoor training, practice, or competition to annually:

(i) Complete a heat illness prevention course approved by the department of health; provided, that all coaches shall complete the course no later than ninety (90) days after the start of the coach's employment or volunteer service, and annually thereafter. After the coach completes the first heat illness prevention course, the coach shall annually acknowledge in writing that the coach completed the course as required under this subdivision (b)(2)(C)(i), and that the coach understands the requirements and importance of the course; and

(ii) Receive training on activity modifications based on environmental conditions, such as lightning; and

(3) Each LEA and public charter school shall encourage all coaches, whether employed by the LEA or public charter school or a volunteer, to annually complete training in physical conditioning and in the use of training equipment to the extent such training is readily available.

(c) Each LEA and public charter school that provides a school youth athletic activity:

(1) Shall develop a code of conduct for coaches; and

(2) Is encouraged to visit the department of health's website to review the safety standards recommended for each level of recognition provided as part of the department's "Safe Stars Initiative", and to communicate with the department to ensure that all safety measures are up to date.

(d)

(1) Beginning with the 2023-2024 school year, an LEA or public charter school that provides a school youth athletic activity in which youth fourteen (14) years of age or younger are eligible to participate shall implement subsection (c) and ensure that the safety standards outlined in subsection (b) are implemented by all individuals actively involved in organizing, training, or coaching the school youth athletic activity at the LEA or public charter school.

(2)

(A) Beginning with the 2023-2024 school year, a private school, as defined in § 49-6-3001, shall implement subsection (c) and ensure that the safety standards outlined in subsection **(b)** are implemented by all individuals actively involved in organizing, training, or coaching a school youth athletic activity that is provided by the private school, if:

(i) Youth fourteen (14) years of age or younger are eligible to participate in the school youth athletic activity; and

(ii) The school youth athletic activity is conducted on property that is owned, managed, or maintained by this state or a political subdivision of this state.

(B) Private schools are encouraged to comply with the safety standards outlined in subsections (b) and (c) for school youth athletic activities that are not subject to the requirements of subdivision (d)(2)(A).

(3) Cities, counties, businesses, and nonprofit organizations that organize a community-based youth athletic activity, as defined in §§ 68-6-102 and 68-55-501:

(A) Are encouraged to comply with the safety standards outlined in subdivisions (b)(1)-(3) and subsection (c); and

(B) Shall ensure that at least one (1) individual who is actively involved in organizing, training, or coaching the community-based youth athletic activity has completed, and is in compliance with, the safety standards applicable to coaches and volunteers outlined in subdivisions (b)(1)-(3) and subsection (c), and that at least one (1) individual who has completed, and is in compliance with, the safety standards applicable to coaches and volunteers outlined in subdivisions (b)(1)-(3) and subsection (c) is present at each practice and competition of a community-based youth athletic activity, if:

(i) Youth fourteen (14) years of age or younger are eligible to participate in the community-based youth athletic activity; and

(ii) The community-based youth athletic activity is conducted on property that is owned, managed, or maintained by this state or a political subdivision of this state.

Tenn. Code Ann. § 49-6-3602

(a) The departments of education and health shall develop and post on the departments' respective websites guidelines and other relevant materials to inform and educate students, parents, and coaches about:

(1) The nature and warning signs of sudden cardiac arrest and the risks associated with continuing to play or practice after experiencing one (1) or more symptoms of sudden cardiac arrest, which include fainting, difficulty breathing, chest pains, dizziness, and an abnormal racing heart rate;

(2) Electrocardiogram (EKG) testing; and

(3) The student's or parent's option to request, from the student's family medical provider, that an electrocardiogram (EKG) be administered in addition to the student's comprehensive initial pre-participation physical examination, at a cost to be incurred by the student or the student's parent.

(b) The department of education, in collaboration with the department of health, shall develop a sudden cardiac arrest symptoms and warning signs information sheet that includes information about electrocardiogram (EKG) testing for purposes of § 49-6-3603. The information sheet must address the benefits and limitations of EKG testing.

(c) In developing the guidelines and materials under subsection (a), the departments may utilize materials developed by outside organizations.

Tenn. Code Ann. § 49-6-3603

(a) A student participating in, or seeking to participate in, an athletic activity, and the student's parent or guardian must sign and return to the student's public school an acknowledgement of their receipt and review of a sudden cardiac arrest symptoms and warning signs information sheet developed by the department of education that includes information about electrocardiogram (EKG) testing. The acknowledgement form required under this subsection (a) must be signed and returned each year that a student participates in, or seeks to participate in, an athletic activity.

(b) Each LEA and public charter school shall hold an informational meeting before the start of each school athletic season or publish a video on the LEA's or public charter school's website for students, parents, coaches, and school officials to learn about the symptoms and warning signs of sudden cardiac arrest; heat illness; concussions and other head injuries; and other health, safety, and wellness issues related to sports participation, and to receive information about electrocardiogram (EKG) testing and each of the safety plans and policies implemented in the LEA pursuant to § 49-6-3601(b)(2). Physicians, pediatric cardiologists, and athletic trainers may participate in the informational meeting.

2021

Chapter 272 of the Public Acts of 2021 enacted the "Safe Stars Act," which established certain health and safety requirements in regard to school youth athletic activities.

2023

Tenn. Code Ann. § 49-6-3601 was amended to require each school district and public charter school to encourage all employed and volunteer coaches to annually complete training in physical conditioning and the use of training equipment. It further requires all LEAs and public charter schools to have an emergency action plan that facilitates, organizes, and rehearses the actions of coaches and athletes in an emergency. Additionally, LEAs, public charter schools, and non-public schools providing youth athletics in which the participants are 14 years of age or younger must create a code of conduct for coaches and are encouraged to visit the Department of Health's website to review the safety standards recommended for each level of recognition provided as part of the TDOE's "Safe Stars Initiative", and to communicate with the TDOE to ensure that all safety measures are up to date. Non-public schools providing youth athletics to students older than 14 years are also required to meet these requirements if the athletic activity takes place on property owned by the state of a political subdivision.

Health Services Related Requirements of the Safe Stars Act

During a school sponsored youth activity, coaches will perform emergency first aid to their level of training and competence and activate emergency medical services (EMS)/911. All school district staff, including employed and volunteer coaches, are encouraged to receive general awareness training on common chronic health conditions (e.g., asthma, anaphylaxis, diabetes, and seizure disorders) including:

- Signs and symptoms,
- Emergency management (who is responsible for administering the emergency medication (if applicable) and first aid and where the emergency medication/first aid supplies will be located during the school sponsored youth activity),
- Documentation of training, and;
- Review of emergency protocols/plans with coaches.

Tier-level training information for school staff can be found in the [Chronic Health Conditions Toolkit](#).

School Youth Athletic Activity Allergy and Anaphylaxis Emergency Response Plan

An allergy and anaphylaxis emergency response plan must be implemented at each public school, including public charter schools, for school youth athletic activities. The plan must:

- Identify the signs and symptoms of allergic reactions, including severe allergic reactions and anaphylaxis;
- Provide information relating to the storage, location, use, and administration of epinephrine auto-injectors; and

- Include emergency follow-up procedures.

All employed and volunteer coaches should receive training on the components of the allergy and anaphylaxis emergency response plan outlined above to ensure they are prepared to respond to a student experiencing anaphylaxis with or without a known history.

Student athletes with a known history of life-threatening allergy/anaphylaxis should have a student-specific emergency action plan (EAP). Student-specific EAPs are different from the [school youth athletic activity EAP](#). Student-specific EAPs may also be referred to as emergency care plans (ECPs). A student's health care provider or the school nurse may develop an EAP/ECP when the student has a potential urgent health need that may be life threatening and require quick action to maintain the health and safety of the student. Additional information on student-specific EAPs/ECPs can be found in the [Guidelines for Healthcare in a School Setting](#).

An EAP/ECP for students with severe/life-threatening allergies/anaphylaxis should contain, at a minimum, the components listed above. In accordance with Tenn. Code Ann. § 49-1-208, the Department of Education, in consultation with the Department of Health developed a standardized form on which a student with an allergy may report the allergy to the school in which the student is enrolled. School districts shall require each school in the district to use the form to maintain a record of any student who has reported having an allergy.

Coaches should be provided with EAPs/ECPs and understand their responsibilities during the school youth athletic activity in accordance with district policy and applicable confidentiality and privacy laws. EAPs/ECPs should be stored to ensure accessibility during an emergency.

Coaches who will be assisting with the administration of epinephrine auto-injectors should be trained and training and demonstration of competency should be documented.

Cardiopulmonary Resuscitation (CPR) and Automatic External Defibrillator (AED) Training

SCA arrest is responsible for seventy-five percent of sudden death during sports and is the leading cause of non-traumatic death in youth athletes. Survival decreases by ten percent with each minute of delayed defibrillation (a life-saving treatment that shocks the heart with an electric current to restore its normal rhythm).

All employed and volunteer coaches of school districts and public charter schools that provide school youth athletic activities are required to receive training in CPR and in the use of AEDs.

School districts may choose to exceed the training requirement by certifying coaches from a national certifying organization such as the American Heart Association or American Red Cross. Whether receiving

training or certification, it is paramount that coaches know how to respond during SCA. High-quality CPR delivered early during an emergency saves lives!

CPR/AED training should align with best practice and at a minimum include:

- Basic physiology of SCA
- Signs and symptoms of SCA
- How to perform CPR with an AED (child and adult)
- Cardiac Emergency Preparedness (Response Plan/Flow)

At the conclusion of training, participants should be able to:

- Recognize signs/symptoms of SCA
- Know how to perform hands-only CPR (skills portion)
- Know how to use an AED (skills portion)
- Know how to activate the Cardiac Emergency Response Team (CERT)

Training should be conducted by a qualified health care professional (e.g., school nurse). Project ADAM provides SCA recognition and CPR/AED training at no cost to schools. Training resources can be found [here](#) and on the [Safe Stars Initiative webpage](#).

Concussion Recognition and Head Injury Safety Education Course

Participating in sports and engaging in physical activity places student-athletes at higher risk for injury. All employed and volunteer coaches of school districts and public charter schools that provide school youth athletic activities are required to annually complete the concussion recognition and head injury safety education course program required under Tenn. Code Ann. § 68-55-502.

School Youth Athletic Activity Emergency Action Plan and Rehearsal/Practice of Plan

The development, implementation, and rehearsal of an EAP helps to ensure the best care is provided quickly in the event of a sports related injury or emergency. Rehearsal allows coaches to maintain their emergency skills at a high level of competency, communicate new policies, protocols, and/or procedures, and improve overall team communication.

An emergency action plan must be implemented at each public school, including public charter schools, for school youth athletic activities. The plan must facilitate, organize, and provide for the rehearsal of the actions of coaches and athletes in an emergency.

Although the School Youth Athletic Activity EAP uses the same language as the student-specific EAP/ECP, the plans are not interchangeable. The student-specific EAP/ECP is intended for students with chronic health

conditions that have the potential to result in an emergency. The School Youth Athletic Activity EAP is a detailed plan for responding to common sports injuries and emergencies to ensure rapid emergency response.

The school youth athletic activity EAP documents emergency planning in preparation for potential emergencies and should be comprehensive yet applicable to any emergency that may occur. Districts should ensure every school youth athletic activity site/field/venue has an EAP for managing serious, life-threatening injuries and emergencies. Local EMS personnel should be consulted to develop the plan as each school youth athletic activity site/field/venue has a different layout, directions, and accessibility. Each plan should be unique for each site/field/venue so that the plan details the proper procedures to be followed after a serious or life-threatening injury occurs, including, but not limited to, responding to the injured individual, summoning emergency medical care, assisting emergency responders, and documenting the actions taken during the emergency.

The EAP should be specific to each athletic venue and address the following components:

Emergency Personnel: The emergency team involved when the EAP is activated and the roles and responsibilities of each individual.

Emergency Communication: Communication devices that are available, their location, phone number(s) to call in an emergency, specific information and directions to the venue to provide to EMS response team (e.g., EMS entrance place). Refer to district/school emergency operations plan (EOP) on communications devices and ensure devices are practiced with/used during drills. It is essential to have redundant methods of communication in the event that cellphone towers or Wi-Fi isn't working.

Emergency Equipment: Location of equipment should be quickly accessible and clearly listed. Equipment should be maintained on a regular basis and in accordance with manufacturer's instructions.

Medical Emergency Transportation: Options and estimated response times for emergency transportation.

Venue Directions with a Map: Specific to the venue and include instructions for easy access to venue.

Roles of First Responders: Establish scene safety and immediate care of the athlete, activation of EMS, equipment retrieval, direction of EMS to the scene. Provide consultation for development of EAP and participate in drills if applicable.

Emergency Action Plan for Non-Medical Emergencies: These emergencies can refer to the school EOPs (e.g. disaster/evacuation/crisis plans).

Health care providers (e.g., school nurse, district consulting health care provider, athletic trainer) and individuals involved with school youth athletic activities (athletic directors, athletic trainers, coaches, local

EMS services) should be aware and knowledgeable of the EAP's contents. School and district-level administration should determine who should participate in writing and/or reviewing EAPs. Districts should consider if any of the district and school safety team members who plan and have roles and responsibilities in EOPs should be engaged in the development and planning of the school athletic activity EAP.

SCA Symptoms and Warning Signs Information Sheet

The Department of Education, in collaboration with the Department of Health, developed a SCA symptoms and warning signs information sheet that includes information about EKG testing for purposes of Tenn. Code Ann. § 49-6-3603. The information sheet also identifies the benefits and limitations of EKG testing and can be found [here](#).

Student and Parent/Guardian Acknowledgement

A student participating in, or seeking to participate in, an athletic activity, and the student's parent or guardian must sign and return to the student's public school an acknowledgement of their receipt and review of the SCA symptoms and warning signs information sheet developed by the Department of Education that includes information about EKG testing. The acknowledgement form required must be signed and returned each year that a student participates in, or seeks to participate in, an athletic activity.

Informational Meeting/Video

Each school district and public charter school shall hold an informational meeting before the start of each school athletic season or publish a video on the school district's or public charter school's website for students, parents, coaches, and school officials to learn about the symptoms and warning signs of SCA; heat illness; concussions and other head injuries; and other health, safety, and wellness issues related to sports participation, and to receive information about EKG testing and each of the safety plans and policies implemented in the school district pursuant to Tenn. Code Ann. §49-6-3601(b)(2). Physicians, pediatric cardiologists, and athletic trainers may participate in the informational meeting.

Safe Stars Initiative

The Safe Stars Initiative, a collaboration between the Tennessee Department of Health and the Vanderbilt Youth Sports Health Center, recognizes youth sports leagues throughout Tennessee for providing the highest level of safety for young athletes. Districts and public charter schools are encouraged to visit the Department of Health's website to review the safety standards recommended for each level of recognition provided as part of the department's "Safe Stars Initiative," and to communicate with the department to ensure that all safety measures are up-to-date.

The goal of the Safe Stars Initiative is to provide resources and opportunities for youth sports leagues to enhance their safety standards. The criteria for achieving recognition as a Safe Stars league has been developed by a committee of health professionals dedicated to reducing sports-related injuries among

youth and designed to help schools meet the requirements of the Safe Stars Act. Safe Stars Recognition consists of three levels: Gold, Silver, and Bronze. If schools complete the requirements of the Safe Stars Initiative and are recognized at the Bronze Level, they will have completed the requirements of the Safe Stars Act. Districts are encouraged to achieve Silver and Gold level recognition to achieve higher levels of safety for students participating in school youth athletic activities. The Safe Stars recognition application, resources, and additional information can be found on the Department of Health's [Safe Stars Initiative webpage](#).

Tools & Resources

School districts may use these tools and resources to ensure compliance with the health services related requirements of the Safe Stars Act. Tools and resources should be reviewed for accuracy and recency prior to use.

Safe Stars Requirements Checklist

Each school district and public charter school that provides a school youth athletic activity is encouraged to visit the Department of Health’s [Safe Stars Initiative website](#) to review safety standards recommended for each level of Safe Stars recognition and to communicate with the Department of Health to ensure that all safety measures are up-to-date.

Source	Safe Stars Act Requirement	Health Services Related	Frequency	Individual(s) Responsible
Private Schools	Information for private schools can be found in Tenn. Code Ann. § 49-50-1602(2)(A);49-50-1602(2)(B)			
District	Allergy and Anaphylaxis Emergency Response Plan ¹ <input type="checkbox"/> Identifies signs and symptoms of allergic reactions, including severe allergic reactions and anaphylaxis <input type="checkbox"/> Provides information relating to the storage, location, use, and administration of epinephrine auto-injectors; and <input type="checkbox"/> Includes emergency follow-up procedures	Yes	In accordance with school and/or district policies Recommend to review/update annually	Each public school, including public charter schools, for school youth athletic activities
District	Background check and fingerprinting requirements ¹ <ul style="list-style-type: none"> ▪ Tenn. Code Ann. § 49-5-413(a) 	No	Prior to employment , and at least every (5) years thereafter	All employed and volunteer coaches
District	CPR and AED Training ¹ <i>*All school districts and public charter schools that provide a school youth athletic activity in which youth fourteen years of age or younger are eligible to participate shall also implement for all individuals actively involved in organizing, training, or coaching the school youth athletic activity.</i>	Yes	In accordance with school and/or district policy Recommend annually	All employed and volunteer coaches
District	Code of Conduct for Coaches ¹ <i>*School districts and public charter schools that provide a school youth athletic activity in which youth fourteen years of age or younger are eligible to participate shall also maintain a code of conduct for coaches.</i>	No	In accordance with school and/or district policy Recommend to review annually	School districts and public charter schools that provide a school youth activity
TDOH	Concussion Recognition and Head Injury Safety Education Course ¹ <ul style="list-style-type: none"> ▪ Tenn. Code Ann. § 68-55-502 	Yes	Required annually	All employed and volunteer coaches

¹ Tenn. Code Ann. § 49-6-3601

	<ul style="list-style-type: none"> Additional information available on the TSSAA Health & Safety Policies webpage <p><i>*All school districts and public charter schools that provide a school youth athletic activity in which youth fourteen years of age or younger are eligible to participate shall also implement for all individuals actively involved in organizing, training, or coaching the school youth athletic activity.</i></p>			
District	<p>Emergency Action Plan for School Youth Athletic Activities¹</p> <p><i>Does the plan facilitate, organize, and provide for the rehearsal/practice of the actions of coaches and athletes in an emergency?</i></p>	Yes	<p>In accordance with school and/or district policies</p> <p>Recommend to review and rehearse annually in conjunction with the district-wide and building-level school safety plans</p>	All employed and volunteer coaches and athletes
TDOH	<p>Heat Illness Prevention Course¹</p> <p>Additional information available on the TSSAA Health & Safety Policies webpage</p>	No	<p>No later than ninety days after start of employment/volunteer service; then annually acknowledge in writing that the coach completed the course as required.</p>	All employed and volunteer coaches who oversee or participate in outdoor training, practice, or competition
District	<p>Informational Meeting/Video on District website³</p> <p><i>*Physicians, pediatric cardiologists, and athletic trainers may participate in the informational meeting</i></p> <p>Symptoms and warning signs of:</p> <ul style="list-style-type: none"> SCA Heat illness Concussions and other head injuries Other health, safety, and wellness issues related to sports participation <p>Receive:</p> <ul style="list-style-type: none"> Information about EKG testing Safety plans and policies implemented in the LEA pursuant to Tenn. Code Ann. § 49-6-3601(b)(2) 	Yes	<p>Prior to the start of each athletic season</p>	Students, parents, coaches, and school officials
TDOH TDOE	<p>Acknowledgement of receipt and review of the SCA Symptoms and Warning Signs Information Sheet²</p>	Yes	<p>Completed each year a student participates or seeks</p>	Student and parent/guardian

² Tenn. Code Ann. § 49-6-3602

			to participate in an athletic activity	
District	Severe weather policy ¹ Additional information available on the TSSAA Health & Safety Policies webpage	No	In accordance with school and/or district policies Recommend to review annually	All employed and volunteer coaches who oversee or participate in outdoor training, practice, or competition
TDOH	SCA Education Program ¹ <ul style="list-style-type: none"> ▪ Tenn. Code Ann. § 68-6-103 ▪ Additional information available on the TSSAA Health & Safety Policies webpage <p><i>*All school districts and public charter schools that provide a school youth athletic activity in which youth fourteen years of age or younger are eligible to participate shall also implement for all individuals actively involved in organizing, training, or coaching the school youth athletic activity.</i></p>	Yes	Required annually	All employed and volunteer coaches and school athletic directors
District	Training on activity modifications based on environmental conditions ¹	No	Required annually	All employed and volunteer coaches who oversee or participate in outdoor training, practice, or competition
District	Training on Physical Conditioning and Training Equipment ¹	No	Recommend annually	Coaches, whether employed by the school district or public charter school or a volunteer

Cardiac Emergency Response Drill Recommendations³

Conducting regular cardiac emergency response drills is the best way to determine if the school's CERP works. Drills test the school's communication system and the response team's readiness. The steps below can be used to execute a basic school-based cardiac emergency response drill. Utilize the [Drill Summary Checklist](#) for an objective post-drill review. Drills are encouraged to be performed at least two times annually to assure optimal performance during an actual emergency. Multiple drills should be considered if the school has more than one response team.

Planning the Drill

When: Inform the school team that they will be doing a cardiac emergency response drill in the next few weeks, so they have time to review the CERP in advance. Do not tell them exactly when the drill will occur. It is important once the drill is underway that it be clearly communicated to all participants that it is a drill and not a true medical emergency.

Who: The drill will involve the school's site champion (e.g., school nurse), Cardiac Emergency Response Team (CERT), office staff and an objective observer (to record times on the Drill Summary Checklist).

It is recommended a Site Champion be identified at each school to set up the drills. Determine the manner in which classes will be "covered" during a drill or true cardiac emergency if classroom teachers are on the CERT. All other team members should be responsible for ensuring CPR and the AED are initiated promptly.

What: You will need:

AED Training Unit

- Manikin (must be compatible with AED Training Unit)
- Cell Phone/Telephone/Walkie Talkie
- [Drill Summary Checklist](#) – on clipboard with pen or pencil
- Stopwatch

Where: Location of drills can be anywhere on school campus so all staff can consider what they will be looking for (unresponsiveness and abnormal or no breathing) and their actions. If students are on campus be sure they are informed beforehand about what the drill may look like and that it is only a drill.



Rutherford County Schools and local emergency responders collaborate to practice a cardiac emergency response drill.

³ Adapted from Project ADAM

Establish Procedure Notification Language: Use plain language to initiate a response to a cardiac emergency by the CERT. The language (e.g., CPR/AED Procedures Activated) should be communicated on the drill day and in a cardiac emergency as defined in your school's communication plan. Encourage team members to be descriptive in addition to a code name and state there is a medical emergency occurring in room (#), the teacher's name, and geographic location.

Establish a Communication System: Choose a method of mass communication to the team (i.e. overhead announcements, intercoms, walkie-talkies, cell phones, etc.) so the CERT will know the drill has been initiated.

The Day of the Drill

The site champion should place a manikin on the floor along with the AED training unit. The individual who finds the AED training unit, or "victim," will call the front office advising them that this is only a drill and there is an unresponsive victim and provide the location. The CERP is now in effect. The school's CERT should be notified using the established code name (e.g., Code Blue) using the team's established communication system (e.g., overhead announcements, intercoms, walkie-talkies, cell phones, etc.). The team's designated observer should record the times each step happens using the Drill Summary Checklist. The site champion provides the first rescuer to arrive (Rescuer 1) a short scenario, if applicable. The AED training unit is already placed at the drill location ready to be swapped out with the real school AED brought to the scene. Proceed as if this was a cardiac arrest situation. *Never use the real AED pads for drills.*

After the Drill

Participants should be thanked for responding. The drill summary checklist should be reviewed with participants, noting the times and duration of different steps of the response. Responders should share feedback and any suggestions and concerns should be discussed (e.g., communication problems). Identified action steps/changes to the plan and protocol should be discussed with the CERT and school administrator. Another drill should be scheduled to assess the revised plan, if needed.

Cardiac Emergency Response Drill Summary Checklist⁴

Date/Time:		
School:		
Drill Location and Scenario:		
Response Action	Yes	No
Victim unresponsiveness was determined.	<input type="checkbox"/>	<input type="checkbox"/>
Office was called.	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Emergency Response Team (CERT) was called.	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Services (EMS)/911 was called.	<input type="checkbox"/>	<input type="checkbox"/>
CERT arrived.	<input type="checkbox"/>	<input type="checkbox"/>
CPR was started.	<input type="checkbox"/>	<input type="checkbox"/>
AED arrived at the scene within two minutes.	<input type="checkbox"/>	<input type="checkbox"/>
AED pads were placed immediately on the victim's bare chest.	<input type="checkbox"/>	<input type="checkbox"/>
AED advised a first shock.	<input type="checkbox"/>	<input type="checkbox"/>
Proper body mechanics re: CPR.	<input type="checkbox"/>	<input type="checkbox"/>
Proper AED pad placement	<input type="checkbox"/>	<input type="checkbox"/>
Someone went to meet/direct EMS.	<input type="checkbox"/>	<input type="checkbox"/>
Crowd control took place.	<input type="checkbox"/>	<input type="checkbox"/>
AED Drill Activity ***will need stopwatch or timer*** <i>Start timer when first person arrives on scene and discovers the victim.</i>		Recorded Time
Time from discovery of the victim to the overhead drill announcement.		
Time from discovery of the victim to initiation of high-quality CPR.		
Time from discovery of the victim to delivery of 1st AED shock Goal: three minutes or less		
Debriefing		
What did you learn from the drill?		
What felt good about your response?		
What was difficult to remember		
What, if any, changes would you like to make to improve your school's response plan?		
Do you feel better prepared after this drill?		
CERT Team Members who attended the drill:		
1	2	3
4	5	6
7	8	9

Talking Points For Debriefing

- | | | |
|---------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Clear communication among team | <input type="checkbox"/> Prompt retrieval of AED | <input type="checkbox"/> Skill in AED use |
| <input type="checkbox"/> CPR until pads placed and analysis begins | <input type="checkbox"/> Immediate CPR after shock | <input type="checkbox"/> Good documentation of events |
| <input type="checkbox"/> Clear ID of victim location when announced | | |

School Youth Athletic Activity EAP Checklist

Recommendation	Completed
<p>Every athletic activity venue/site has a written EAP for managing serious and or potentially life-threatening injuries.</p> <p><input type="checkbox"/> Nationally recognized, evidence-based core elements and standards were incorporated into the written EAP.</p>	<input type="checkbox"/>
<p>The EAP was developed in consultation and coordinated with local EMS, venue public safety officials, on-site medical personnel, organization administrators, and others as appropriate.</p>	<input type="checkbox"/>
<p>On-site emergency equipment that may be needed in an emergency situation and the location of the equipment is listed in the EAP.</p>	<input type="checkbox"/>
<p>The EAP identifies personnel (e.g., athletic staff members, school personnel, health care professionals) and their responsibilities to carry out the plan of action with a designated chain of command.</p>	<input type="checkbox"/>
<p>The EAP contains appropriate contact information for EMS.</p>	<input type="checkbox"/>
<p>The EAP should be specific to each venue and include maps and/or specific directions to that venue to help emergency personnel access the school youth athletic activity. (e.g., address, location, contact information).</p>	<input type="checkbox"/>
<p>The EAP specifies documentation actions that need to be taken post emergency (e.g., responding to the injured individual, summoning emergency medical care, assisting emergency responders, documenting the actions taken during the emergency).</p>	<input type="checkbox"/>
<p>The EAP should be available at each venue in an accessible location and all staff members are aware of its location.</p>	<input type="checkbox"/>
<p>The EAP is reviewed and rehearsed annually or before each season begins by all parties involved.</p>	<input type="checkbox"/>
<p>Health care professionals who will provide medical coverage during games, practices, or other events are included in the EAP.</p>	<input type="checkbox"/>
<p>The EAP is distributed to all athletic staff members, school personnel, and health care professionals identified in the EAP.</p>	<input type="checkbox"/>

Example School Youth Athletic Activity EAP⁴

This plan should be updated based on the unique needs and conditions of each athletic site/venue.

School Address: Click or tap here to enter text.
Emergency Communication/Phone Numbers
School Phone Number: Click or tap here to enter text. Cell Phone Number(s): Click or tap here to enter text. Athletic Trainer: Click or tap here to enter text. Athletic Director: Click or tap here to enter text. School Security Officer: Click or tap here to enter text.
Medical Emergency/Fire: 911
Hospitals: Hospital #1: Click or tap here to enter text. Hospital #2: Click or tap here to enter text. Hospital #3: Click or tap here to enter text.
On-Site Emergency Personnel
Athletic Trainer: Click or tap here to enter text.
Other Emergency Personnel: Click or tap here to enter text.
Location of Emergency Equipment
AED(s)
1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
EpiPen(s)
1. Click or tap here to enter text.
First Aid Supplies
1. Click or tap here to enter text.
Emergency Responder Protocol (if no athletic trainer present)
1. Immediate Care of Athlete Person Responsible: Click or tap here to enter text. <ul style="list-style-type: none">Athletic Trainer will notify the coach of their location if they will not be a sports practice or game. The Athletic trainer must be notified of an emergency immediately.DO NOT move the injured person if a head/neck/back injury is suspectedBegin CPR if indicated
2. AED Retrieval Person Responsible: Click or tap here to enter text. <ul style="list-style-type: none">Immediately power on the AED.Open the AED and follow prompts.
3. Activation of EMS Person Responsible for calling 911: Click or tap here to enter text. <ul style="list-style-type: none">Provide information to operator:

⁴ Adapted from EAP provided by Chelsea Robl, MA, LAT, ATC, Powell High School, Knox County Schools

- Name, age, possibly injury and status (consciousness, breathing, circulation, breathing) of injured person.
- Telephone number of caller
- First aid care administered to injured individual
- Location of injured individual
- Do not hang up until the operator advises the caller to do so.
- Direct EMS to the scene:
 - Ensure this individual has keys to unlock gates/doors that may be locked.
- Control crowd and move bystanders out of the way: *Click or tap here to enter text.*
- Retrieve medical paperwork on the injured student: *Click or tap here to enter text.*

4. After EMS arrives and takes over

- Athletic Trainer or coach contacts the parent/guardian of the injured student
- School representative follows the injured student to the hospital with proper medical information paperwork (e.g., physical, emergency treatment release, etc.) if no parent/guardian is present.
- Athletic trainer/coach completes injury report

Emergency Vehicles Entrance for Sporting Venues

Football Stadium: *Click or tap here to enter text.*

(e.g., Stadium is located south of school. Enter parking lot off of Brickyard Road. Field is accessible through the gates at the northwest end of the parking lot.

(Aerial photo can be inserted with arrows/markers indicating point of entry)

Alternate Access Point: *Click or tap here to enter text.*

(e.g., If the primary access point is blocked, enter through the bus lane off of W. Emory Road. Continue behind the building through the gates along the west side of the building.)

Practice Football Field: *Click or tap here to enter text.*

Alternate Access Point: *Click or tap here to enter text.*

Gymnasium: *Click or tap here to enter text.*

Alternate Access point: *Click or tap here to enter text.*

Baseball Stadium: *Click or tap here to enter text.*

Alternate Access Point: *Click or tap here to enter text.*

Soccer Field: *Click or tap here to enter text.*

Alternate Access Point: *Click or tap here to enter text.*

Inclement Weather Plan

All Outdoor On-Campus Venues

Click or tap here to enter text.

(e.g., Participants will be directed to the gymnasium. Spectators will be directed to their vehicles. Specific instructions will be given to visiting coaches and officials during the pre-game coaches meeting.

***Waiting 30 minutes to resume activities after hearing any thunder or seeing any lightning yields 90% to 95% confidence that no more lightning will occur).*

Location of Emergency Resources/Personnel During Home Football Games



1. Officials Locker Room
 2. Home Locker Room
 3. Visitor Locker Room (underneath bleachers)
 4. Cold Water Immersion (underneath bleachers)
 5. KOC Athletic Trainer
 6. KOC Physician
 7. EMS
 8. Game Administration
 9. AED (Home fifty-yard line, lobby, complex)
- * Security Officers (as numbers allow)

Example Abbreviated CERP³

This plan is an example from a school that has implemented Project ADAM. It should be updated with school specific details if used for program implementation.

This is adopted by <i>(school name)</i> effective <i>(date)</i> .	
School Name and Address:	
School Emergency Phone Number(s) <i>Insert #s for school-hours & after-hours, may be office during school hours</i>	
1.	
2.	
3.	
CERT Members	
Team Coordinator:	<input type="checkbox"/> CPR
1. <input type="checkbox"/> CPR	5. <input type="checkbox"/> CPR
2. <input type="checkbox"/> CPR	6. <input type="checkbox"/> CPR
3. <input type="checkbox"/> CPR	7. <input type="checkbox"/> CPR
4. <input type="checkbox"/> CPR	8. <input type="checkbox"/> CPR
AED Location(s)	
1.	3.
2.	4.
SCA events can vary greatly. Faculty, staff, and CERT members must be prepared to perform the duties outlined below. Immediate action is crucial to successfully respond to a cardiac emergency.	
Follow these steps in responding to a suspected cardiac emergency during school hours:	
1. As soon as a SCA is suspected, the teacher/staff closest to victim alerts front office using notification language, "CPR/AED Procedures Activated" in room _____. If student is unresponsive, begin CPR.	
2. Front office announces alert: "CPR/AED Procedures Activated" in Mr./Mrs. _____ (classroom, room #_____, gym, football field, cafeteria, etc.). AED team report to (location) immediately. All staff should contain their students in current classroom until further notice." Front office also calls 9-1-1, providing the school address and patient condition. Front office staff will facilitate access to the victim for arriving EMS personnel by specifying which door to enter, sending someone to go to door to wait for EMS arrival, and escorting them to the exact location of the victim.	
<ul style="list-style-type: none"> ▪ If classroom teachers are members of the CERT, they will need a pre-established backup plan to cover their classrooms. ▪ It is assumed that teachers will have a means to communicate, either by intercom, cell phone or walkie-talkie, no matter where on the school grounds they may be. 	
3. All team members will report immediately to the victim. The team member closest to the AED should retrieve the AED enroute to the scene, leaving the AED cabinet door open; the alarm typically signals other team members that the AED has been retrieved.	
4. If CPR has not been initiated, then the closest CPR certified person begins CPR. If no one is present that has been trained, perform Hands Only CPR by pushing hard and fast in the center of the chest. The goal is 100 compressions per minute.	
5. When the AED is brought to the victim's location, press the power-on button, attach the pads to the victim as shown in the diagram on the pads, and follow the AEDs visual and audible prompts. If shock is needed, the AED will deliver one or more shocks. Continue CPR until the victim is responsive or EMS arrives and takes	

over.

6. One responder brings a walkie-talkie to communicate with the office and documents events. It should be noted the time event occurred, when CPR was started, when and if the AED delivered a shock(s), when EMS arrived and victim's condition when EMS arrived.
7. Do not turn off or remove AED from the victim. Ask EMS if they have a method to download information of the event from the AED or consider sending the AED with EMS to the nearest hospital so that record of event is available for emergency room physicians.
8. Crowd control is maintained by staff not directly involved in resuscitation.
9. Front office staff should:
 - Contact the parent/guardian
 - A copy of the victim's emergency card should be sent with EMS (if available).
 - Contact school district administration and other appropriate departments per the school district's policy
 - Upon transport of victim by EMS, the front office should announce "CPR/AED Procedures all clear. Staff may resume normal schedules."

Example Abbreviated CERP³

This plan is an example from a school that has implemented Project ADAM. It should be updated with school specific details if used for program implementation.

Check
When a single faculty or staff member arrives on the scene of a medical emergency, that individual is to check on the status of the individual. <input type="checkbox"/> Are they conscious, breathing, bleeding, etc.?
Call
Indoor School Days
<ol style="list-style-type: none">1. The person announces the emergency to others in the immediate area.2. The member or designee activates EMS if deemed necessary by calling 911 and retrieves the nearest AED if the victim is unconscious or exhibits other signs of cardiac distress (e.g., loss of consciousness, chest pain, shortness of breath or tingling or numbness in upper extremities).3. If the person is alone with an infant under one year of age, that does not have a pulse, administer two minutes of CPR, then call 911. School address is given. Provide requested information to 911 Operator.4. Employee notifies Security on Radio Channel 1 if available or by calling Extension 999 from an internal phone. Other methods of contacting Security include:<ul style="list-style-type: none">▪ Dialing "0" from an internal phone.▪ Phone (414) 507-3557 (Security Cell).▪ Phone (414) 352-6000 (Reception Desk between 7AM and 6PM on school days).5. For incidents that occur during the school day and during After-School Care (7:30AM to 6:00PM), security will initiate an all building page and radio notifications that announce the emergency and location. The appropriate Emergency Medical Team will respond to the incident.
Outdoors After 3:20PM
For incidents that occur outdoors, (Athletic Fields) after the school day (3:20PM). Coaches will initiate the emergency medical response as described above in #1-#3. Coaches will notify Security and the Athletic Trainer via radio.
Care
<ol style="list-style-type: none">1. Provide CPR and AED aid as soon as possible if unresponsive, no breathing, and no heartbeat. First AED shock should be within three minutes of the person's crisis.2. Provide appropriate care for any other emergency situation (e.g., bleeding, anaphylaxis, asthma attack, seizure, etc.).
Further Communication Steps
<ol style="list-style-type: none">1. Security will coordinate resources:<ul style="list-style-type: none">▪ Carry out an all-school page for the CERT members to report at the medical incident site.▪ Ensure the school nurse, if available, has been notified and informed of medical details.▪ Communicate with dispatch and responding medical assistance. Sends radio equipped employees to meet and lead EMS.2. Notify the parent/guardian of the situation, illness or injury, and include type of injury/illness, medical care being given and discuss appropriate medical facility if necessary.3. Follow-up notifications to school administrator(s).
Incident Command (IC)
<ol style="list-style-type: none">1. Initiates Incident Command System (ICS) by identifying themselves as the IC, announcing the location of the Command Post (CP) and recommended direction of travel for responders. The IC may be the school

administration (e.g., principal, assistant principal), a SRO (School Resource Officer), a school nurse, athletics administrator or coach depending on the situation. Transfer of IC is possible upon agreement between parties.

2. Debrief incident to include:
 - Who will file the incident report.
 - Follow-up with the parent/guardian.
 - Review the incident response.
3. An incident report will be filed that will detail the incident while considering patient confidentiality. Consult the school nurse if necessary.
4. Nursing documentation will be completed if the incident involves a student or employee. This will be kept in the student's electronic school health record. Documentation on the employee will be kept in the school clinic in the individual's health file.

Example Abbreviated CERP³

This plan is an example from a school that has implemented Project ADAM. It can be used for planning purposes and should be updated with school specific details if used for program implementation.

AED Emergency	
Location of AED(s)	
Method to Announce Alert	"CPR/AED Procedures Activated – Mr./Ms. _____ room"

CPR Team Members/CPR Expiration	Extension	AED Team Members

Emergencies requiring CPR/AEDs may vary greatly and any of the CPR/AED team may be called upon to assist in any steps of the response plan.

- | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Teacher/Staff alerts the school nurse of the emergency at extension _____ (if the student is not responsive, tell the school nurse to bring the AED), start CPR, remove students to adjacent classroom and then stay with the victim. |
| 2. Announce Alert: "CPR/AED Procedures Activated – Mr/Ms _____ room" (give exact location). All members should go immediately to that location. |
| 3. If CPR has not been initiated, then the closest CPR certified person begins CPR. When the school nurse arrives, they will take over CPR and medical care. |
| 4. _____ will bring a walkie-talkie to communicate with office and will document events. _____ will be the backup. |
| 5. Any CPR or AED team member will grab the AED, leaving the AED box door open so the alarm will signal other team members that the AED has been taken. |
| 6. AED team member at the site of the incident will notify EMS (Note the time EMS was called and when they arrive). |
| 7. _____ will meet EMS and show them to the location. _____ will be the backup. |
| 8. _____ will notify Administration Building at extension _____. _____ will be the backup. |
| 9. _____ will call and inform the parent/guardian and determine preferred hospital. _____ will be the backup. |
| 10. _____ will copy the victim's emergency information and send it with EMS. _____ will be the backup. |
| 11. Crowd control is maintained. |

Non-Emergency Responsibilities

The school nurse will notify local Police/Fire Department of presence and location of AED unit(s) on site. The school nurse will also be responsible for maintaining AED checklist and providing ongoing training and updates to members of the AED/CPR team.

Example CERP³

AED Emergency Plan	
Location of AED(s)	
Method to Announce Alert	"CPR/AED procedures activated – Mr./Ms. Room" via intercom/walkie-talkie

CERT Members/CPR Expiration	Coverage	CERT Members/CPR Expiration	Coverage

SCA events can vary greatly. Faculty, staff, and CERT members must be prepared to perform the duties outlined below. Immediate action is crucial!

AED Response Plan "CPR/AED Procedures Activated"
1. As soon as cardiac arrest/medical emergency is suspected, the staff member closest to the victim alerts front office of "CPR/AED Procedures Activated" . If the individual is unresponsive, not breathing or no heartbeat, begin CPR.
2. Remove students from the location if possible.
3. Announce Alert: "CPR/AED Procedures Activated – Mr/Ms ____ room" (give exact location). All CERT members should go immediately to that location. Front office will call 911, providing the school address and victim's condition. The front office will facilitate access to the victim by specifying which door to enter and send someone to the specified door to wait for EMS arrival, escorting them to the exact location of the victim. The front office will copy victims emergency information and send it with EMS. The front office will call and inform parent/gaurdian and determine preferred hospital.
4. All CERT members will report immediately to the victim. The CERT member closest to the AED should retrieve the AED en route to the scence, leaving the AED cabinet door open to alarm other team members. If CPR has not been initiated or non-certified person has initiated CPR, then the closest CPR certified person begins CPR.
5. Immediately open AED and properly apply AED pads. Follow the AED's prompts. If shock is needed, the AED will deliver one or more shocks. Continue CPR until the victim is responsive or EMS arrives and takes over.
6. ____ will bring a walkie-talkie to communicate with the office and will document events. The following should be recorded: <ul style="list-style-type: none"> ▪ Time event occurred ▪ When CPR was started ▪ When and if the AED delivered a shock(s) ▪ When EMS arrived and the victim's condition upon EMS arrival. ____ will be the backup.
7. ____ will announce "Code Medical" ____ will be the back up.
8. ____ will call 9-1-1 and report school adress and victim's condition. ____ will be the back up.
9. ____ will meet EMS and show them to the location. ____ will be the backup.
10. ____ will notify Administration Building at extension 2004 (1 st) or 2001 (2 nd). ____ will be the backup.

- | |
|-----------------------------------------------------------------------------------------------------------|
| 11. _____ will call and inform parents/family and determine preferred hospital. _____ will be the backup. |
| 12. _____ will copy the victim's emergency information and send it with EMS. _____ will be the backup. |
| 13. _____ will announce "CPR/AED Procedures all clear. Staff may resume normal schedules". |
| 14. Crowd control is maintained by staff not directly involved in resuscitation. |

Teacher and Staff Actions

- Secure a safe scene by instructing students to clear the area.
- Assure students remain in the classroom until there is an "all clear" announcement. If teacher assistance is not required at the scene, continue teaching to maintain normalcy.
- Assure all students are accounted for. Instruct any students who may be temporarily away from the classroom to return promptly.
- Debrief with students after the event. Refer students to counseling services as appropriate.

Training Videos, Checklists, and Resources for Health Services Related Requirements

The following resources and links are for informational purposes only and do not represent official policies, procedures, or guidance of the Tennessee Department of Education. Additionally, the Tennessee Department of Education bears no responsibility for the accuracy, legality, or content of the external sites. The \$ symbol indicates there is a fee associated.

SCA/CPR/AED

- [Project ADAM Heart Safe Schools](#)
Heart Safe School Checklist, Heart Safe School Toolkit, Templates & Videos
- [Recognize, React, Rescue: Effectively Treating Sudden Cardiac Arrest](#)
Video
- [How to SAVE a LIFE - Recognize Sudden Cardiac Arrest in Athletes](#)
Video
- [How to Use an AED on All Ages](#)
Video
- [Taking Action: Bystander CPR and using an AED](#)
Video
- [Project ADAM CPR and AED Training: Parts 1-4](#)
Video
- [\\$ National Federation of State High School Associations \(NFHS\) CPR & AED Training](#)
Topics include emergency preparedness, calling 911, CPR/AED, and additional considerations
- [American Heart Association Saving Lives with the AED](#)
Brief video that highlights the impact of prompt response to SCA events with AEDs
- [American Heart Association AED Program](#)
Checklist
- [American Heart Association On-site AED Program](#)
Guide to implementing an AED Program

CERP

- [American Heart Association CERP](#)
Downloadable and editable CERP
- [American Heart Association](#)

CERP Sports Checklist

AED Funding Resources

While some school districts may elect to use Tennessee Investment in Student Achievement (TISA) funding to purchase devices that support student safety such as AEDs, others may choose to contact local community partners (e.g., (Lion's Club, Kiwanis Club, Rotary Clubs, local EMS/hospitals) for potential AED funding opportunities.

- Tennessee Investment in Student Achievement (TISA) Funding
- [Firehouse Subs](#)
Funding opportunity
- [Hopey's Heart Foundation](#)
Funding opportunity
- [In a Heart Beat](#)
Funding opportunity
- [Michael Vincent Sage Dragonheart Foundation](#)
Funding opportunity
- [Eastern Tennessee Volunteer Energy Corporation Customers](#)
Funding opportunity
- State/Federal grant opportunities

Concussion

- [HEADS UP to Youth Sports: Online Concussion Training for Coaches](#)
Training video with knowledge checks
- [HEADS UP to Athletic Trainers: Online Concussion Training](#)
Training video with knowledge checks
- [NFHS Concussion Recognition and Management in High School Sports](#)
Topics include concussion overview, signs and symptoms, and responsibilities, post-test
- [TSSAA Concussion Policy](#)
Policy
- [NFHS Concussion Training for Students](#)
Topics include signs and symptoms, treatment and prevention, certificate of completion

- [Brain Links](#)
Trainings, webinars, podcasts, toolkits, and resources
- [Return to Learn/Return to Play: Concussion Management Guidelines](#)
Guidance on returning to school and/or school youth athletic activities

EAP for School Youth Athletic Activities

- [Korey Stringer Institute](#)
Example EAP
- [\\$ PREPARE 2020 – National Center for Sports Safety](#)
Topics include EAPs, environmental concerns, emergency recognition, medical considerations, first aid, head injuries, and injury prevention
- [Anyone Can Save A Life](#)
E-Learning Module on how to develop an EAP
- [Emergency Action Plan Sample](#)
Example EAP
- [TSSAA EAP for Visiting Teams](#)
Downloadable word document
- [Korey Stringer Institute EAP](#)
Downloadable and editable EAP
- [National Alliance for Youth Sports](#)
Printable example EAP

Student-Specific EAP

- Tennessee Department of Education Allergy & Anaphylaxis Form

Allergy and Anaphylaxis Emergency Response Plan for School Youth Athletic Activities

- [Asthma & Allergy Foundation of America](#)
Example that can be adapted as an allergy and anaphylaxis emergency response plan if anaphylaxis occurs during a school youth athletic activity and there is no known history of anaphylaxis

Instructions For Making a DIY CPR Manikin³

Soda Bottle Manikin

Supplies:

- 1 T-Shirt
- 1 2-Liter Plastic Bottle
- 3 Rubber Bands
- Some type of filler material (e.g., newspaper, paper, or plastic bags)

Instructions:

1. Ensure the 2-liter bottle is completely empty with its cap screwed on tightly.
2. Insert the 2-liter bottle into the shirt in the center of where a person's chest would be on their breastbone.
3. Insert the filler into the shirt around the bottle, ensuring the bottle stays aligned down the front center of the shirt.
4. Tie a rubber band around each of the two arms and the bottom of the t-shirt.



Toilet Paper Manikin

Supplies:

- 1 Unused Toilet Paper Roll
- 1 T-shirt (a thicker shirt is suggested)
- 1 Bath Towel

Instructions:

1. Insert the t-shirt into the toilet paper tube, ensuring the tube is in the center of the shirt.
2. Place the toilet paper roll and t-shirt in the center of the folded towel.
3. Fold over the towel, covering the toilet paper roll.



Frequently Asked Questions

1. **How is school youth athletic activity defined?**

As defined in Tenn. Code Ann. § 68-55-501, “school youth athletic activity” means a school or local education agency organized athletic activity where the majority of the participants are under eighteen (18) years of age, and are engaging in an organized athletic game or competition against another team, club or entity or in practice or preparation for an organized game or competition against another team, club, or entity. “School youth athletic activity” does not include college or university activities or an activity which is entered into for instructional purposes only, an athletic activity that is incidental to a nonathletic program or a lesson.

2. **Should EAPs be posted on school youth athletic activity sites/locations (e.g. sports field) where anyone can see or use them?**

It is considered best practice to post EAPs in an easily viewable area of a school youth athletic activity site/location to ensure the school youth sports athletic activity EAP is on-site. It is encouraged to label the EAP clearly and properly for each school.

3. **What if the school youth athletic activity does not have medical staff at the event?**

It is essential to have an EAP posted for activities taking place, especially if trained medical staff are not present.

4. **How are different school youth athletic activity sites with different addresses incorporated into the school youth athletic activity EAP?**

Consider making a general school youth athletic activity EAP with standard procedures for all sites, but include separate venue-specific addresses/locations in special sections or on laminated “911 calling-cards.” Each card can be placed at its respective venue/location, laminated, and velcroed/taped to the permanent EAP or in the coaches’ binders. This ensures the calling card can be removed and easily transported to the patient/victim during an emergency.

5. **Is the EAP difficult to understand for non-medical staff?**

Have medical professionals (e.g., school nurse), coaches, and other individuals without medical training review the document and ensure the document is understandable for non-medical staff and lay people. The EAP should be specific to ensure role delineation is clear, but general enough that any group of individuals can quickly decide their roles during an emergency.

6. **Is first aid training required for all employed and volunteer coaches and school athletic directors?**

Yes, Chapter 625 of the Public Acts of 2024, the “Smart Heart Act,” added a first aid training requirement as part of the sudden cardiac arrest education course program outlined in Tenn. Code Ann. § 68-6-103(b)1(B).

7. Are there additional AED requirements for public and nonpublic schools that serve grades nine through twelve?

Yes, Chapter 625 of the Public Acts of 2024, the “Smart Heart Act,” added additional AED requirements for public and nonpublic schools serving any of the grades nine through twelve. Public and nonpublic schools that serve any of the grades nine through twelve are required to maintain an AED that is accessible during the school day and during all school youth athletic activities in which students in grades 9, 10, 11, and/or 12 are participating. The AED(s) maintained by the public and nonpublic schools serving any of the grades nine through twelve must:

- Be identified with signage;
- Be located on-site of the school youth athletic activity or placed and made available in an unlocked location on school property that allows for the AED to be used on an individual who may experience a sudden cardiac arrest event while the individual is on-site of the school youth athletic activity within three (3) minutes; and
- Meet the requirements of title 68, chapter 140, part 408.

8. Are there additional athletics emergency action plan (AEAP) requirements for public and nonpublic schools serving any of the grades nine through twelve?

Yes, Chapter 625 of the Public Acts of 2024, the “Smart Heart Act,” added additional AEAP requirements for public and nonpublic schools that serve any of the grades nine through twelve beginning September 1, 2024. These schools are required to establish, review, and **annually** rehearse an EAP for responding to serious or life-threatening injuries sustained by students participating in school youth athletic activities. The AEAP for nonpublic and public schools that serve any of the grades nine through twelve must, at a minimum:

- Identify the address or venue of each school youth athletic activity for the respective school year; (2) Identify the personnel in each school who are responsible for carrying out the AEAP, including their assigned responsibilities and the designated chain of command;
- Identify any health care professionals who may provide medical care during school youth athletic activities;
- Identify any equipment and supplies that may be needed to respond to a medical emergency at a school youth athletic activity, including the location of each item;
- Describe the proper procedures to be followed after a serious or life-threatening injury occurs, including, but not limited to, responding to the injured individual, summoning emergency medical care, assisting emergency responders, and documenting the actions taken during the emergency; and,
- Provide contact information for emergency medical services and directions to assist emergency personnel in accessing the location of a school youth athletic activity.

The AEAP for public and nonpublic schools that serve any of the grades nine through twelve must:

- Integrate nationally recognized, evidence-based core elements or standards;
- Be memorialized as a written document, specific to the sites under the control of the school where school youth athletic activities are conducted;

- Be developed in consultation with local emergency medical services personnel; and
- Be distributed to all athletics staff members, school personnel identified in the AEAP under subdivision and health care professionals identified in the AEAP.

[The School Youth Athletic Activity EAP Checklist](#) can be used to assist districts in creation of the AEAP required by the Smart Heart Law and ensuring school youth athletic activity EAPs required by the Safe Stars Act align with nationally recognized and evidence-based practice.

9. What is a CERP and are schools required to have one?

Chapter 625 of the Public Acts of 2024, the “Smart Heart Act,” requires each local board of education and public charter school to develop and adopt a CERP. A CERP outlines the steps that should be taken to respond to a SCA event that occurs within a school building or on school grounds. A CERP must:

- Be implemented at each public school governed by the local board of education or public charter school governing body;
- Identify the number of AEDs that must be placed within each school building or on school grounds that are used for academic, athletic, or other community purposes, in addition to the AED required in subsection (b) and any AEDs required pursuant to Section 4 of Chapter 625 of the Public Acts of 2024
- Establish a CERT at each public school that is responsible for carrying out the CERP, including the response protocols each team is responsible for implementing and overseeing in a sudden cardiac arrest event. If the board or governing body is required to establish an athletics emergency action plan (AEAP) pursuant to T.C.A. § 68-6-201, then the responsibilities and chain of command designated in the CERP for the respective cardiac emergency response team must align with those outlined in the AEAP;
- Be disseminated to students, parents, teachers, administrators, and other school employees at least once each school year, and posted prominently in each school building and on school grounds used for academic, athletic, or other community purposes, as well as on the website for the respective LEA or public school;
- Identify the training required for members of the cardiac emergency response team, and for any teachers, administrators, or other school employees, to assist such individuals in understanding the severity of sudden cardiac arrest events, to educate such individuals on how to respond in such circumstances, and to notify such individuals of the existence, content, and guidance available in the CERP, which must include training in cardiopulmonary resuscitation (CPR), first aid, and the use of an AED; and
- Be reviewed at least annually by the local board of education or public charter school governing body, semiannually by each cardiac emergency response team, and no later than ten (10) days after a sudden cardiac arrest event occurs within a school, or on the grounds of a school, governed by the local board of education or public charter school by the cardiac emergency response team and the director of schools or the director of the public charter school, as applicable.

Guidance from the American Heart Association for CERP creation can be found in the [Tools, Checklists, and Resources](#) section.

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