

and efficient response with provision of first aid and possible CPR and use of an AED. To maximize survival from a life-threatening emergency, schools must develop a medical emergency response plan designed to provide appropriate therapy within the first minutes of the emergency. The medical emergency response plan includes (1) creation of an effective and efficient campus-wide communication system; (2) coordination, practice, and evaluation of a response plan with the school nurse and physician, athletic trainer, and local EMS agency; (3) risk reduction; (4) training in and equipment for CPR and first aid for the school nurse, athletic trainers, and teachers and CPR training for students; and (5) in schools with a documented need, establishment of an AED program.

- [Top](#)
- [Introduction](#)
- [Background](#)
- [Life-Threatening Emergencies in...](#)
- [Current Level of School...](#)
- [School Medical Emergency...](#)
- [Potential Costs of Proposed...](#)
- [Legislative Mandates and Funding...](#)
- [Conclusions](#)
- [Appendix 1](#)
- [Appendix 2](#)
- [References](#)

► **Appendix 1**

Sample Calculations to Estimate Risk of SCA in Adult and Young Populations

Use of Person-Hours to Estimate Risk of SCA

Calculating Risk in a School

Person-hours are calculated by multiplying the number of persons gathered in one place by the number of hours they will spend at the same site in a given year. On the basis of limited epidemiological data, the incidence of SCA in high school athletes has been estimated at 0.5 to 1.0 SCA per 100 000 athletes per year, and that figure has been extrapolated to apply to the young population

under 35 years of age per year. That translates to 0.5 to 1.0 possible episode of SCA per 876 million *young* person-hours (100 000 young persons x 24 h/d x 365 d/y = 876 million young person-hours), compared with 1 SCA per 8.76 million *adult* person-hours based on adult risk.

To provide a rough estimate of the risk of a child's SCA in a school, calculate the number of hours that students spend in a given school per year, including all sports events and conferences. In a school of 4000 students who attend school 10 hours per day, 5 days per week, 40 weeks per year, the result is 8 million young person-hours at that school per year (4000 young persons x 10 h/d x 5 d/wk x 40 wk/y = 8 million young person-hours per year). If no other students or adults gather at that school, 1 SCA is predicted in a child or adolescent attending that school every 100 to 200 years. This calculation is likely to overestimate the number of cardiac arrests per year because it is based on risk in high school athletes; risk will likely be lower in nonathletes and elementary school children. Note that the number of hours that adults spend at the school should also be calculated to consider the risk of an adult SCA (see calculation formulas in [Table 3](#), below).

View this table: TABLE 3. Calculation Formulas
[\[in this window\]](#)
[\[in a new window\]](#)

► Appendix 2

TABLE 4

- [Top](#)
- [Introduction](#)
- [Background](#)
- [Life-Threatening Emergencies in...](#)
- [Current Level of School...](#)
- [School Medical Emergency...](#)
- [Potential Costs of Proposed...](#)
- [Legislative Mandates and Funding...](#)
- [Conclusions](#)
- [Appendix 1](#)
- [Appendix 2](#)
- [References](#)

View this table: TABLE 4. Sample First Aid Kit
[\[in this window\]](#)
[\[in a new window\]](#)

► **Footnotes**

The American Heart Association makes every effort to avoid any actual or potential conflicts of interest that may arise as a result of an outside relationship or a personal, professional, or business interest of a member of the writing panel. Specifically, all members of the writing group are required to complete and submit a Disclosure Questionnaire showing all such relationships that might be perceived as real or potential conflicts of interest.

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*From the following organizations: American Heart Association, American Academy of Pediatrics, American College of Emergency Physicians, American National Red Cross, National Association of School Nurses, National Association of State EMS Directors, National Association of EMS Physicians, National Association of Emergency Medical Technicians, and the Program for School Preparedness and Planning, National Center for Disaster Preparedness, Columbia University Mailman School of Public Health. This statement was also reviewed by the Centers for Disease Control Division of School and Adolescent Health.

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[Top](#)
 [Introduction](#)
 [Background](#)
 [Life-Threatening Emergencies in...](#)
 [Current Level of School...](#)
 [School Medical Emergency...](#)
 [Potential Costs of Proposed...](#)
 [Legislative Mandates and Funding...](#)
 [Conclusions](#)
 [Appendix 1](#)
 [Appendix 2](#)
• [References](#)

► **References**

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[ART, THRO, VASC BIO](#)

[AHA JOURNALS](#)

[CIRCULATION RESEARCH](#)

[HYPERTENSION](#)

[STROKE](#)

Everyday Heroes

Beyond the Swimming Pool: High School Student Prepared to Help Thanks to Red Cross Training
Written by Kristine Ripley

Seventeen-year-old Mary Isely was working at the Astro Movie Theatre, in Clemson, South Carolina, when she sprung into action with the skills she learned as part of her American Red Cross lifeguard training. For the last four years, Mary had renewed her American Red Cross CPR certification in order to continue to lifeguard. One fall night she was able to apply this knowledge beyond the swimming pool.

As Mary helped moviegoers with popcorn and soft drinks, a woman frantically rushed into the theatre lobby yelling for people to call 911. A baby in the parking lot was having trouble breathing. Mary hesitated for a moment but knew she could help. She raced out to the baby. Mary determined that the 8-month-old baby girl had a blocked airway. She later described to *The Greenville News* how the infant looked. "Her face was beet red and there was tears coming out of her eyes but there was no sound."

Mary flashed back to her Red Cross training. She held the baby as she was taught. She then provided about four cycles of back blows and chest thrusts just like she had recently practiced on a manikin. Mary was so relieved to hear the baby cry. This meant the baby was able to breathe once again. Emergency Medical Services arrived, verified the infant was all right, and Mary returned to work.

Mary Isely has been awarded the American Red Cross Certificate of Merit for her heroic actions. This is the highest award given by the American Red Cross to individuals who save or sustain a life using skills they learned in an American Red Cross Health and Safety Course. The President of the United States signs the certificate.

Everyday Heroes

A Teenager is Prepared to Save the Life of His Next Door Neighbor

Written by Kristine Ripley

Seventeen-year-old L.C. Mixon was in his room watching television. His neighbor, Cookie Henderson, rushed into his apartment screaming she needed help. She found her 22-month-old son, Ricky Henderson, face down in the blow-up baby pool and he was unconscious in her apartment. L.C. said his "heart dropped."

Ricky had been playing in his wading pool when Ricky's mother turned away for about 30 seconds to help her two-year-old daughter who had fallen off an inner tube into the water. Ms. Henderson turned back around and found Ricky face down in the pool and not moving. She brought him inside, called 9-1-1 and dropped the phone in the middle of the conversation to run next door for help.

L.C. had been trained in American Red Cross CPR in his health class at Granite Hills High School in Apple Valley, California just the year before. L.C. immediately went over to the Henderson's apartment and found the infant lying motionless on the floor. L.C. determined Ricky was not breathing but had a pulse. He provided rescue breaths for about two minutes at which point the victim began to cough and vomit. L.C. then rolled Ricky onto his side. He told Ms. Henderson to keep talking to her son as he went outside to direct the paramedics. Ricky was air transported to the hospital and recovered fully. After the save, L.C. went and thanked his American Red Cross CPR instructor. The teenager believes his neighbor would have died if he had not received the training. He thought that in an emergency he would not remember what he was taught—but he did. He remembered his instructor telling the students to remain calm and to remember the manikin they worked on in class.

For his heroic efforts, L.C. has been awarded the American Red Cross Certificate of Merit. This is the highest award given by the American Red Cross to individuals who save or sustain a life using skills they learned in an American Red Cross Health and Safety Course. The President of the United States signs the certificate.

More Everyday Heroes Stories

GIRLS BREATHE LIFE INTO DAD



Nine-year-old Tori Martin enjoys the life she saved, her proud father, Leonard "Joe" Martin Jr. of Arnaudville.

Photo by Freddie Herpin

Skill and quick thinking saves Arnaudville man's life

By William Johnson
wjohnson@dailyworld.com

Proud of what she had learned, 9-year-old Tori Martin wanted to practice CPR on her father ... just for fun. A little busy at the time, Leonard "Joe" Martin Jr., said no.

Two weeks later, Tori would get the chance to perform CPR on her father, though this time it wasn't practice.

Tori and her 14-year-old sister Michelle used their newly-acquired skill to save their father's life after he had

passed out and stopped breathing inside their Arnaudville home. With maturity and patience beyond their years, Tori and Michelle, still groggy from having to wake up at 2 a.m., immediately went into action — Michelle doing the chest work and Tori breathing air into her father's lungs.

"Thank God they were there," said a grateful mother and wife, Pauline Martin. "I'm so proud of them."

Pauline Martin said that

night her husband wasn't feeling well. She decided he needed to go to the emergency room, so she woke up her two daughters to get them ready.

"He was coming out of the bathroom. He was real, real pale," she remembers. "Then he collapsed on the bed. I was in a state of shock. I didn't know what to do."

She turned to her daughters for help.

Tori had just learned how to do CPR thanks to her Arnaudville Elementary phys-

"Thank God they were there. I'm so proud of them."

Pauline Martin

Wife of Leonard and mother of Tori and Michelle

ical education teacher, Edie LeBlanc. Her big sister didn't have the same training but knew what to do thanks to TV.

"She watches ER and CSI and Law and Order," Tori said.

Tori said she and her sister performed CPR for about three minutes, though it

See Daughters Page 5A

Daughters

Continued from Page 1A

seemed like an hour according to their mother.

"Then he finally came back alive," Tori said, smiling.

An ambulance eventually arrived and rushed Martin to Doctors' Hospital in Opelousas, where he would spend the next two days in intensive care undergoing tests.

"He's back home now. He's doing fine," Pauline Martin said.

Leonard Martin Sr., who lives next door to his son and grandchildren, is recommending his granddaughters for the Young Hero's Lifesaving Award, which is given out by the VFW, where he is a member.

Dr. Mohamed Khan with the Cardiovascular Institute of the

South said they deserve it. He is a big believer in bystander CPR.

"I'm proud of these young girls for being such heroes. They showed real strength, fortitude and courage in helping their father," Khan said.

He said CPR needs to be started within four to seven minutes after a heart attack, long before an ambulance can arrive, are the most critical.

"Bystander CPR is probably the most important link in the chain of survival," Khan said.

He said CPR needs to be started within four to seven minutes after an attack to prevent brain damage. If it isn't started within 10 minutes, the chance of death is greatly increased.

"Even a 12-year-old can compress the chest enough to provide 30 percent of blood flow. That is adequate to prevent brain death and provide time for

CPR class

To register for free CPR classes, call (877) 288-0011.

the ambulance to get there," Khan said. "Maybe the example of these two young girls will encourage other students and families members to learn CPR. They too could become someone's hero."

For anyone who wants to learn this lifesaving skill, Dr. Khan will sponsor the second annual "Keep the Beat" free CPR training class Feb. 26 at Opelousas Catholic School.

"We trained 275 people last year. I hope we will have a huge turnout this year," Khan said. To register for the free class call (877) 288-0011.

LEGISLATIVE RESEARCH REPORT

SEPTEMBER 15, 2004



REPORT NUMBER 05.005

STATE REQUIREMENTS FOR CPR TRAINING IN SCHOOLS

PREPARED FOR REPRESENTATIVE KEVIN MEYER

BY CHUCK BURNHAM, LEGISLATIVE ANALYST

You asked about cardiopulmonary resuscitation (CPR) training in schools. Specifically, you wanted to know which states require school districts to provide students CPR training as part of the curriculum.

Our research found only one state, Texas, that requires school districts to provide CPR training to students.¹ Texas House Bill 821, 2001, provided that students be trained in CPR at least once at the ninth grade level or above only if sufficient funding and resources are available to the district (Tex. Ed. Code § 29.903(b)). At least one other state, New York, has considered bills requiring CPR training for students.² We include, as Attachment A, Texas HB 821 (2001) and New York State Assembly Bill 9595-A (2004).

While state laws mandating CPR training for students are not common, a number of school districts, in conjunction with the American Heart Association (AHA) and local advocates, provide training to students. Through its "Heart Saver CPR in Schools" program, the AHA provides school districts with materials, information, and assistance in developing CPR and automated external defibrillation training programs. It is the goal of the AHA to have implemented the Heart Saver program in ten percent of high schools by 2005. We include, as Attachment B, a copy of the American Heart Association's, "Heart Saver CPR in Schools: How-To Guide."

I hope you find this information to be useful. Please do not hesitate to contact us if you have questions or need additional information.

¹ Suzanne Smith, American Heart Association Advocacy Consultant, (214) 706-1404, indicated that Louisiana had statutory language requiring CPR training for students, but that the law was not enforced. Our research of Louisiana statute, however, found no such law on record.

² As you may know, a number of states require CPR training for teachers and school staff. In addition, some states require that school districts offer classes at schools, but do not mandate student training as part of the curriculum.

Attachment A

Texas House Bill 821, 2001
New York State Assembly Bill 9595-A, 2004

Office of House Bill Analysis H.B. 821
by: Giddings
Public Education
7/10/2001
Enrolled

BACKGROUND AND PURPOSE

The American Heart Association estimates that each day more than 95 percent of Americans who suffer sudden cardiac arrest die before reaching the hospital. Additionally, at least 50,000 lives could be saved each year if the national sudden cardiac arrest survival rate could be increased from five percent to 20 percent or higher. One course of action that might increase survival rates is the chain of survival, a four-step process of providing treatment to victims of sudden cardiac arrest which includes administering cardiopulmonary resuscitation (CPR). More lives could potentially be saved if more people were skilled in CPR. House Bill 821 requires each school district in Texas to provide CPR instruction to its students to the extent that donations from the Texas Education Agency and other donations are available.

RULEMAKING AUTHORITY

It is the opinion of the Office of House Bill Analysis that rulemaking authority is expressly delegated to the commissioner of education in SECTION 1 (Section 7.025, Education Code) and SECTION 2 (Section 29.903, Education Code) of this bill.

ANALYSIS

House Bill 821 amends the Education Code to require each school district to provide to CPR instruction to students to the extent that donations from the Texas Education Agency (TEA) and other donations, including equipment, are available to the district for that purpose. The bill authorizes TEA to accept donations, including equipment, for use in providing CPR instruction to students and requires TEA to distribute the donations to districts that provide the instruction. TEA is authorized to use a portion of the donations to pay administrative expenses related to the donations. H.B. 821 authorizes the commissioner of education to adopt rules as necessary to implement the provisions of this bill.

EFFECTIVE DATE

June 14, 2001.

New York State
ASSEMBLY
Sheldon Silver - Speaker

Monday, September 13, 2004

Bill Text - A09595

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Multi-Sponsored by -- M. of A. BOYLAND, CAHILL, CLARK, COLTON, DINOW-
ITZ, GRANNIS, GRODENCHIK, HOOPER, JACOBS, LAFAYETTE, LOPEZ, MAYERSOHN,
NOLAN, PHEFFER, ROBINSON, SCARBOROUGH, SIDIKMAN, SWEENEY, WRIGHT --
read once and referred to the Committee on Education -- committee
discharged, bill amended, ordered reprinted as amended and recommitted
to said committee

AN ACT to amend the education law, in relation to the instruction of
cardiopulmonary resuscitation and the use of automated external defi-
brillators in high schools

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEM-
BLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 904-c of the education law, as added by chapter 269
2 of the laws of 1999, is amended to read as follows:
3 S 904-c. Cardiopulmonary resuscitation instruction. 1. Instructions
4 regarding cardiopulmonary resuscitation (may) MUST be (offered for
5 voluntary admission) INCLUDED as a part of the health education curric-
6 ulum in all senior high schools. In addition to the requirement that all
7 teachers of health education shall be certified to teach health, persons
8 instructing pupils in cardiopulmonary resuscitation shall possess valid
9 certification by an agency offering such certification in the perform-
10 ance of cardiopulmonary resuscitation and in its instruction.
11 2. The commissioner may prescribe regulations governing such health
12 education courses which shall include instruction in cardiopulmonary
13 resuscitation. Such regulations shall in no event prescribe a course of
14 study in cardiopulmonary resuscitation which sets forth standards for
15 instruction of a lesser quality than the requirements of the programs
16 adopted by the American Heart Association or the American Red Cross.
17 3. School authorities (that choose to offer such course) shall
18 provide, OR MAKE THE REQUIRED ARRANGEMENTS FOR, the needed facilities,
19 time and place for the instruction set forth herein and shall provide,
20 OR MAKE THE REQUIRED ARRANGEMENTS FOR, learning aids and curriculum
21 resource materials to support such course of study.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
() is old law to be omitted.

LBD16113-02-4

Attachment B

American Heart Association, "Hearsaver CPR in Schools: How-To Guide,"
available online through www.americanheart.org

American Heart
Association



Fighting Heart Disease and Stroke

Heartsaver CPR

in Schools

How-To Guide



CPR in Schools

Introduction

The Heartsaver CPR in Schools program can significantly increase the number of lay bystanders who recognize the signs of an emergency, know when to phone 911, and know how to perform cardiopulmonary resuscitation (CPR). The more bystanders who phone 911 when an emergency develops and know how to perform CPR, the more likely it is that victims of sudden cardiac arrest will receive immediate CPR, early defibrillation and advanced life support. These interventions have been proven to significantly reduce disability and death from heart attack and sudden cardiac arrest.

By educating lay bystanders, the Heartsaver CPR in Schools program can also reduce disability from stroke. A prompt call to 911 will shorten the time for a stroke victim's arrival in a hospital emergency room. There the victim may be eligible for treatment with new clot-busting drugs, which can substantially reduce the permanent disability caused by stroke.

This guide provides a framework to help school systems and/or individual schools implement the Heartsaver CPR in Schools program. The actual implementation structure will vary among communities, depending on the key players involved (e.g., school contacts, training center coordinators/instructors and community contacts) in the implementation process. Heartsaver CPR in Schools is a complex program to implement and requires the collaboration of individuals from various disciplines. This *Heartsaver CPR in Schools: How-To Guide* is designed to answer most questions about getting started, who the key players are, and the nature of their roles.

Heartsaver CPR in Schools is based on the latest scientific evidence and has been successfully piloted and field-tested. The curriculum and course materials are designed specifically for high school students.



Started

This section provides a course description, the different teaching models, course options, course materials and equipment requirements. Each school will select a training model and the course option best suited to its requirements, funding and available time.

Course Description

The Heartsaver CPR in Schools course is designed to teach students CPR skills in the classroom setting.

The course is about 4 to 5 hours long, depending on the sections covered. It is designed to be taught over multiple class periods of about 40 minutes each.

Following is an outline of course topics:

- The chain of survival and warning signs of heart attack, cardiac arrest, stroke and choking
- The importance of calling 911
- Techniques of adult and pediatric CPR (the ABCs)
 - **A**irway: Open the airway
 - **B**reathing: Check for breathing and provide rescue breaths if needed
 - **C**irculation: Check for signs of circulation and begin chest compressions and cycles of compressions and ventilations if needed
 - Relief of choking
- Child safety and injury prevention
- Optional: Review of automated external defibrillation (AED)
- Optional: Infant CPR and relief of infant choking

Training Models

Schools may use any of several Heartsaver CPR in Schools training models to teach CPR. The three basic models currently in use are the training center

model, the teacher/instructor model, and the peer-to-peer teaching model. Each of the training models, the cost factors associated with each, and strategies for reducing costs are described below.

*Training Center Model**

- The Training Center (TC) provides schools with instructors and equipment to train students in CPR.
 - Usually training takes place during a 1-day mass training event, in which one or multiple grades are trained.
- The TC provides schools with instructors and equipment to train students in CPR during scheduled class time (e.g., health or physical education class).
 - The course is taught over a few weeks during a number of class periods.
- In both examples the TC provides course completion cards.

Strategies related to the TC model:

If the TC provides the schools with instructors and equipment at no cost, the only expense the school has is training materials. In some cases the TC may provide the equipment but charge for the instructor's time. These issues should be addressed during the meeting between the school decisionmaker and the TC representative. This model can also be used if a TC cannot adopt a school, but outside funding is available to cover training costs.

* Training centers are community organizations that provide American Heart Association courses to the public. American Heart Association training centers are typically hospitals, EMS and fire departments, private ambulance companies, community colleges and universities. A number of school districts in the United States are American Heart Association training centers.

Option 2: Heartsaver CPR Certification Adult Only

This Heartsaver CPR Course covers everything except infant CPR and choking. (Note: All participants should review the child section of the pediatric video and practice child skills even if they need to use an adult manikin.)

Option 3: Heartsaver CPR Certification Including AED Overview

This Heartsaver CPR course includes an overview of AEDs. Students will not receive AED certification for this course; instead they will only receive a Heartsaver CPR Course Completion Card. Students who want to take an AED course can do so if the school offers the complete course, or they can take it at a local training center.

Option 4: Heartsaver CPR in Schools Course Participation (No Examination)

In some cases, because of time constraints or financial limitations, a teacher may conduct a review of the course and not cover all the material. In this case students will receive a certificate of participation rather than a Heartsaver CPR Course Completion Card. Completion of a written examination is not required in this situation.

Scenario Cards, Performance Criteria and Exam Information

Heartsaver CPR Scenario Cards — BLS Instructor's Manual (Part 3, Appendix C).

Heartsaver CPR Skill Practice Sheet — BLS Instructor's Manual (Part 3, Appendix A, 3-7 through 3-16 — BLS Performance Criteria).

Heartsaver CPR Exam — The exam will be provided by the sponsoring training center.

Heartsaver CPR Course Completion Cards — Provided by the sponsoring training center.

Instructor Course Description

Basic Life Support Instructor Course

The current requirements to teach the AHA Heartsaver CPR in Schools course are the same as teaching any AHA Basic Life Support (BLS) course. The potential instructor of a Heartsaver CPR in Schools course must take the standard 2-day BLS Instructor Course. This course covers these topics:

- The American Heart Association training network
- BLS science
- Strategies for teaching CPR
- Watch-then-practice videos
- Scenario practice
- Principles of written examinations
- BLS course options
- Principles of remedial instruction
- Provider course administration
- Maintenance and decontamination of manikins
- Instructor candidate presentations
- Instructor written examination

The prerequisite for entry into the BLS Instructor Course is a valid American Heart Association BLS Healthcare Provider Card or the Red Cross equivalent.

Note: The American Heart Association's Emergency Cardiovascular Care (ECC) Committee is developing ways to streamline the current BLS Instructor Course specifically to meet the needs of instructors of lay rescuers. The new course will be for instructors who will not be teaching healthcare providers or who already have a professional education background. This may affect the requirements listed above.

Session 5: Infant Skills (Optional — 40 minutes)

Infant Watch-Then-Practice Video Instruction	40 minutes
<i>Infant Skills</i>	
Mouth-to-mouth-and-nose	8 minutes
Signs of circulation, chest compressions	8 minutes
1-rescuer CPR	8 minutes
FBAO responsive	8 minutes
Review infant/child CPR	8 minutes

Session 6: Review Adult, Child and (Optional) Infant Skills (40 minutes)

Review of Adult, Child and (Optional) Infant CPR	40 minutes
Adult 1-rescuer CPR	6 minutes
Adult FBAO responsive	6 minutes
Child 1-rescuer CPR	6 minutes
Child FBAO responsive	6 minutes
Infant 1-rescuer CPR	6 Minutes
Infant FBAO responsive	6 minutes
Questions and discussion	4 minutes

Session 7: Written Examination and Skills Evaluation (40 minutes)

Adult, Child and (Optional) Infant CPR Evaluation	40 minutes
Group A: skills evaluation	
Group B: written evaluation and course evaluation	
(Half of the class completes the written examination/course evaluation while half of the class takes the practical evaluation. The groups switch in the next session.)	

Session 8: Written Examination and Skills Evaluation (40 minutes)

Adult, Child and (Optional) Infant CPR Evaluation	40 minutes
Group A: written evaluation and course evaluation	
Group B: skills evaluation	
(Half of the class completes the written examination/course evaluation while half of the class takes the practical evaluation.)	

Total course time range:	4 to 5 hours
---------------------------------	---------------------

supplemental material for teaching the course. These overheads cover the anatomy and functions of the heart, signs and signals of cardiac arrest and stroke, techniques of adult and pediatric CPR (ABCs), and child safety and injury prevention.

Manikins

The recommended ratio of manikins to students is 1 manikin to 4 students. For example, a class of 32 students requires 8 manikins for skills practice and 1 more manikin for the instructor to use during demonstrations.

Training manikins are designed to simulate a victim of cardiac arrest. Manikins used for CPR training should be realistic. The manikin airway should open and close, the chest should rise and fall as ventilations are given, and the chest must have proper landmarks to ensure accurate hand position for chest compressions. The more realistic the manikin, the better prepared the student will be for a real-life situation. The manikin should be specifically designed for practicing the skills required to perform CPR and relief of choking.

Before skills practice, make sure that students remove chewing gum and lipstick. Use manikin face shields, which provide three benefits: (1) they serve as an extra barrier between the student and manikin, (2) they help keep manikin faces cleaner, and (3) they give students an opportunity to learn how to use a barrier device.

Sanitation requirements for manikins vary. Some require that airways be changed after each use by a student or at the end of each CPR class. Each student is issued a removable manikin face that is either theirs to keep or to clean at the end of each class and then reuse. Alternatively, the manikin face is not removed but is wiped down with an appropriate bleach or alcohol solution between each student use.

Barrier Devices

The Heartsaver CPR in Schools course contains information about using barrier devices. The American Heart Association recommends that each student receive a manikin barrier device for skills practice and a barrier device to keep for use in an emergency.

Space Requirements

The course is designed to be taught in the classroom setting. There must be sufficient floor space for students to work in groups of three to four in a circle, with the manikin in the middle.

Optional Training Equipment: Automated External Defibrillator (AED) Trainer

AED trainers are designed to safely simulate an actual AED and are used to train individuals to use AEDs.

Where To Buy Training Materials

Heartsaver CPR in Schools training materials can be purchased through the following distributors or local American Heart Association training centers:

Channing L. Bete

800-611-6083
200 State Road
South Deerfield, MA 01373

Laerdal Medical Corporation

888-LMC-4AHA
167 Myers Corners Road
PO Box 1840
Wappingers Falls, NY 12590

WorldPoint ECC

888-322-8350
151 S Pfingsten Road, Suite E
Deerfield, IL 60015

CPR in Schools Programs

Finding funding for new programs is often the hardest part of implementation. This section gives information about costs and possible funding sources.

Implementation Budget

The greatest expense for implementing a Heartsaver CPR in Schools program is in the first year. Costs include training teachers to be instructors, using substitute teachers during training, and purchasing manikins, accessories, training materials and course cards. This initial outlay varies depending on the size of the school and the number of students trained at the same time. The ongoing cost per year is calculated by multiplying the cost of training materials by the number of students being trained.

Successful CPR programs in schools where CPR training is integrated into the curriculum have taken

years to develop. Allow at least a few years to incorporate a Heartsaver CPR program into the school curriculum. We recommend that an implementation budget be based on a 3-year period. Below is a sample implementation budget for a school training 200 students per year for 3 years. The total estimated cost of \$5,475 also includes instructor training, use of substitute teachers, re-certification after 2 years, and training equipment and materials. The Heartsaver CPR in Schools Budget Worksheet can be modified to determine the implementation cost for training a specific number of teachers and students and purchasing equipment for one or multiple schools.

Implementation Cost	Cost	Quantity	1st Yr	2nd Yr	3rd Yr	3-Year Total
Instructor Training						
Teacher training*	\$250 x	2 (# teachers)	\$500		\$500	\$1,000
Substitute teachers	\$175 x	2 (# teachers)	\$350		\$350	\$700
Training Equipment						
Manikins**	\$1,400	manikins	\$1,400			\$1,400
Miscellaneous accessories***	\$1.25 x	200 (# students)	\$250	\$250	\$250	\$750
Training Materials						
Instructor toolkit	\$100 x	2 (# teachers)	\$200			\$200
Student manual	\$1 x	200 (# students)	\$200	\$200	\$200	\$600
Heartsaver CPR card	\$1 x	200 (# students)	\$200	\$200	\$200	\$600
Set of Heartsaver CPR texts****	\$7.50 x	30 (class size)	\$225			\$225
			\$3,325	\$650	\$1,500	\$5,475

*Cost varies by region. **This is an estimated cost and will vary depending on brand purchased. ***Airways, faces, manikin face shields. ****It is recommended that a classroom set of Heartsaver CPR textbooks be purchased as reference materials.

Sponsorship Opportunities and Costs

The implementation cost is within dollar amounts that can be reasonably solicited from local businesses, corporations or fraternal/civic organizations. Schools can also look to internal school organizations, such as the PTA or PTO, for funding. Schools can seek funding through grants,² too.

¹CPR in Schools Budget Worksheet

²Sample funding proposals templates

Asked Questions

What is Heartsaver CPR in Schools?

Heartsaver CPR in Schools is a new American Heart Association CPR course to teach high school students CPR skills. The approximately 4–5 hour course can be taught over multiple class periods of 40 minutes. The primary audience is 9th and 10th grade students. The American Heart Association's goal is to implement Heartsaver CPR in Schools in 10 percent of public and private high schools by 2005 and to train more than 1 million students in CPR.

Why is Heartsaver CPR in Schools so important?

Decades of medical research show that a certain sequence of events must occur to give victims of cardiac arrest, heart attack or stroke the best chances of survival. This chain of survival includes early access (calling 911), early CPR, early defibrillation and early advanced life support (paramedics). Most cardiac arrests occur suddenly, with little warning. Many occur at home and are witnessed by family members who are unprepared to respond. CPR training prepares family members to deal with a cardiac arrest emergency and creates a teachable moment for heart-health education. Targeting youth for CPR training allows its early introduction as a life skill.

Who will implement Heartsaver CPR in Schools?

Implementing this program requires collaboration among teachers, administrators, community training centers, and organizations such as the American Heart Association. Heartsaver CPR in Schools can be

incorporated into a school's health, science and/or physical education curriculum, making it a challenging program to implement.

What are the benefits of teaching students CPR?

- Teaches students what to do if a parent suffers a cardiac arrest, heart attack or stroke.
- Teaches students what to do if a sibling is involved in a drowning emergency, or a schoolmate chokes or suffers a breathing emergency.
- Teaches CPR as a life skill and provides a certificate.
- Teaches responsibility, builds self-esteem, saves lives.
- Builds partnerships among community groups, elected officials, the health sector and school boards.

Who teaches the Heartsaver CPR in Schools course to students?

Schools can choose from various training models to teach their students Heartsaver CPR in Schools. Three basic models now used are Teacher/Instructor, Training Center (TC) and Peer Teaching Model.

Teacher/Instructor Model

- Teachers are trained as American Heart Association Basic Life Support (BLS) instructors by a Training Center.
- Teachers then incorporate the Heartsaver CPR in Schools course into their class curriculum.
- Training Center provides course-completion cards once a teacher presents names of students who have successfully completed the course skill performance and exam.

LEGISLATIVE RESEARCH REPORT

SEPTEMBER 29, 2004



REPORT NUMBER 05.019

FIRST AID TRAINING IN SCHOOLS

PREPARED FOR REPRESENTATIVE KEVIN MEYER

BY CHUCK BURNHAM, LEGISLATIVE ANALYST

You asked about mandatory first aid training in schools. Specifically, you wanted to know which states have laws requiring school districts to provide first aid training to students

At least six states have legal provisions for first aid instruction in schools.¹ Laws in three of these states—Illinois, Oklahoma, and Pennsylvania—provide that first aid training "may be" included in schools, but do not require first aid training for all students. Law in another state—Massachusetts—requires training in the administration of first aid, but allows local school committees to exclude such training with a simple majority vote. We found just two states—Connecticut and North Carolina—that require by law first aid training for all students.²

The statewide curriculum published by the North Carolina Department of Education calls for fourth grade students to receive training in performing the Heimlich maneuver for choking victims. In grade five, students are trained in providing basic first aid for common minor injuries. The Connecticut Department of Education's school health and safety program calls for increasingly complex first aid training as students progress through grade levels K-12.³

While state mandated curricula is not common—local decisions and local control are generally considered appropriate—the U.S. Department of Education and the American Red Cross have expressed interest in expanding first aid training in schools part of the U.S. government's overall emergency preparedness strategy. In May, 2003, those organizations jointly sponsored a pilot

¹ Jeanne Kaufmann, Policy Specialist with the National Conference of State Legislatures, performed a search of all fifty states' education laws for required first aid programs. Ms. Kaufmann, whose findings are included in this report, can be reached by telephone at (303) 364-7700.

² We include, as Attachment A, copies of Connecticut General Statute §10-16b and North Carolina General Statute §115-81(e1).

³ The North Carolina "Healthful Living Education" curriculum guide can be found online at <http://sbepolicy.dpi.state.nc.us/>. The Connecticut "Health and Safety Education Curriculum Guide" is available at www.state.ct.us/sde/dti/curriculum/frhth.pdf.

program certifying teachers in Montgomery County, Maryland, schools in basic first aid. The teachers, in turn, taught students a two hour first aid course designed by the American Red Cross. The program's developers intended that it eventually be implemented in school districts nationwide. Bill Modzeleski, Associate Deputy Under Secretary, U.S. Department of Education, Office of Safe and Drug Free Schools, however, states that the pilot program has not yet been expanded and there currently are no plans to do so.⁴

I hope you find this information to be useful. Please do not hesitate to contact us if you have questions or need additional information.

⁴ Mr. Modzeleski can be reached by email at Bill.Modzeleski@ed.gov

Attachment A

Connecticut General Statute §10-16b
North Carolina General Statute §115-81(e1)

**Connecticut
Sec. 10-16b.**

Prescribed courses of study. (a) In the public schools the program of instruction offered shall include at least the following subject matter, as taught by legally qualified teachers, the arts; career education; consumer education; health and safety, including, but not limited to, human growth and development, nutrition, first aid, disease prevention, community and consumer health, physical, mental and emotional health, including youth suicide prevention, substance abuse prevention, safety, which may include the dangers of gang membership, and accident prevention; language arts, including reading, writing, grammar, speaking and spelling; mathematics; physical education; science; social studies, including, but not limited to, citizenship, economics, geography, government and history; and in addition, on at least the secondary level, one or more foreign languages and vocational education. For purposes of this subsection, language arts may include American sign language or signed English, provided such subject matter is taught by a qualified instructor under the supervision of a teacher who holds a certificate issued by the State Board of Education.

(b) If a local or regional board of education requires its pupils to take a course in a foreign language, the parent or guardian of a pupil identified as deaf or hearing impaired may request in writing that such pupil be exempted from such requirement and, if such a request is made, such pupil shall be exempt from such requirement.

(c) Each local and regional board of education shall on September 1, 1982, and annually thereafter at such time and in such manner as the Commissioner of Education shall request, attest to the State Board of Education that such local or regional board of education offers at least the program of instruction required pursuant to this section, and that such program of instruction is planned, ongoing and systematic.

(d) The State Board of Education shall make available curriculum materials and such other materials as may assist local and regional boards of education in developing instructional programs pursuant to this section. The State Board of Education, within available appropriations and utilizing available resource materials, shall assist and encourage local and regional boards of education to include: (1) Holocaust education and awareness; (2) the historical events surrounding the Great Famine in Ireland; (3) African-American history; (4) Puerto Rican history; (5) Native American history; (6) personal financial management; and (7) topics approved by the state board upon the request of local or regional boards of education as part of the program of instruction offered pursuant to subsection (a) of this section.

(P.A. 78-218, S. 11; 78-303, S. 85, 136; P.A. 79-128, S. 13, 36; P.A. 80-166, S. 2; P.A. 89-133, S. 1, 2; 89-185, S. 1, 2; P.A. 93-416, S. 6, 10; P.A. 95-101, S. 1; P.A. 97-45, S. 1; 97-61, S. 1.)
History: P.A. 78-303 allowed substitution of commissioner of education for secretary of state board of education in accordance with P.A. 77-614, S. 302, effective January 1, 1979; P.A. 79-128 replaced specific subject listings with more general subject matter areas and added Subsecs. (b) and (c); P.A. 80-166 changed initial date in Subsec. (b) from "in 1981" to "on September 1, 1982"; P.A. 89-133 in Subsec. (a) added provision that language arts may include certain sign languages, added new Subsec. (b) providing an exemption from foreign language requirements for deaf or hearing impaired pupils and relettered Subsecs. (b) and (c) as Subsecs. (c) and (d); P.A. 89-185 in Subsec. (a) added the subjects which health and safety education shall include but not be limited to; P.A. 93-416 amended Subsec. (a) to provide that "safety" may include the dangers of gang membership, effective June 29, 1993; P.A. 95-101 added provision concerning Holocaust education and awareness in Subsec. (d); P.A. 97-45 amended Subsec. (d) to add provision concerning the Great Famine in Ireland; P.A. 97-61 amended Subsec. (d) to expand the list of topics for programs of instruction to include African-American History, Puerto-Rican History, Native American History, personal financial management and topics approved by the State Board of Education at the request of local or regional boards of education.

See Sec. 10-19 re courses concerning effects of alcohol, nicotine or tobacco and drugs.

See Sec. 10-221a re high school graduation requirements.

See Sec. 29-7n(a) re definition of "gang".

Cited. 187 C. 187, 190. Cited. 195 C. 24, 26, 27, 29, 31, 34, 35, 38. Cited. 238 C. 1.

Subsec. (a):

Cited. 195 C. 24, 33, 41, 42.
Cited. 44 CA 179.

North Carolina
115C-81. Basic Education Program.

(e1) School Health Education Program to Be Developed and Administered.

(1) A comprehensive school health education program shall be developed and taught to pupils of the public schools of this State from kindergarten through ninth grade. This program includes age-appropriate instruction in the following subject areas, regardless of whether this instruction is described as, or incorporated into a description of, "family life education", "family health education", "health education", "family living", "health", "healthful living curriculum", or "self-esteem":

- a. Mental and emotional health;
- b. Drug and alcohol abuse prevention;
- c. Nutrition;
- d. Dental health;
- e. Environmental health;
- f. Family living;
- g. Consumer health;
- h. Disease control;
- i. Growth and development;
- j. First aid and emergency care, including the teaching of cardiopulmonary resuscitation (CPR) and the Heimlich maneuver by using hands-on training with mannequins so that students become proficient in order to pass a test approved by the American Heart Association, or American Red Cross;
- k. Preventing sexually transmitted diseases, including Acquired Immune Deficiency Syndrome (AIDS) virus infection, and other communicable diseases;
- l. Abstinence until marriage education; and
- m. Bicycle safety.

Ruth Keller

From: Chuck Burnham
Sent: Friday, February 18, 2005 3:49 PM
To: Ruth Keller
Subject: FW: Legislative research: CPR/first aid training in Alaska schools

Hi Ruth - I'm forwarding an email containing costs estimates from the Red Cross of Alaska. It appears the "Full Service Option" is fairly straight forward; schools would pay the Red Cross, which would supply all training and materials. It is not clear to me if travel expenses for instructors is included in these prices, but I was not sure if you wanted that cost to be considered. If so, let me know.

The "Authorized Provided Option" is a bit more complex as there are a number of variables to consider. The prices quoted do not take into account replacement costs for materials, travel costs for training instructors, or staff/instructor wages during classes. Again, I'm uncertain which of these "other" aspects you want to include in your per student cost estimate.

From my perspective, these figures do not appear to capture all of the expenses that would likely be associated with either option. Nonetheless, they are the best information I have found thus far.

Let me know if you have further questions or need additional information. Alternatively, if confidentiality is not an issue, you can directly contact Shad Engkilterra, who provided the cost figures below. He has been very helpful and has indicated his willingness to offer any further assistance we need.

Have a great holiday weekend -

Chuck Burnham, Legislative Analyst
Legislative Research Services
State Capitol
Juneau, AK 99801
907-465-3991
907-465-3908 (fax)
chuck.burnham@legis.state.ak.us

CONFIDENTIALITY NOTICE

This message is confidential and may be a privileged communication. It is intended only for the use of the individual or entity to whom it is addressed, and should not be read or used by anyone else. If you received this message in error, please immediately notify us by return email or by collect call at (907) 465-3991, and delete the message from your system, retaining no hard copies.

From: Engkilterra, Shad [mailto:EngkilterraS@usa.redcross.org]
Sent: Friday, February 18, 2005 3:36 PM
To: Chuck Burnham
Cc: Smith, Michael (Anchorage)
Subject: RE: Legislative research: CPR/first aid training in Alaska schools

Hey Chuck,

2/22/2005

This is the Full Service Option.

For us to send an instructor out to teach the students, it will cost \$25 for the Adult CPR (4 hours 30 minutes), \$35 for the Adult CPR with First Aid (5 hours 30 minutes), and \$47 for the Adult, Infant and Child CPR with First Aid (8 hours and 30 minutes) - per student. We would need to charge more if the class needed to be done in more than 2 days. (We could split the class over two days; more than that would involve more costs to us.) We would supply everything needed for the class except for space.

The Authorized Provider option:

Initial Training for the instructor will cost \$110 if they can take it at a Red Cross office. This is what it cost us and includes the initial CPR and First Aid certification as well as the Instructor Training. The total number of hours involved is about 40 for the training.

To do the actual training, teachers will need to either purchase or rent supplies.

To purchase:

25 Actar manikins cost \$1650 and would be good for one class of 25 students.

The video that contains Adult CPR and First Aid costs \$78

The video that contains Infant and Child CPR costs \$48

The skills cards that are normally given to every student, we would allow to be libaried. The discounted rate is \$5.68 each and there are three skills cards - Adult CPR, Infant and Child CPR, First Aid.

First Aid Training Packs cost \$1.80 and every student in the class would need one. They can be reused.

Lungs for the Actars cost 50 cents.

Administration fees would be \$3 per student.

The participant's manual is \$1.28 per student.

To rent:

We can also rent the manikins and videos at \$5 per day per manikin/video.

So if the schools go with the purchase program, we are looking at about \$5 per student (Participant's Manual, Admin fee, lung, wear and tear on manikins and video) after the initial start-up costs. Some of the schools already have an instructor on site, which would eliminate the training aspect for them.

I know Mike Patterson is looking into getting a grant to train his teachers in CPR.

If you have any questions, please contact me.

Shad Engkilterra, RPCV
Health and Safety Manager
American Red Cross of Alaska.
(907)646-5405

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB004-EED-TLS-03-04-C
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: EED
 Title An Act requiring cardiopulmonary RDU Teaching & Learning Support
resuscitation and first aid for a secondary school diploma Component Student & School Achievement
 Sponsor Sen. Cowdery, Sen. Ellis
 Requester _____ Component No. 2796

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: 0.0
 Check this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
 This bill requires each school district to require that each student be certified in basic first aid and cardiopulmonary resuscitation before a diploma may be issued to the student. Costs for school districts to implement this requirement are unknown at this time.

Prepared by: Barbara Thompson, Director Phone 907-465-8727
 Division Teaching & Learning Support Date/Time 3/4/05 2:50 PM
 Approved by: Karen J. Rehfeld, Deputy Commissioner Date 03/04/2005
 Agency Education & Early Development

Ruth Keller

From: Becky Metcalf [Becky_Metcalf@ak-prepared.com]
Sent: Monday, January 31, 2005 8:19 AM
To: Ruth Keller
Subject: Re: Senate Bill 4

Ruth,

I am the project manager for homeland security grants received by the state. These grants are to provide funding for planning, equipment, training, exercises, and program management and administration for emergency prevention, preparedness and response personnel. The only way I can see to possibly fund this program is through the Citizen Corps Program which trains volunteers. We deal directly with local governments so any school that may want to try to take advantage of this will need to coordinate their request with their local government. Currently, 31 local governments are eligible to apply for Homeland Security Grant Program funding. For more information on Citizen Corps in Alaska go to http://www.ak-prepared.com/serc/citizen_corps.htm

Becky

Alaska State Emergency Response Commission

Alaska Citizen Corps
Home?National Citizen Corps



ALASKA OVERVIEW

Five county tribal Councils, serving 169,143 (58% of total state population)

CITIZEN CORPS COUNCILS

Counties

- Anchorage Citizen Corps Council
- Kenai Peninsula Borough Citizen Corps Council
- Matanuska-Susitna Borough Citizen Corps

Tribal

- Kobuk Citizen Corps Council
- Shungnak Citizen Corps Council

FUNDING

FY04

- \$307,000
- Citizen Corps funding through DHS/ODP

FY03

- \$165,817
- CERT funding through FEMA, no FY03 appropriations for Citizen Corps

ALASKA STATE CITIZEN CORPS COUN

The all-hazards State Emergency Response Commission (SERC) as the Alaska State Citizen Corps Council. On January 30, 2003 SERC established the Citizen Corps Subcommittee to develop a implement a statewide strategy for assisting the establishment a operation of local Citizen Corps Councils.

The national Citizen Corps initiative presents unique opportunities Alaskan communities. Because many of Alaska's communities are isolated, techniques and skills learned through Citizen Corps programs may have greater and more frequent application in Alaska than in other states.

Though other states may focus upon training volunteers for emergency roles in community disasters, Alaska State Citizen Corps program structured around skills and standards for response to common emergencies. Alaska is committed to building partnerships and joining the Alaska Emergency Language Resource Bank as a partner at the end of April 2004.

COMMUNITY HIGHLIGHTS

The Anchorage Citizen Corps Council has identified the five following goals for growth, development and sustainability: 1) bring together appropriate leaders to form a Citizen Corps Council, 2) develop and implement a plan for the community to educate citizens in community preparedness and family safety through the popular and nationally recognized programs of AWARE (Anchorage Watchful Alert and Emergency) Academy, AWARE Schools, Think AHEAD, and AWARE with CERT, 3) conduct public education and outreach for Citizen Corps charter programs and response and preparedness plans, 4) develop and implement Citizen Corps programs offering training and volunteer opportunities to support first responders, disaster groups, and community safety efforts, and 5) coordinate Citizen Corps activities with the Department of Homeland Security funded programs and initiatives.

FY02

- \$35,272 Citizen Corps funding through FEMA
- \$149,906 CERT funding through FEMA

STATE POC

Michelle Heun
Emergency Management Specialist
PO Box 5750
Fort Richardson AK 99505
(907) 428-7089
Michelle.Heun@ak-prepared.com

The Kenai Peninsula Borough is comprised of the Kenai Peninsula Inlet and a large unpopulated area northeast of the Alaska Peninsula approximately the same size as Massachusetts, Vermont and New Hampshire combined. A fairly well developed road system connects major towns of Seward, Homer, Soldotna, Kenai, and Anchorage. The Kenai Peninsula Borough experiences disaster events regularly. In 2000, there have been three federally declared disasters within the borough: one in 2002 due to avalanches, one in 2002 due to floods, 2003 due to winds. The area is also susceptible to wildfires, volcanic eruptions, earthquakes, and tsunamis. Given the rural nature of the Borough, the limited and from most of its communities, a limited response capability, and its extensive natural disasters, the Borough initiated a Community Emergency Response Team program in 2003. Prior to the implementation of CERT the Borough had, through education and outreach, encouraged the self-sufficiency of its residents during emergencies. With the implementation of CERT, community groups have developed limited response capability to supplement public safety responders during emergencies. The CERT program in the Kenai Peninsula is becoming increasingly popular. The knowledge and skills acquired during their training gives residents confidence, they work together with the Neighborhood Watch program to provide a community security and the resources to stand on their own until help arrives.

CHARTER PARTNERS IN ALASKA



CERT

- 2 Active Community Emergency Response Teams listed on the CERT directory
- City and Borough of Juneau; Juneau Police Department, and Capital Fire and Rescue
- Kenai Peninsula Borough



VIPS

- 3 Volunteers in Police Service programs

Kobuk is located on the right bank of the Kobuk River, about seven miles north of Shungnak and 128 air miles northeast of Kotzebue. A federally recognized tribe in the Native Village of Kobuk. It is an Inupiat Eskimo village practicing a traditional subsistence lifestyle. The Village/City of Kobuk became a Citizen Corps Council charter partner in March 2004 and jointly signed a Memorandum of Understanding with the Village/City of Shungnak to commit to working together. Both communities are committed to further developing the Search and Rescue volunteer squads already in place as well as the other Citizen Corps charter programs.

The Matanuska Susitna Borough is comprised of the lush farmlands of the Matanuska and Susitna Valleys approximately 42 miles northeast of Anchorage. Formation of the Borough Council provides leadership for program initiatives and is a natural outgrowth of the Borough's Local Emergency Planning Committee (LEPC). Both Neighborhood Watch and CERT have been instituted in Borough communities over the past two years and as they spread about the programs, the need for these programs becomes more and more apparent. The population in the Borough is growing steadily bringing with it a demand for a fabric of their community. Both Neighborhood Watch and CERT are of enduring value to the residents and institutions. They have a partnership with the Palmer Job Corps Center that extends the reach of the program into each Alaskan village and town representing students who chose CERT training as part of their curriculum.

As of May 2004

ALASKA STATE CITIZEN CORPS COUNCIL

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COMMUNITY HIGHLIGHTS

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conduct public education and outreach for Citizen Corps charter programs and other public response and preparedness plans, 4) develop and implement Citizen Corps programs offering training and volunteer opportunities to support first responders, disaster relief groups, and community safety efforts, and 5) coordinate Citizen Corps activities with other Department of Homeland Security funded programs and initiatives.

The Kenai Peninsula Borough is comprised of the Kenai Peninsula, Cook Inlet and a large unpopulated area northeast of the Alaska Peninsula, approximately the same size as Massachusetts, Vermont and New Hampshire combined. A fairly well developed road system connects the major towns of Seward, Homer, Soldotna, Kenai, and Anchorage. The Kenai Peninsula Borough experiences disaster events regularly. Since 2000 there have been three federally declared disasters within the borough: one in 2002 due to winds. The area is also susceptible to wildfires, volcanic eruptions, earthquakes, and tsunamis. Given the rural nature of the Borough, the limited access to and from most of its communities, a limited response capability, and its extensive history of natural disasters, the Borough initiated a Community Emergency Response Team (CERT) program in 2003. Prior to the implementation of CERT the Borough had, through public education and outreach, encouraged the self-sufficiency of its residents during emergencies. With the implementation of CERT, community groups have developed a limited response capability to supplement public safety responders during emergencies. The CERT program in the Kenai Peninsula is becoming increasingly popular. The knowledge and skills acquired during their

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As of May 2004

State of Alaska
Division of Homeland Security & Emergency Management

Fiscal Year 2005
Homeland Security
Grant Program

Jurisdiction Program Guidelines & Application Kit

Disclaimer

The views and opinions of authors of reference materials expressed herein do not necessarily reflect those of the State of Alaska or the United States Government.

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CONTENTS

I. State Guidelines and Overview	3
II. Eligible Applicants	10
III. Application Kit	12
IV. Program Guidance.....	16
V. National Initiatives	31
VI. Award and Reporting Requirements.....	46
VII. State Homeland Security Program	51
VIII. Law Enforcement Terrorism Prevention Program	55
Appendix A Authorized Program Expenditures	
Appendix B Template for Memorandum of Understanding	
Appendix C Overview of Approval Process for Non-ODP Developed Courses	
Appendix D Federal Training Course List	
Appendix E Homeland Security Preparedness Technical Assistance Program	
Appendix F Guidance for Development of Interoperable Communications Plans	
Appendix G List of Terms Index	
Appendix H Application Forms	
Appendix I Property Inventory Report Form	

I. STATE GUIDELINES AND OVERVIEW

I. STATE GUIDELINES AND OVERVIEW

A. State Guidelines and Overview

The US Department of Homeland Security, Office for Domestic Preparedness, has awarded the Alaska Division of Homeland Security and Emergency Management (DHS&EM) \$14,879,381 for the FY2005 Homeland Security Grant Program (HSGP). The 2005 Homeland Security Grant Program now integrates 6 separate grant programs:

- State Homeland Security Program – SHSP \$9,368,591
- Law Enforcement Terrorism Prevention Program – LETPP \$3,406,760
- Citizen Corps Program – CCP \$ 118,934
- Emergency Management Performance Grants – EMPG \$1,529,911
 - Operational Grant to State for Emergency Management:
Sub-Grantees Pre-Identified – Ongoing Sub-Grants
- Metropolitan Medical Response System – MMRS (pass-thru) \$ 455,184
 - New to DHS&EM: Sub-Grantees
Anchorage and Southeast Alaska (Juneau)
- Urban Areas Security Initiative – UASI (not applicable in Alaska) \$ -0-

The purpose of the HSGP is to fund first responders and support state and local resources necessary to prevent, respond and recover from acts of terrorism and other disasters, providing vital funding to ensure the safety and security of our homeland.

The 2005 HSGP grant for the 3 bundled specific homeland security programs: SHSP, LETPP, and CCP, totals \$12,894,285. This is 66% of the 2004 HSGP grant amount \$19,465,000 for these same 3 programs. Grant guidance from the US Dept. of Homeland Security recommends that security and preparedness officials at all levels should leverage all available funding and resources from multiple sources, including the private sector, wherever possible. That same grant guidance stipulates that Subgrantees must include an integrated approach to engaging citizens in preparedness, training, exercises, and volunteer support for emergency responders through Citizen Corps Councils, and are encouraged to fully leverage HSGP resources to accomplish this goal. All citizen education, communication, training, and participation activities funded with any source of HSGP funds must be coordinated with Citizen Corps Councils where they exist, and advance the Citizen Corps mission.

DHS&EM is now soliciting applications for the FY 2005 State Homeland Security Program (SHSP) for which \$7,494,873 is available for sub-grant awards, and the Law Enforcement Terrorism Prevention Program (LETPP) for which \$2,725,408 is available for sub-grant awards. SHSP and LETPP are integrated and shall be submitted in a single application, with separate narratives and budgets. Grants shall be used to fund projects relating to planning, equipment, training, and exercises for emergency prevention, preparedness, and response personnel. Grants can also be used to fund their program management and administration. SHSP provides funds to enhance the capability of state and local units of government to prevent, deter, respond to, and recover from incidents of terrorism involving the use of CBRNE weapons and cyber attacks, and to enhance regional preparedness efforts. LETPP provides funds to law enforcement to enhance

capabilities to detect, deter, disrupt, and prevent acts of terrorism, for activities involving information sharing to prevent attacks, target hardening to reduce vulnerability, threat recognition, intervention activities, and interoperable communications. **Applications are due by 5:00 pm Thursday March 3, 2005.**

The State Homeland Security Strategy serves as the guidepost for all grant programs in HSGP. The State Homeland Security Strategy (SHSS) is being updated to revise jurisdictional priorities based upon threat and needs analysis to include critical infrastructure protection analysis. The Strategy maintains its all-hazards approach, and cooperation and coordination of resources with multi-agencies and groups.

The grant guidance and application for the Citizen Corps Program is separately attached to this packet for your information. Because the HSGP grant guidance inter-relates the SHSP, LETPP, and CCP programs to support one another, the State recommends that you develop your applications with this overview in mind. On the next page is a table listing the Local Emergency Planning Committees, established Citizen Corps Councils, and Community Emergency Response Teams that have also received the CCP application packet and are eligible to apply for the Citizen Corps Program.

LEPC - 20	Current Citizen Corps Councils - 5	CERT - 11
Aleutians & Pribilof Island		Sand Point
Bristol Bay Borough		Bristol Bay Borough
		Dillingham
Capital City		Juneau
Copper River Basin		
Delta/Greely		
Fairbanks Area		Fairbanks North Star Borough
Greater Ketchikan Area		
Kenai Peninsula Borough	Kenai Peninsula Borough	Kenai Peninsula Borough
Kodiak Island Borough		
Matanuska-Susitna Borough	Matanuska-Susitna Borough	Matanuska-Susitna Borough
Municipality of Anchorage	Municipality of Anchorage	Municipality of Anchorage
Nome		Nome
Northern Southeast		
North Slope Borough		North Slope Borough
Northwest Arctic Borough	Kobuk, Shungnak	
Petersburg/Wrangell		
Sitka		
Southern Southeast		
Valdez		
		Whittier

B. Specific Grant Information

Unallowable Costs and Activities

- Construction and Renovation
- Hiring of sworn Public Safety officers or to supplant public safety positions and responsibilities
- Supplanting any expense already budgeted
- Transfer of funds between any programs (SHSP, LETPP, CCP, etc.)
- Indirect Costs
- Drawdown of Funds prior to expenditure
 - Reimbursement Advances with strict guidelines can be requested from DHS&EM

Performance Period

March 28, 2005(est) Through March 31, 2007

Eligible Applicants

- 30 Jurisdictions Identified in State Homeland Security Strategy
 - Borough's Required to Submit Coordinated/Prioritized Applications of all their jurisdictions
 - Grant Awards can be written directly to Jurisdictions within Boroughs upon request

Management and Administration costs (M&A) – New for 2005

- For SHSP, LETPP, CCP – up to 2.5% of Sub-award
- Not allowed for contracts/allocation to nonprofit organizations
- Local jurisdiction must state whether they want to apply for 2.5% M&A costs as part of their total allocation in their cover application. If applied for, applicants will be asked to provide a budget detail for the 2.5% of their overall allocation when DHS&EM processes their award.

LETPP Code Orange Alert

- Local jurisdictions may use up to 25% of their LETPP Awards to support operational costs incurred with increased security at critical infrastructure sites if an Orange Alert is declared at the National (DHS) level.
- Sub-recipients can request a budget amendment to adjust pre-awarded categories (i.e. eliminating an equipment purchase so funds can support a security response).
- If necessary, funds may be redirected for operational purposes at the State's discretion.
- **There is no allowance for Code Orange alert at the State level for Alaska.**

Training

- No longer required to request ODP approval for personnel to attend non-ODP courses that fall within the ODP mission to prevent, respond to, and recover from acts of

terrorism involving CBRNE weapons. **This policy applies to all unexpended training funds from previous years' grants.**

- Training applications are still required to be coordinated through the DHS&EM Training officer.
- Hazardous materials courses – see specific Training Cost Guidance
- Search and Rescue training – see specific Training Cost Guidance
- Special Weapons and Tactics (SWAT) training - see specific Training Cost Guidance
- Medical Trauma training courses – see specific Training Cost
- SHSP sub-grantees are required to support the Citizen Corps mission of which training is a central component, including Community Emergency Response Team (CERT) training.

Exercise

- US DHS is preparing several tools to assist jurisdictions in their preparedness work. First is a risk based target levels of capability for prevention, preparedness, response, and recovery for major events. Next a list of 15 National Planning Scenarios with a Universal Task List and finally a Target Capabilities List. These should be available in early spring 2005 and will be incorporated into the Alaska Homeland Security Exercise and Evaluation Program and distributed to jurisdictions.
- Citizen participation must be coordinated with existing Citizen Corps Councils to include back filling non-professional tasks for first responders deployed on exercise, administrative and logistical assistance with exercise implementation, and providing simulated victims, press and members of the public.
- SHSP sub-grantees are required to support the Citizen Corps mission of which participating in exercises is a central component, to include CERT participation.

Top State Priorities for the FY2005 HSGP:

1. Promote training and exercise activities in WMD incident prevention, mitigation, and response for emergency responders, including ICS and NIMS
2. Procure interoperable communications equipment to enhance multi-discipline response to CBRNE event
3. Ensure compatibility of State and jurisdictional all-hazard Emergency Operations Plans, including annual plan updates
4. Increase by two (2), the number of Citizen Corps Councils to a total of five (5), and include Citizen Corps volunteers in training and exercise activities.

Top State Priorities out of the FY2005 HSGP National Initiatives:

1. The State and all Homeland Security Grant Program (HSGP) Sub-Grantees are required to ensure implementation of the National Incident Management System (NIMS). Initial adoption of NIMS is required by FY06, implementing the first phase of FY05 requirements. To receive funding in FY06, local jurisdictions must certify in their FY06 grant applications that they have met the FY05 NIMS requirements. These requirements are listed on pp. 38-39 of this grant guidance. By FY07, federal preparedness assistance will be conditioned upon full compliance with NIMS. For further NIMS information you can go to www.fema.gov/nims
2. The State of Alaska will work to implement 24/7 Tactical Interoperable Communications, deployable and fully operational within an hour of an incident, and ensure sufficient

personnel are trained as Communications Unit Leaders as defined within NIMS, to support equipment deployment.

3. State and Local jurisdictions shall develop and establish an all-discipline, all-hazards single, comprehensive framework and plan for the management of domestic incidents. This plan shall be modeled after the National Response Plan (NRP) with coordinating structures, protocols and processes essential for ensuring a national comprehensive approach to domestic incident management. Implementation of the NRP will occur in 3 phases over a one-year period.
4. State Homeland Security Program (SHSP) Sub-Grantees are required to work with State and existing local Citizen Corps Councils in promoting public awareness and citizen participation. SHSP projects shall integrate citizen/volunteer resources and participation in implementation of Emergency Operations Plans (EOPs), engaging public awareness, promoting educational outreach, providing opportunities for citizen participation in training and exercises, and developing or expanding the activities of Citizen Corps Councils and Citizen Corps programs. These programs are:
 - Community Emergency Response Team – CERT
 - Volunteers in Police Service – VIPS
 - Medical Reserve Corps – MRC
 - Fire Corps
 - Neighborhood Watch

Application Submission Checklist and Review Criteria:

- To be eligible, projects must support the State and/or National priorities listed above.
- Jurisdiction Criteria: Yes or No response--Does the Jurisdiction have:
 - An Emergency Operations Plan (EOP)?
 - An established Citizen Corps Council?
- Application Comprehensiveness based on the following:
 - A. Narrative
 - Describe the following in your narrative:
 - Progress in implementing the schedule established in the State Homeland Security Exercise and Evaluation Program (HSEEP)
 - Staffing/resource levels for project administration and oversight
 - Alignment with state priorities and national initiatives
 - Coordination with other projects/programs, leverage of funds
 - Funds monitoring and tracking system(s) for grant program
 - Inter/multi-agency support, MOAs or MOUs
 - Public involvement, efforts to educate the public and encourage citizen/volunteer participation through existing Citizen Corps
 - Efforts to achieve NIMS implementation
 - Sustainability of Projects
 - Cost/Benefit analysis of the project (consequences if the project was not funded)
 - List specifically the following:
 - Project Scope of Work
 - Project timeline and milestones

- Local priorities Goals & Objectives
- Emergency responder training needs

B. Project Budget Detail:

- Planning, Training, Exercises, Equipment, M&A
 - Consistent with Narrative
-
- Additional Applicant Issues to be Reviewed by Multi Interagency Review Committee:
 - History of Project Completion
 - History of on-time or delinquent narrative/fiscal reports
 - Timeliness and Appropriate Justification for Project Milestone Adjustments
 - Management capability and capacity; longevity vs. turnover
 - Prior Audit Findings

Application Deadline

March 3, 2005

II. ELIGIBLE APPLICANTS

II. ELIGIBLE APPLICANTS AND FUNDING AVAILABILITY

A. Eligible Applicants

With 2005 funding, the state focus is shifting from first response to prevention and deterrence. Funding is open to all jurisdictions that completed the State Homeland Security and Assessment on-line assessment in the fall of 2004 and that are included in the State Homeland Security Strategy (SHSS). Jurisdictional priority is being revised to reflect threat and needs analysis. A revised SHSS will be provided to all eligible jurisdictions. Eligible jurisdictions may apply for one or both programs (SHSP and LETPP).

A single, coordinated application for each program will be accepted from the jurisdictions listed on Table 1.

Table 1. Eligible Jurisdictions

Aleutians East Borough	City of Valdez
Bristol Bay Borough	City of Whittier
City & Borough of Juneau	City of Wrangell
City and Borough of Sitka	Denali Borough
City of Bethel	Fairbanks North Star Borough
City of Cordova	Haines Borough
City of Craig	Kenai Peninsula Borough
City of Delta Junction/Deltana	Ketchikan Gateway Borough
City of Dillingham	Kodiak Island Borough
City of Galena	Mat-Su Borough
City of Nenana	Metlakatla Indian Community
City of Nome	Municipality of Anchorage
City of Petersburg	North Slope Borough
City of Skagway	Northwest Arctic Borough
City of Unalaska	Yakutat Borough

- Grants will not be awarded until an application has been reviewed and eligible items are submitted for allocation decisions by an interagency, multi-discipline committee. Submitting an application is no guarantee of funding.

Ruth Keller

From: Ruth Keller
Sent: Friday, February 11, 2005 12:21 PM
To: Ruth Keller
Subject: Rural AED Program

[CHEMS Home](#)[State of Alaska](#)[H&SS](#)[CHEMS Internet](#)[Site Map](#)**CHEMS**Section of Community Health &
Emergency Medical Services**CHEMS UNITS**[Certificate of Need
& Behavioral Health](#)[Emergency Medical
Services](#)[Injury Surveillance
& Prevention](#)[Primary Care
& Rural Health](#)**Rural AED Grants**

Revised 03/04/2004

Office Staff contact:
Doreen Risley, EMSC Coordinator
Telephone: (907) 465-8633
Email: doreen_risley@health.state.ak.us

A Proposal Review Committee (PEC) met on October 19, 2004 to review the AED applications that were submitted in March 2004 by organizations and community partnerships. The committee selected the following organizations/partnerships to receive AEDs and trainers. The communities below will receive **least** one AED and one trainer.

The number of AEDs and trainers each group will receive is based on the price of the units. The bid is ongoing and should be completed by early 2005, after which time we will have a better idea of the cost per unit. If you have any questions contact Doreen Risley at 907-465-8633.

Aniak Fire Rescue
Bristol Bay Borough
Chugachmiut
Craig EMS
Dillingham Volunteer Fire Department and Rescue
Fairbanks North Star Borough
CATG Community Health Aide Program
Hoonah EMS
Hyder Community Association
Capital City Fire/Rescue
Kenai Peninsula EMS
Ketchikan, North Tongass Service Area
Kodiak Island Borough
Lake Louise

Matanuska-Susitna Borough
McGrath Volunteer Fire Department
Mosquito Lake
Nondalton Clinic
Sitka Fire Department
Tanana Chiefs Conference
Valdez Fire Department
Wrangell Fire Department
Yukon Kuskokwim Health Corporation

Automated external defibrillators (AEDs) are an essential tool in the treatment of out-of-hospital cardiac arrest. Over the years, the devices have become safer, more reliable and more maintainable. The new technologies used in these devices make them suitable for use by anyone who has had basic training in their use.

AEDs are most effective when implemented as part of an overall strategy which considers each link "Chain of Survival:"

- Early access to the emergency medical system (EMS and 9-1-1 system)
- Early cardiopulmonary resuscitation (CPR)
- Early defibrillation when indicated
- Early advanced emergency treatment

In 1998 legislation was passed that redefined the use of an automated external defibrillator as a basic support skill and provided, through the Good Samaritan Law, some immunity from civil liability to properly trained personnel who use AEDs in a resuscitation attempt and who activate the EMS system. The statute is available below.

Files of interest (click to download):

- Civil Liability for use of an AED (AS 09.65.087)
- Civil Liability for Emergency Aid (AS 09.65.090)
- Regulations for Approving AED Training Programs (7 AAC 26.585)
- Public Health Improvement Act (Includes Cardiac Arrest Survival Act)
- Answers to Frequently Asked Questions about the AEDs in Alaska

Approved Training Programs

In Alaska's Good Samaritan Law (AS 09.65.090) "properly trained" to use an AED means "that the person has completed an automated external defibrillator training course from the American Heart Association, American Red Cross, or another automated external defibrillator training course approved by the Department of Health and Social Services."

The following programs have been approved by the Department of Health and Social Services in accordance with 7 AAC 26.585:

- BLS for Health Care Providers-**American Heart Association**
- CPR for the Professional Rescuer-**American Red Cross**
- The CPR component of **Medic First Aid-Advanced**
- Basic Life Support for Professionals (BLSPRO)-**EMP America**
- CPR for the Professional Rescuer-**American Safety & Health Institute**
- **Respond Systems AED/CPR**

To request approval of an AED Training program the applicant must submit a written report that provides evidence of meeting the requirements set forth in 7 AAC 26.585. Requests are sent to:

Department of Health and Social Services
Division of Public Health
Section of Community Health and Emergency Medical Services
P. O. Box 110616
Juneau, AK 99811-0616

AED Placement

The Section of Community Health and EMS is interested in knowing the locations of AEDs so it can implement the goals of the Rural AED Grant Program effectively. Agencies receiving AEDs under the AED Grant are required to inform us of the placement or relocation of AEDs purchased under the grant. We greatly appreciate being informed of the placement or relocation of AEDs purchased with other funds. Notification is voluntary and provides us with important information. The Section of Community Health and EMS has developed a simple form that can be completed and faxed to the Section at 465-4101. As an alternative, agencies can simply complete the on-line AED Registration form that will send the information directly to CHEMS staff.

It is important for emergency medical dispatchers to know the locations of AEDs so they can direct them to the device when emergency medical services personnel are en route. The Section will fax copies of the form to the appropriate Regional EMS Office, Emergency Medical Dispatch center, and the nearest emergency medical services agency.

Model AED Placement Notification.pdf
Online AED Registration Form

AED Usage Form

This form should be completed any time an AED funded under the Rural AED Program is used in a resuscitation or resuscitation attempt. Pressing the "send" button will e-mail the contents of the form to three members of the Section of Community Health and EMS working on the Rural AED Project. It is not sent to anyone else.

A staff member of the Section of Community Health and EMS will contact you and others to obtain detailed information on the use of the device and the patient's outcome.

AED Usage Form

2002 Rural AED Act Grant Program

In the first year of the Rural AED Grant Program, the Section of Community Health and EMS was awarded \$237,000 which was used to purchase and distribute over 150 AEDs throughout Alaska. Look below for a list of agencies which received automated external defibrillators.


2003 Rural AED Act Grant Program

The Section of Community Health and EMS was awarded \$265,168 by the Department of Health and Social Services, Health Resources and Services Administration for continued implementation of the Rural Automated External Defibrillator Program. This is the first year of a three year grant. It is likely that we will receive a similar amount for years two and three if the federal program is funded and we fulfill our responsibilities in year one. Look below to see a list of agencies which received automated external defibrillators.


2004 Rural AED Grant Program Continuation

The Section of Community Health and EMS submitted its application for funding on April 8, 2004. Applications will be reviewed in the summer with notifications made in the early fall.

Important Documents

.doc  Sample Letter of Commitment (A letter of commitment is defined in the grant guidance as "A document submitted by a community partnership that delineates the role, responsibilities and resources committed to the project by that member.")

 Memorandum of Agreement (MOA evidencing acceptance of basic responsibilities for AED program)

.doc  Model AED placement Notification (Form that can be used to notify EMS program of AED placement)

 List of 2002 Recipients of AEDs (A list of AEDs that were distributed)

 List of 2003 Recipients of AEDs (A list of AEDs that were distributed)

Rural AED List Server

The Section of Community Health and Emergency Medical Services has developed an internet list to facilitate communications regarding this important issue

Join the Alaska Rural AED List Server

TOP

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Ruth Keller

From: Owens, Shelley [Shelley_Owens@health.state.ak.us]
Sent: Friday, February 04, 2005 5:01 PM
To: Ruth Keller
Cc: Choromanski Hull-Jilly, Deborah
Subject: SB 4 - related programs

Hi Ruth,

The two programs we learned of in doing research on SB 4 are the "First There, First Care - Bystander Care for the Injured". The curriculum and training materials are provided at no cost by the National Highway Traffic Safety Administration (NHTSA). The web link to the materials can be found at http://www.nhtsa.dot.gov/people/injury/ems/FirstThere_Bystander/ This is a one-hour program. It has been implemented in rural schools in California. The contact person in California is Lois Williams at the State EMS Authority, (916) 322-4336, ext. 424.

The second program, called Basic Emergency Lifesaving Skills in Schools, is provided by the the Center for Emergency Health and Safety for Schools. The Center has selected Alaska for the next phase of the program and is seeking funding from 3 federal agencies to continue the Initiative, which is operational or in development in 7 states and targeted for 20 more. The website is www.cehss.org/initiatives.htm

I think the programs provide a curriculum and training materials for teachers but may not provide funding beyond that.

Shelley

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website www.chems.alaska.gov

2/11/2005

First There, First Care - BYSTANDER CARE FOR THE INJURED



First There First Care

Bystander Care for the Injured

*download pdf version

Have you witnessed a car crash and not known what to do or how to help? You are not alone. Many people want to help crash victims but have reservations about knowing exactly how to help. Ordinary people who are trained to use simple actions can save lives.

The challenge is to overcome fears of "not doing it right" and the attitude of "not wanting to get involved."

The First There, First Care campaign is designed to inform the public, build awareness and empower people to take action.

The First There, First Care bystander care for the injured campaign was developed by the National Highway Traffic Safety Administration (NHTSA), the Health Resources and Service Administration (HRSA) and the American Trauma Society (ATS). The campaign goal is to give motorists information, training and confidence to provide life-saving bystander care at the scene of a crash, increasing the chance of survival for crash victims.

Whether you're a concerned citizen or a medical professional, you could be the first link in introducing the First There, First Care campaign to your community.

First There, First Care Campaign Why?

Car crashes place a tragic burden on our communities. During 2000 alone, over 41,000 people lost their lives in motor vehicle crashes and another 3.2 million

were injured. About one third of all fatal crashes were single vehicle rural crashes.

While time is a critical factor in any crash, it is especially critical in rural areas. National statistics show that rural areas have far higher rates of fatal crashes per mile driven than urban areas. The average time between a car crash and the call for help is about twice as long in rural areas and, due to the greater distances that the ambulance must travel, it takes nearly twice as long for help to arrive.

In many cases, the life of the crash victim could be saved if a passing motorist would stop, call for help and deliver very basic emergency care. Many crash deaths are the result of blocked breathing passages and/or blood loss - both of which can easily be treated by trained bystanders.

What You Can Do to Get Started

Step One: Start the Community Awareness Program

Using this brochure, begin raising your community's awareness of the need to stop and help victims of car crashes.

Step Two: Identify Medical Professionals to Deliver the Hands-on Training

Training by a medical professional is a crucial step in preparing citizens to become active bystanders. It teaches people the basic skills needed to perform the actions of bystander care, and training instills confidence to act quickly and responsibly when faced with an emergency situation. Visit your local hospital, fire department, doctor's office, or school nurse's office, and discuss the community benefits of the First There, First Care campaign. Identify medical professionals who would be interested in serving as First There, First Care trainers. Let them know they will need to take a one hour self-paced CD-ROM lesson to prepare themselves for the training. You can help them obtain the CD-ROM by contacting the offices listed on this brochure.

First There, First Care Campaign Materials

If you are a medical professional (e.g., physician, nurse, paramedic) and would like to teach First There, First Care, you need:

First There, First Care Instructor Preparation Package (item # 3P0116)

This kit contains all the materials necessary to complete a one hour, self-paced lesson which prepares medical professionals for teaching **First There, First Care** to motorists. The package includes the **First There, First Care** for the injured awareness kit, the **First There, First Care** train-the-trainer CD-ROM, and the **First There, First Care** training video.

If you are a medical professional who has completed **First There, First Care** instructor preparation, and need materials to conduct **First There, First Care**

training, please request:

First There, First Care Student Materials

(English kit - item # 3P0124)

(Spanish kit - item # 3P0125)

This kit contains all the necessary materials for students participating in a **First There, First Care** training class. It includes one **First There, First Care** poster, 30 copies of the **First There, First Care -Action Guide to Roadside Care**, - 30 copies of the **First There, First Care Emergency Action Card**, and 2 rolls of **First There, First Care** stickers.

If you are a highway safety advocate, you need:

First There, First Care Bystander Care for the Injured Awareness kit.

(Item # 3P0093)

This kit contains materials for a traffic safety advocate who is interested in bringing **First There, First Care** to their community. It contains the **First There, First Care Resource Guide and Fact Sheet**, and samples of the **First There, First Care -Action Guide to Roadside Care, Emergency Action Card and Poster**, in English and Spanish.

To obtain materials, contact the National Highway Traffic Safety Administration or your state Emergency Medical Services office. All materials are FREE.

U.S. Department of Transportation
National Highway Traffic Safety Administration
EMS Division
400 7th St. SW, NTI-123
Washington, DC 20590
Fax (301) 386-2194

For more information on the **First There, First Care** campaign,
contact:

U.S. Department of Transportation
National Highway Traffic Safety Administration
EMS Division
400 7th St. SW, NTI-123
Washington, DC 20590
(202) 366-5440

DOT HS 809 292
Revised April 2003

Center for Emergency Health and Safety for Schools

Multi-Hazards in Schools

The course will provide participants with the basic information and tools needed to develop effective plans for the wide array of potential emergencies, disaster and hazardous situations that schools may face. Participants completing the course will be able to explain the importance of effective planning to others and lead individuals in their schools and community through the process of developing an effective multi-hazard program.

Special consideration will be given to those local teams that consist of at least 4-5 representatives, including school administrators, principals, school nurses, teachers, support and janitorial staff, risk managers, facility managers, or counselors, and representatives from emergency management, law enforcement, fire service, local public health department, hospital, and pre-hospital providers of all levels.

Participants who complete the course will be eligible for either 1 or 2 undergraduate or graduate credits through the University of Wisconsin La Crosse, Department of Health Education and Health Promotion. CEU's have been applied for through the National Registry of EMT's.

[View Past Participants](#)

BELSS (Basic Emergency Lifesaving Skills in Schools)

The BELSS Initiative is designed to increase the number of school-aged youth who are competent in emergency health skills by training instructors and providing curriculums to promote the development of these skills. Emergency health is the spectrum of knowledge, attitudes, and skills necessary to prevent, prepare for, and respond to serious, unexpected situations that require immediate action. Emergency health encompasses injury prevention, safety, first aid, CPR, AED, emergency preparedness, and coordinated school health

programs. More importantly, it represents the interaction and integration of these components. BELSS is the first comprehensive model of emergency health in schools.

Trainings will be held in various locations throughout Wisconsin, Minnesota, North Dakota and South Dakota. The workshops are intended for school nurses, health teachers, physical education teachers, elementary teachers, health service directors, safety/security directors, social workers, EMS personnel, and ALL those responsible for teaching emergency health skills to school district youth and staff. Participants who attend the workshops will receive valuable certifications, curriculum, and resources for implementing safety education in their schools.

.....
SERT (School Emergency Response Team)
INFORMATION COMING SOON!!!
.....

.....
Responding to Emergencies and Disasters with
Youth
(READY) Initiatives

Coming to Wisconsin, July 18-22, 2005 will be the READY initiative! We're excited to announce this excellent opportunity to prepare youth to prevent, prepare for and respond to serious, unexpected situations that require immediate action. The READY initiative will incorporate knowledge and skills related to injury prevention, safety, first aid, CPR, AED, emergency preparedness, terrorism, school security, crime prevention, and disasters. Teens participating in the READY initiative will develop citizenship with the support and involvement from family, school staff and administration, and community members by participating in activities related to volunteerism, leadership, advocacy, and youth development. They will also gain insight on how to establish citizen corps councils and partnerships within their schools and communities (i.e. neighborhood watch, outreach training, service learning, volunteerism, etc.).

This initiative is comprised of two phases. The first phase includes the development and revision of curriculum for the Wisconsin National Guard Counterdrug Program. It offers education and prevention activities such as the Ropes Courses, which provide youth in fifth, seventh, and ninth grades with positive experiences that allow them to make better choices and experience success. The Ropes Course last year reached 20,000 students through both the outdoor low ropes course and the mobile low ropes course programs. They will include the following skills: building trust, making positive health and safety choices, and experiencing true team building. These underlying skills will be enhanced with the development of the Leadership Reaction Courses and the curriculum expansion that will include risk reduction and prevention related to alcohol and drug use, as well as safety, injury prevention, and emergency preparedness. This expansion in curricula will help Wisconsin teens be prepared to respond in emergency situations in their school or community. It should also be noted that this year, the Wisconsin National Guard Low Ropes Course received the *Secretary of Defense Community Drug Awareness Award* for excellence in youth alcohol and drug prevention and education.

The second phase of the initiative involves integrating the ROPES course into a five-day camp experience for teens. The READY camp is comprised of skills in emergency health, safety and citizen corps and is designed to increase the number of school-aged youth who are prepared and ready to respond in emergency health situations

to help make schools and communities safer. Instructors will include community emergency responders such as law enforcement, firefighters, EMS providers and emergency healthcare professionals. Another objective of the READY camp is to promote the youth to enter health and public safety careers.

This emergency health and safety leadership initiative aligns with the No Child Left Behind Act due to the focus placed on a comprehensive safe school plan that includes policies, security procedures, prevention activities, and crisis response procedures (Title IV Part A – Safe and Drug Free Schools). It also aligns well with the Title V Part A - Innovative Programs section of No Child Left Behind by providing: (1) programs for CPR training in schools for students, teachers, and other staff; (2) training for school safety programs; (3) service-learning activities; and (4) involvement and communication opportunities with families, schools and community members.

PROGRAM GOALS

1. Create partnerships that expand awareness of emergency health and safety skills and knowledge.
2. Provide a variety of opportunities for Wisconsin youth to enhance their risk reduction awareness and emergency health and safety skills and knowledge.
3. Collaborate with organizations and groups already impacting risk reduction and emergency health and safety education of Wisconsin citizens.

Alaska Region Training Centers 2004-2005

<p>Alaska Native Medical Center <i>Contact: Casie Williams</i> 4315 Diplomacy Drive Anchorage, AK 99508</p>	<p>BLS, ACLS & PALS Ph: 907-729-2936 Fax: 907-729-2938 cwilliams@anmc.org</p>	<p>Ketchikan General Hospital <i>Contact: Val'ee Gray</i> 3100 Tongass Avenue Ketchikan, AK 99901</p>	<p>BLS, ACLS & PALS Ph: 907-225-5171 x7425 Fax: 907-228-8324 VGray@peacehealth.org</p>
<p>Alaska Regional Hospital <i>Contact: Gene Wiseman</i> 2801 DeBarr Rd. Anchorage, AK 99508</p>	<p>BLS, ACLS & PALS Ph: 907-264-1277 Fax: 907-264-2064 Eugene.wiseman@hcahealthcare.com</p>	<p>North Slope Borough Fire Dept <i>Contact: Jack Smith</i> Box 69 Barrow, AK 99723</p>	<p>BLS Ph: 907-852-0246 Fax: 907-852-8734 jack.smith@north-slope.org</p>
<p>Anchorage Fire Dept., Municipality of Anchorage BLS, ACLS & PALS <i>Contact: Patricia Vincent</i> 1140 Airport Heights Road Anchorage, AK 99508</p>	<p>Ph: 907-267-5069 Fax: 907-279-2106 VincentPA@muni.org</p>	<p>Norton Sound Health Corp <i>Contact: Terry Calandrelli</i> P.O. Box 966 Nome, AK 99762</p>	<p>BLS, ACLS & PALS Ph: 907-443-3306 Fax: 907-443-3731 calandrelli@nshcorp.org</p>
<p>Bayside Fire Department <i>Contact: Bob Himes</i> 4606 E. Rezanof Dr. Kodiak, AK 99615</p>	<p>BLS, ACLS & PALS Ph: 907-486-4536 Fax: 907-486-3025 bayside_fire_dept@hotmail.com</p>	<p>Providence Health System AK <i>Contact: Laurie Edge or Carol Bagley</i> P.O. Box 196604 Anchorage, AK 99519</p>	<p>BLS, ACLS & PALS Ph: 907-261-3011 Fax: 907-261-4911 ledge@provak.org</p>
<p>Central Peninsula Hospital <i>Contact: Susan Shoemaker</i> 250 Hospital Place Soldotna, AK 99669</p>	<p>BLS, ACLS & PALS Ph: 907-714-4775 Fax: 907-714-4647 staffdev@cpgh.org</p>	<p>Southeast Region EMS Council <i>Contact: Crystal Chartrand</i> P.O. Box 259 Sitka, AK 99835</p>	<p>BLS, ACLS & PALS Ph: 907-747-8005 Fax: 907-717-1406 astrn@serems.org</p>
<p>Immediate Care <i>Contact: Betty Anne Scheeler</i> 6311 DeBarr Road Ste. L Anchorage, AK 99508</p>	<p>BLS Ph: 907-336-3365 Fax: 907-336-3397 scheelerba@immediatecareak.com</p>	<p>Southern Region EMS Council <i>Contact: Nancy Patterson</i> 6130 Tuttle Place Anchorage, AK 99507</p>	<p>BLS, ACLS & PALS Ph: 907-562-6449 Fax: 907-562-9893 npatterson@sremsc.org</p>
<p>Interior Region EMS <i>Contact: Dave Rockney</i> 3522 Industrial Avenue Fairbanks, AK 99701</p>	<p>BLS, ACLS & PALS Ph: 907-456-3978 Fax: 907-456-3970 drockney@iremsc.org</p>	<p>Trans Care Medical <i>Contact: Kevin Wright</i> 521 West 41st Ave Anchorage, AK 99503</p>	<p>BLS, ACLS & PALS Ph: 907-562-3534 Fax: 907-563-8557 kevin.l.wright@worldnet.att.net</p>

Southern Region EMS Services

Ambulance Services

Adak Volunteer FD
Alaska Professional Volunteers
Anchor Point Volunteer FD
Big Lake EMS
Butte EMS
Chugiak Volunteer FD
Cold Bay EMS
Cooper Landing EMS
Copper Center EMS
Cordova Volunteer FD
Dillingham Volunteer FD
Elmendorf/Ft Richardson EMS
Girdwood EMS
Glennallen EMS
Homer Volunteer FD
Hope/Sunrise EMS
Houston EMS
Kachemak EMS
Kenai FD
Kenny Lake EMS
King Cove EMS
King Salmon EMS
Kodiak Area FD
Kodiak Launch Complex
Kullis 176th Medical Squadron
Municipality of Anchorage FD
Naknek EMS
Nikiski FD
Ninilchik EMS
Palmer EMS
Port Graham EMS
Saint Paul EMS
Sand Point EMS
Seacorp Industries
Seldovia Volunteer FD
Seward Volunteer EMS

Soldotna/Sterling EMS
Sutton EMS
South Naknek EMS
Talkeetna EMS
Transcare Medical Services
Trapper Creek Amb.
Unalaska Volunteer EMS
Valdez FD
Wasilla EMS
Whittier Volunteer EMS
Willow Amb.
WellSafe Industries

Koliganek EMS
Lake Creek/Skwenta EMS
Lake Louise EMS
Levelock EMS
Manokotak EMS
Moose Pass EMS
Nanwalek EMS
Nelson Lagoon EMS
New Stuyahok EMS
Nondalton EMS
Old Harbor EMS
Pedro Bay EMS
Perryville EMS
Pilot Point EMS
Platinum EMS
Port Alsworth EMS
Port Heiden EMS
Port Lions EMS
Saint George EMS
Tatitlek EMS
Togiak EMS
Twin Hills EMS
Tyonek Volunteer EMS
Whittier Tunnel EMS

First Responders

Chitkhiok EMS
Akutan EMS
Aleknagik EMS
Alyeska Ski Patrol
Atka City EMS
Bear Creek Fire & Rescue
Bayside FD
Chenega Bay FD
Chignik Bay EMS
Chignik Lagoon EMS
Chignik Lake Rescue Squad
Chiniak EMS
Chitina EMS
Clarks Point EMS
Egegik EMS
Ekwok EMS
False Pass EMS
Gakona EMS
Glacier View EMS
Goodnews Bay EMS
Iglugig EMS
Iliamna/Newhalen EMS
Kokhanok EMS

Air Medical

AK ANG 210th Air Rescue
Alaska Regional Lifeflight
LifeGuard Alaska
Bristol Bay Area HC



These patient transport vehicles for Port Lions and Nanwalek are a small part of the equipment the Code Blue project has made possible in rural areas.



Uwe Kalenka Statement

I want to address two subjects today:

1. A young, bright man that graduated from the Anchorage school district and is no longer with us.
2. Terrorism.

Let me begin with the young man. He attended school in Anchorage from kindergarten through 12th grade. His name was Eric. He was murdered on February 27, 2004. He was my son. I want to thank his 4th grade teacher for inspiring him. He thought the world of her. He was an honor student at Hanshew Middle School. However, at Service High things started to deteriorate. While at Service he took badminton 3 times for credit. I objected vehemently to this. I was told badminton was part of the health and physical education program. So was sex education. He was taught well in that subject.

However, through all his schooling from math through French and German one thing he was not taught was how to survive. He was taught how to put a condom on but not how to put a tourniquet on. I looked through the curriculum and was unable to find anything addressing first aid. If Eric had been taught first aid he could have saved his own life. The fatal wound was behind the knee.

I wonder how many of our students have lost their lives needlessly because we failed to teach them first aid? I need to add that Eric died less than a mile from the fire station and less than a mile from the hospital he was born in. He called the police before the assault occurred, but they were no help. My point is that our public safety organizations are reactive forces which, in reality, many times cannot protect us. This makes it all the more necessary for students to learn how to protect themselves.

That brings me to my next subject, terrorism. Recently there was a major bombing in Spain which claimed over 200 lives. I wonder how many lives were needlessly lost because people did not know first aid. I wonder how many people needlessly bled to death. I wonder what would have happened and how many of us would needlessly die if this would happen here.

But it does not have to be terrorism. How about if we have a natural disaster? I do not believe that our emergency organizations can adequately respond and protect us. Therefore, I believe that all students should be trained in first aid and CPR so they can help themselves and each other in case of need. I urge you to include first aid in the health curriculum and make it a requirement for graduation.

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February 22, 2005
Fairbanks, AK

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Schools weigh first aid training

By AMANDA BOHMAN

Staff Writer

Heart attack sufferers, near-drowning victims or diners who find a bone lodged in their throat might want a Ryan Middle School eighth-grader nearby during the crisis.

By the end of the school year, all eighth-graders will be certified through the American Heart Association to perform CPR, administer abdominal thrusts--formerly known as the Heimlich Maneuver--and use an automated external defibrillator.

Ryan health teacher Stefani Brown is among a handful of teachers in the Fairbanks North Star Borough School District who offer first aid and CPR certification. A bill in the Legislature would make the certification a high school graduation requirement.

Through Brown, eighth-graders paid a fee of \$8 for the certification. Half of the students completed the instruction on Monday, and the other half is slated to take the weeklong course in April.

"With so much in the curriculum, generally, this just gets breezed over," Brown said. "The younger they start, the more confidence they'll have in a crisis situation."

At West Valley High School, about 20 sophomores, juniors and seniors completed a CPR and first aid certification course recently.

Dawn LaFleur, a health and physical education teacher, offered the training to students in her health leadership class, an elective. A grant through Interior Region Emergency Medical Services Council paid for the training, she said.

"It's just part of a good basic life skill that my students can use," LaFleur said. "Some of them want to be camp counselors. Some of them want to be lifeguards and some of them work in day-cares."

Only a few states and school districts nationwide have CPR and first aid certification as a high school graduation requirement, according to an aide to Sen. John Cowdery, the Anchorage Republican who wants to make CPR and first aid certification a graduation requirement in Alaska.

Cowdery's Senate Bill 4 is in response to last year's death of Eric Kalenka, 27, of Anchorage, who was stabbed in a Taco Bell drive-through after getting into a light with a motorist who rear-ended him.

According to the bill, basic first aid-- such as applying pressure to the wound and

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elevating it above the man's heart—might have saved Kalenka's life.

Since its introduction Jan. 11, the bill has generated little discussion. It was referred to two legislative committees, neither of which has held a hearing.

The Fairbanks North Star Borough District Board of Education has yet to weigh in.

It's unclear from the bill how much adding the certification would cost and who would pay.

Royce Chapman, vice president of the school board, likes the idea, he said, but he's not sure it's practical.

"I think everybody should know CPR," Chapman said. "But when we're trying to make sure that our students make the standards in reading, writing and math, it's hard to justify taking time away from these subjects to teach something else, as worthwhile as it may be."

Hull and Freeman said they think CPR and first aid certification should be widely available.

"It only took a week," Hull said. "Anybody can do it, and I think they should."

Reporter Amanda Bohman can be reached at abohman@newsminer.com or 459-7544.

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Never Too Young to Learn

This Heartsaver CPR in Schools Program Exceeds Expectations

The adults in the Mississippi classroom were pleased but a bit skeptical toward the group of teens: "You're mighty young to be taking this class, aren't you?" Then they learned that the eighth-graders were the instructors.

Sgt. Gary Davis was assigned as a liaison in Old Towne Middle School in Ridgeland, Mississippi, to present a positive view of the police force to the students. That was why Police Chief Charles Newell and Principal Ken Aeton created the in-school position and selected him to fill it. But Sgt. Davis had much more in mind.

"EMS has always been my love," says Davis, who is also a paramedic. "I wanted to do more for the kids than just be a friendly presence in the school. I decided that I would teach these kids how to perform CPR. Then I thought, no, that's not enough. I'm going to teach them to be CPR instructors."

Getting Started

The Ridgeland community of 25,000 offered money for the pilot program. A group called "Students Uniting Crime" raised money for materials. The school band donated funds for course books. The PTA buys shirts and lunches for the students who qualify for the program. Says Sgt. Davis: "These students aren't selected by me or their parents or the head of the PTA. They self-select. And it's not easy; I had 65 who signed up in the last group; 40 made it to the first level of commitment; 10 showed up for the pre-test; 6 actually graduated. I expect 100% as their score on the tests and to skills—and they deliver. That's more than the AHA requires, but I must ensure that they are prepared beyond question. We got a lot of skepticism until people see them in action—and then they're in awe. 'How did you do it?' they ask me. I didn't do it. They wanted to."

Positive Response

Ken Aeton, retired principal of Old Towne, says: "This program has been great for our kids and great for our community. Parents and kids have responded very positively."

Davis' first graduates in February 2000 were Archana Ravikumar, Kimberly Dickard, Eric Ochar, Mallori Racking, Teri Crawford, and Mary Landen-Downs. Instructor Archana Ravikumar, now 15, says: "The hardest part was getting other people to accept us at our young age. But if you put your heart into it, you can get anything accomplished."

Chain of Survival Award

Sgt. Gary Davis and the Old Towne Middle School CPR in Schools Program were recipients of the 2001 Chain of Survival Award, presented to the individual or group that has gone above and beyond the call of duty in promoting the Chain of Survival in the community. Although pleased at the recognition, instructor Kimberly Dickard, 15, says: "This has affected my life far beyond any awards."

Sgt. Davis' "bazillion" teaches CPR to their peers and teachers in the Ridgeland school system and the neighboring middle school. They also teach paramedics and nursing students in the community college. In addition to having trained more than 1,000 people, they've had three documented saves. The weekend after the first training session, a student came to the aid of a man who had shot a nail through his leg. A student choking on food had the obstruction released by a teacher who had been trained by one of Sgt. Davis' students. One of the 8th-grade learners saved his own brother when the little boy was knocked over while holding a marble in his mouth.

Given their documented success, these well-trained teens are winning acceptance as bona-fide instructors, despite their youth. But Sgt. Davis isn't stopping there; when he introduces AEDs in his community speeches, the demonstrator is his daughter Stephanie. She's eight.

Sgt. Gary Davis can be reached at garydavis@hollbrook.net.



Photo courtesy of Sgt. Gary Davis.

arrest can be reversed if it's treated within a few minutes with an electric shock to the heart to restore a normal heartbeat. This process is called defibrillation. A victim's chances of survival are reduced by 7 to 10 percent with every minute that passes without defibrillation. Few attempts at resuscitation succeed after 10 minutes.

How many people survive cardiac arrest?

No statistics are available for the exact number of cardiac arrests that occur each year. It's estimated that more than 95 percent of cardiac arrest victims die before reaching the hospital. In cities where defibrillation is provided within 5 to 7 minutes, the survival rate from sudden cardiac arrest is as high as 49 percent.

What can be done to increase the survival rate?

Early CPR and rapid defibrillation combined with early advanced care can result in high long-term survival rates for witnessed cardiac arrest. For instance, in June 1999, automated external defibrillators (AEDs) were mounted 1 minute apart in plain view at Chicago's O'Hare and Midway airports. In the first 10 months, 14 cardiac arrests occurred, with 12 of the 14 victims in ventricular fibrillation. Nine of the 14 victims (64 percent) were revived with an AED and had no brain damage.

If bystander CPR was initiated more consistently, if AEDs were more widely available, and if every community could achieve a 20 percent cardiac arrest survival rate, an estimated 40,000 more lives could be saved each year. Death from sudden cardiac arrest is not inevitable. If more people react quickly by calling 9-1-1 and performing CPR, more lives can be saved.

Related AHA publications:

- [Heart and Stroke Facts](#)
- [Heart Disease and Stroke Statistics Update](#)
- [Heart Attack and Stroke: Signals and Actions](#) (also in Spanish)

Detailed Research

AHA Scientific Statement: Improving Survival From Sudden Cardiac Arrest: The "Chain of Survival" Concept, #71-0003
Circulation. 1991;83:1832-1847

Sec. 09.65.090. Civil liability for emergency aid.

(a) A person at a hospital or any other location who renders emergency care or emergency counseling to an injured, ill, or emotionally distraught person who reasonably appears to the person rendering the aid to be in immediate need of emergency aid in order to avoid serious harm or death is not liable for civil damages as a result of an act or omission in rendering emergency aid.

(b) A member of an organization that exists for the purpose of providing emergency services is not liable for civil damages for injury to a person that results from an act or omission in providing first aid, search, rescue, or other emergency services to the person, regardless of whether the member is under a preexisting duty to render assistance, if the member provided the service while acting as a volunteer member of the organization; in this subsection, "volunteer" means a person who is paid not more than \$10 a day and a total of not more than \$500 a year, not including ski lift tickets and reimbursement for expenses actually incurred, for providing emergency services.

(c) The immunity provided under (b) of this section does not apply to civil damages that result from providing or attempting to provide any of the following advanced life support techniques unless the person who provided them was authorized by law to provide them:

- (1) manual electric cardiac defibrillation;
- (2) administration of antiarrhythmic agents;
- (3) intravenous therapy;
- (4) intramuscular therapy; or
- (5) use of endotracheal intubation devices.

(d) This section does not preclude liability for civil damages as a result of gross negligence or reckless or intentional misconduct.

(e) *[Repealed, Sec. 2 ch 92 SLA 2003].*

(f) *[Repealed, Sec. 2 ch 92 SLA 2003].*

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(b) A person, organization, or government agency may not represent itself as an emergency medical service or ambulance service certified by the state unless the person, organization, or government agency is certified as an emergency medical service under AS 18.08.082.

(c) A person may not provide, offer, or advertise to provide advanced life support services outside a hospital unless authorized by law.

(d) A person, organization, or government agency that provides, offers, or advertises to provide an emergency medical service may not provide advanced life support services unless authorized under AS 18.08.082.

(e) A hospital, clinic, or other entity may not represent itself as being a trauma center unless it is certified under AS 18.08.082 as meeting the criteria established for a trauma center.

(f) A person, organization, or government agency may not offer or conduct a training course that is represented as a course for mobile intensive care paramedics unless the person, organization, or agency is certified under AS 18.08.082 to offer or conduct that course. (§ 2 ch 78 SLA 1978; am §§ 15, 16 ch 36 SLA 1993)

Sec. 18.08.086. Immunity from liability. (a) A person certified under AS 18.08.082 who administers emergency medical services to an injured or sick person, a person or public agency that employs, sponsors, directs, or controls the activities of persons certified under AS 18.08.082 who administer emergency medical services to an injured or sick person, or a health care professional or emergency medical dispatcher acting within the scope of the person's certification who directs or advises a person to administer emergency medical services to an injured or sick person is not liable for civil damages as a result of an act or omission in administering those services or giving that advice or those directions if the administering, advising, and directing are done in good faith and the injured or sick person reasonably seems to be in immediate danger of serious harm or death. This subsection does not preclude liability for civil damages that are the proximate result of gross negligence or intentional misconduct, nor preclude imposition of liability on a person or public agency that employs, sponsors, directs, or controls the activities of persons certified under AS 18.08.082 if the act or omission is a proximate result of a breach of duty to act created under this chapter. For the purposes of this subsection, "gross negligence" means reckless, wilful, or wanton misconduct.

(b) A physician who in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to another hospital is not liable for civil damages as a result of arranging, requesting, recommending, or initiating the transfer if

(1) in the exercise of that degree of knowledge or skill possessed, or that degree of care ordinarily exercised by physicians practicing the same specialty in the same or similar communities to that in which the physician is practicing, the physician determines that treatment of the patient's medical condition is beyond the capability of the transferring hospital or the medical community in which the hospital is located;

(2) the physician has confirmed that the receiving facility is more capable of treating the patient; and

(3) the physician has secured a prior agreement from the receiving facility to accept and render the necessary treatment to the patient.

(c) A registered nurse or licensed practical nurse who escorts a patient in a means of conveyance not equipped as an ambulance is not liable for civil damages as a result of an act or omission in administering patient care services, if done in good faith and if the life of the injured or sick person is in danger. This subsection does not preclude liability for civil damages that are the result of gross negligence or intentional misconduct.

(d) A person certified as an emergency medical technician instructor, a person or entity certified to conduct a training course for mobile intensive care paramedics, and a person who employs or contracts with a certified emergency medical technician instructor or

with a person or entity certified to conduct a training course for mobile intensive care paramedics is not liable for civil damages as a result of a negligent act or omission during a training course that injures the person or property of a person participating in the training course. (§ 2 ch 78 SLA 1978; am § 2 ch 122 SLA 1986; am §§ 17, 18 ch 36 SLA 1993)

Cross references. — For liability for services rendered by a physician-trained mobile intensive care paramedic, see AS 08.64.366.

For civil liability for emergency aid, see AS 9.65.090.

Collateral references. — Hospital's liability as to diagnosis and care of patients brought to emergency ward. 72 ALR2d 396

Application of rule of strict liability in tort to person or entity rendering medical services. 100 ALR3d 1205.

Liability for injury or death allegedly caused by activities of hospital "rescue team". 64 ALR4th 1200.

Liability of operator of ambulance service for personal injuries to person being transported. 68 ALR4th 14.

Sec. 18.08.087. Disclosure of medical records. When requested for the purpose of evaluating the performance of an emergency medical technician, mobile intensive care paramedic, or physician who provided emergency medical care or other assistance to a sick or injured person, a licensed physician, advanced nurse practitioner, or physician assistant may disclose to an emergency medical technician, a mobile intensive care paramedic, or physician the medical or hospital records of a sick or injured person to whom the paramedic, technician, or physician is providing or has rendered emergency medical care or assistance. However, the disclosing physician, nurse practitioner, or physician assistant shall limit disclosure under this section to the records that are considered necessary by the discloser for evaluation of the paramedic's, technician's, or physician's performance in providing the emergency medical care or assistance. A mobile intensive care paramedic, emergency medical care technician, or physician to whom confidential records are disclosed under this section may not further disclose the information to a person not entitled to receive that information under this section or another law. (§ 19 ch 36 SLA 1993)

Sec. 18.08.088. Penalty. A person who violates a provision of this chapter is guilty of a misdemeanor and upon conviction is punishable by a fine of not more than \$1,000, or by imprisonment for not more than 90 days, or by both. Each violation is a separate offense. (§ 2 ch 78 SLA 1978)

Sec. 18.08.089. Authority to pronounce death. (a) A mobile intensive care paramedic or physician assistant registered or licensed under AS 08.64.107 or an emergency medical technician certified under this chapter may make a determination and pronouncement of death of a person under the following circumstances:

- (1) the paramedic or emergency medical technician is an active member of an emergency medical service certified under this chapter;
- (2) neither a physician licensed under AS 08.64 nor a physician exempt from licensure under AS 08.64 is immediately available for consultation by radio or telephone communications;
- (3) the paramedic, physician assistant, or emergency medical technician has determined, based on acceptable medical standards, that the person has sustained irreversible cessation of circulatory and respiratory functions.

(b) A mobile intensive care paramedic, physician assistant, or emergency medical technician who has determined and pronounced death under this section shall document the clinical criteria for the determination and pronouncement on the person's emergency medical service report form and notify the appropriate medical director or collaborative physician as soon as communication can be established. The paramedic, physician assistant, or emergency medical technician shall provide to the person who signs the death certificate the

Senate Bill 4

HESS Hearing

March 14, 2005

(from Sen. Cowdery)

Alaska's 20th Legislature passed a law requiring a pupil passing a competency examination in the areas of reading, English, mathematics, science, and social science for a secondary school diploma.

- Graduation Mandate – SB 4

Rural Areas

- Homeland Security Grant Program
 - Alaska State Citizen Corps Council – trains volunteers to come in to teach
 - Eligible Jurisdictions

Aleutians East Borough	City of Valdez
Bristol Bay Borough	City of Whittier
City & Borough of Juneau	City of Wrangell
City & Borough of Sitka	Denali Borough
City of Bethel	Fairbanks North Star Borough
City of Cordova	Haines Borough
City of Craig	Kenai Peninsula Borough
City of Delta Junction/ Deltana	Ketchikan Gateway Borough
City of Dillingham	Kodiak Island Borough
City of Galena	Mat-Su Borough
City of Nenana	Metlakatla Indian Community
City of Nome	Municipality of Anchorage
City of Petersburg	North Slope Borough
City of Skagway	Northwest Arctic Borough
City of Unalaska	Yakutat Borough
- AHA AK Region Training Centers
 - 7 Training Centers in Anchorage
 - 1 Training Center in Kodiak
 - 1 Training Center in Soldotna
 - 1 Training Center in Fairbanks
 - 1 Training Center in Ketchikan
 - 1 Training Center in Barrow
 - 1 Training Center in Nome
 - 1 Training Center in Sitka
- Southern Region EMS Services
 - 48 Ambulance Services Statewide
 - 47 First Responders
 - 4 Air Medical