CPR as a Graduation Requirement
Model Legislation

Summary: This bill will require operators of schools grades 7-12, including school boards, operators of independent charter schools, and the governing bodies of private schools, to provide enrolled students instruction in cardiopulmonary resuscitation and the use of an automated external defibrillator as a requirement for graduation from high school. The instruction must be based on an instructional program established by the American Heart Association or the American Red Cross or another program which is nationally recognized and uses the most current national evidence−based Emergency Cardiovascular Care guidelines and incorporates psychomotor skills development into the instruction.

(1) "Psychomotor skills" is defined as the use of hands-on practicing and skills testing to support cognitive learning (cognitive-only training does not qualify).

(2) Beginning in the 20xx−20xx school year, each school board operating school grades 7-12, the operator of each charter school that operates school grades 7-12, and the governing body of each private school that operates school grades 7-12 shall provide instruction in cardiopulmonary resuscitation and the use of an automated external defibrillator to pupils enrolled in the school district, charter school, or private school as a requirement for graduation from high school. The school board, operator of the charter school, or governing body of the private school shall use either of the following, and shall incorporate into the instruction the psychomotor skills necessary to perform cardiopulmonary resuscitation and use of an automated external defibrillator:

(a) An instructional program developed by the American Heart Association or the American Red Cross.

(b) An instructional program which is nationally recognized and is based on the most current national evidence−based Emergency Cardiovascular Care guidelines for cardiopulmonary resuscitation and the use of an automated external defibrillator.

(3) A licensed teacher shall not be required to be a certified trainer of cardiopulmonary resuscitation, to facilitate, provide or oversee such instruction for non- certification.

(4) Courses which result in a certification being earned are required to be taught by an authorized CPR/AED instructor.

(5) The state Department of Education shall establish a procedure for monitoring adherence by school boards, operators of independent charter schools, and the governing bodies of private schools to the requirements set forth in subdivision (2) of this section and may adjust state grant/shared revenue amounts based on failure to comply with the requirements set forth in subdivision (2) of this section.

CPR in Schools

American Heart Association®
Learn and Live

Fact Sheet

CPR in Schools

- During the 2009 school year, 36 states had a law or curriculum standard encouraging CPR training in schools.
- Most students age 13 or older have the physical size and strength necessary to deliver effective chest compressions. The ability to assess a medical emergency and call 9-1-1 can be taught to younger students.
- The Josh Miller Hearts Act, which is strongly supported by the American Heart Association, provides schools with the equipment and training necessary to save the lives of children and adults in the education community.

Teens/Youth

- Shopping malls have the third highest incidence of sudden cardiac arrest, according to a Seattle study. The average American teen (age 12-17) spends 58 hours a month at shopping malls.
- According to the National Center for Educational Statistics, in 2007 there were 16.5 million high school students enrolled in public and private schools in the U.S.
- In 2009, the American Heart Association, with a grant from the Medtronic Foundation, created Be the Beat (**www.bethebeat.heart.org**), an online program for teens to teach the basics of CPR and how to use an AED.
- About 5,920 children 18 years old and under suffer out-of-hospital cardiac arrest each year from all causes – including trauma, cardiovascular causes and sudden infant death syndrome.
- The incidence of out-of-hospital sudden cardiac arrest in high school athletes ranges from .28 to 1 death per 100,000 high school athletes annually in the U.S.

Sudden Cardiac Arrest

- EMS treats nearly 300,000 victims of out-of-hospital cardiac arrest each year in the U.S.
- Less than 8 percent of people who suffer cardiac arrest outside the hospital survive to make it home from the hospital.
- Sudden cardiac arrest can happen to anyone at any time. Many victims appear healthy with no known heart disease or other risk factors.
- Sudden cardiac arrest is **not** the same as a heart attack. Sudden cardiac arrest occurs when electrical impulses in the heart become rapid or chaotic, which causes the heart to suddenly stop beating. A heart attack occurs when the blood supply to part of the heart muscle is blocked. A heart attack may cause cardiac arrest.

Cardiopulmonary Resuscitation (CPR)

- Less than one-third of out-of-hospital sudden cardiac arrest victims receive bystander CPR.
- Effective bystander CPR, provided immediately after sudden cardiac arrest, **can double or triple** a victim's chance of survival.
- Last year, the American Heart Association trained more than 12 million people in CPR worldwide, including healthcare professionals and the general public.
- Chest compressions should be provided at a rate of at least 100 compressions per minute – the same rhythm as the beat of the Bee Gee's song, "Stayin' Alive." For a complete playlist of 100 beat per minute songs, go to **bethebeat.heart.org/aha_playlist.pdf**

Scott W. Lamprecht, DNP, MSN, RN
2010-2011

Sudden Cardiac Arrest Risk Factor Screening and Incidence Reduction Program

Synthesis of Evidence: The incidence of adolescent Sudden Cardiac Arrests (SCA) is continuing to increase annually in the United States with survival rates remaining less than 10% unless an Automated External Defibrillator (AED) is used in conjunction with immediate bystander CPR. These SCAs usually occur during intense physical exertion associated with workouts or sports related activities are often classified as "Natural Causes" due to a lack of identifiable or reportable cause upon autopsy. SCA associated risk factors include a family history of SCA, a history of exertion-induced syncope, and undiagnosed heart conditions. A screening questionnaire for SCA was developed and implemented in a community screening program and had an initial Positive Predictive Value (PPV) of 62.2% and a Negative Predictive Value (NPV) 75%. The PPV and NPV decreased to 30.8% and 65.6% respectively during preparticipation sports assessments although the presence of SCA associated risk factors on a 12 Lead EKG decreased only slightly from 47.5% to 41.7%. The rate of positive responses related to the presence of risk factors decreased from 48.3% (community events) to 12.7% during preparticipation sports assessments. This finding indicated issues with the accuracy of self reported data concerning the presence of SCA associated risk factors in family history or exertion-induced syncope.

Proposed Change in Practice: Comprehensive health policy to reduce SCA incidence and increase survival rates to include: 1. Standardization of Preparticipation Sports Assessments to include SCA-associated Risk Factor Assessment, 2. Creation and implementation of a national database for reporting of SCA events, 3. Increase the number of Public Access Defibrillator (PAD) Programs for schools and athletic events.

Implementation Strategies:
The American Heart Association Emergency Cardiovascular Care State Committee and Regional Faculty Workgroups were used as support for advocacy contacts in addition to state and federal lobby groups and legislators. Content was presented at multiple national, regional, and state healthcare professional and special interest conferences.

Evaluation:
This research has been used for Cardiovascular Health, Emergency Response, and SCA Awareness policy and program changes at the state and federal levels. Additionally, the research content has been used in Washington, D.C. by Healthcare Lobbyist groups for increasing National Institutes of Health (NIH) funding for cardiovascular research in 2010 and 2011. State legislation passed in 2010 resulted in AED deployment in state high schools and creation of a "911" AED database. Legislation to remove transfats from a local school district is pending using the research for awareness of Heart Disease and adolescent SCA risk factors.

CPR in Schools

Frequently Asked Questions (FAQ)

Q: How much time does it take to train students in CPR?

A: Effective CPR training takes less than the amount of time to watch a typical 30 minute TV sitcom.

Q: How much will CPR training in school cost?

A: Costs can vary depending on the type of training utilized but estimates show the per student cost being approximately $1.00. In fact, some schools have been able to provide training at no cost using community volunteers and donated equipment. Training all middle and high school students will add one million trained rescuers across the United States every few years. Those students will be ready, willing and able to act and save lives for years to come, if they witness an emergency within their community.

Q: How will CPR in Schools be funded?

A: School districts have developed various models for providing and paying for the training and equipment, including using volunteer instructors or video-based programs, and drawing support from businesses, foundations, civic organizations and public agencies. If schools paid for their own CPR training program, average per student cost can be as low as approximately $1.00.

Q: Why should the government tell our schools what they should be teaching? Why do we have to legislate this?

A: One of the responsibilities of state government is to protect its citizens. Ensuring that school districts universally conduct CPR training fits within that responsibility.

Q: Does this policy exist in other places?

A: As of August, 2012, 36 states have a law or curriculum standard encouraging CPR in Schools. Six states require that all students prior to graduation take a CPR training course that includes skills practice (IA, AL, MN, TN, VT, NC).

Q: Won't CPR in Schools take time away from other more important learning?

A: No. CPR training is effectively completed in less time than it takes to watch a 30 minute TV sitcom. Students need only be trained once so we are really only talking about 30 minutes within 4 years of high school. Many schools have incorporated CPR training into existing health and physical education classes and have found it to be an excellent complement to current curriculum.

Q: Are kids really capable of administering CPR?

A: Yes. The American Heart Association does not have a minimum age requirement for people to learn CPR. The ability to perform CPR is based more on body strength rather than age. Studies have shown that middle school aged children can effectively learn and perform CPR.

Q: If someone performs CPR, aren't they liable if the person who needs CPR dies anyway?

A: Good Samaritan laws are designed to protect those who choose to serve and tend to others who are injured, ill, or otherwise incapacitated. They are intended to reduce a bystander's hesitation to assist for fear of being sued or prosecuted for unintentional injury or wrongful death, and generally protect individuals who are acting in a volunteer capacity.

Q: Is it really true that students could be prevented from graduating if they aren't trained in CPR?

A: The goal is to ensure that students are all trained in CPR, not to create barriers to high school graduation. Students will have all 4 years of high school to complete the requirement – that's 30 minutes of class time within 4 years. This should be achievable for all students and should not prevent anyone from graduating. However, the only way to ensure that all students receive CPR training is to make it a requirement for graduation.

Q: How are students trained in CPR?

A: Contemporary Hands-Only CPR training is much easier than training of the old days. Now CPR training includes a video and practice on a mannequin that can easily be learned in approximately 30 minutes and does not need to be taught by a certified instructor. Physical education, health teachers, and certified community volunteers can teach students to perform CPR.

Q: Don't you have to be certified to perform CPR on someone?

A: No. Basic CPR training can give you the skills needed to save someone's life and does not require certification.