

**2023**  
2nd Edition



# Drill: Dr. Heart

**A plan to prepare for cardiac arrest response  
in your school, workplace, house of worship,  
community organization, or team sport**

## DRILL: Dr Heart

While it is clear that Sudden Cardiac Arrest (SCA) can occur at any time and without any warning, typically, schools, teams, workplaces, community programs, or houses of worship do little to prepare to respond to a cardiac emergency. So taking the methods used by sports teams and bands, they use drills and repeat them over and over to ensure comfort with the process and gain proficiency the more they practice. If current affairs have taught us anything, we never know when sudden cardiac arrest is going to happen, Therefore, it is critical that we are all prepared to respond in a life-or-death emergency with the same methodology and planning as has proven successful elsewhere.

Each **DRILL: Dr. Heart** can be customized to the environment where the group meets this planning document includes several scenarios to help you respond to a cardiac emergency. If you do not have an emergency response plan for a cardiac emergency, you will need to create one within your organization's structure.

The ultimate goal of "Dr. Heart" is to ensure that every sports team, student activity, Classroom, house of worship, community organization, and workplace in the United States practices the drill and is prepared for sudden cardiac arrest.

### Here are the Basics of Drill: Dr. Heart

- **Plan your response by understanding the variables of your community**
- **Ensure your community CPR and AED training has been obtained based on the prevailing law.**
- **Know the chain of survival and YOUR part in it:**
- **Practice the drill annually.**
- **Join the 2023 CHALLENGE**

### What we know about the "chain of survival" and its impact on survival

- Early Defibrillation (An electric shock to restart the heart) Chance of survival increases by 75%
- Each minute that defibrillation is delayed reduces the victim's chance of survival by about 10 percent.
- Early Access to the patient, including early recognition of the condition and call for help. Chance of survival increases by 5%
- Early Basic Life Support (Rescue Breathing and External Chest Compressions) Chance of survival increases by 10%



- Not all rescues involving an AED are successful, but where AEDs are deployed widely and used quickly, survival rates of 50% or higher have been reported – which is significantly better than the 2-5% survival rates for CPR alone.



## **DRILL: Dr. Heart for teams –**

### **Variables for YOUR “Dr. Heart” drill:**

- Consider who the victim of the SCA would be and create a scenario based on each potential classification of individual (Player, Coach, Spectator, Etc.)
- Consider various locations and their proximity to the AED(s) and doors (Gym, Park, Stadium, Etc.)
- Confirm state requirements for CPR and AED training and certification
- Know the whereabouts of the closest AED (Automatic External Defibrillator) (if none are on-site consider implementing an AED program or communicate with local EMS to identify the time required to bring a device to the site and consider this in your response planning)
- Know the best access point for EMS (Emergency Medical Services) know where it is accessible for entering and create a plan to ensure that someone will be able to assist EMS in locating the victim)
- Know if you have a school nurse on site or what the chain of command is
- Know how to communicate with 911 – remember to give specific information on your location – the name of the field/ stadium, street address, town, etc.
- Know your line of communication – NO POSTING ON SOCIAL MEDIA, TEXTING FRIENDS, or anything until the administration clears you to do so. Respect the privacy of the victim.
- Know your state laws regarding who can be a first responder, who can administer CPR, use an AED, and if there is Good Samaritan coverage in your jurisdiction

### **Now it's time to practice *Drill: “Dr.Heart”*:**

The first person who witnesses the loss of consciousness calls out “We are in Drill Dr.Heart”

The lead will be established as per the plan.

- Contact 911
- Send Someone to get the AED
- Send players to get adult assistance – school nurse, teacher, coach, etc.
- Send 2-3 people to the location given to EMS and guide them to the victim.
- If necessary assign 2-3 players to clear the area and floor of trip hazards
- Move all players and spectators to a safe distance from the victim and out of the way of EMS.
- Authorized Individuals perform CPR and use AED
- Hand over control to EMS and answer any questions about what has been witnessed in as much detail as possible



## **Drill: Dr. Heart for houses of worship or community organizations**

### **Variables for YOUR “Dr. Heart” drill:**

Consider who the victim of the SCA would be and create a scenario based on each potential classification of individual (Fellow worshiper, pastor/ rabbi/minister Etc.)

Consider various locations and their proximity to the AED(s) and doors (Chapel, parking lot, classroom, Etc.)

Confirm state requirements for CPR and AED training and certification. Know your state laws regarding who can be a first responder, who can administer CPR, use an AED, and if there is Good Samaritan coverage in your jurisdiction

Know the whereabouts of the closest AED (Automatic External Defibrillator) (if none are on-site consider implementing an AED program or communicate with local EMS to identify the time required to bring a device to the site and consider this in your response planning)

Know the best access point for EMS (Emergency Medical Services) Know which doors are accessible for entering and create a plan to ensure that someone will be able to open the doors)

Know how to communicate with 911 – remember to give specific information on your location – the name of the place of worship, street address, town, and door or entrance information.

Know your line of communication – NO POSTING ON SOCIAL MEDIA, TEXTING ANYONE, or anything until the administration clears you to do so. Respect the privacy of the victim.

### **Now it's time to practice Drill: “Dr.Heart”:**

The first person, who witnesses the loss of consciousness calls out that “We are in Drill Dr.Heart”

The lead will be established as per the plan.

- Contact 911
- Send Someone to get the AED
- Send 2-3 people to the entrance or to the street to guide EMS to the victim.
- If necessary assign 2-3 people to clear the room and floor of trip hazards or rearrange chairs
- Move all persons a safe distance from the victim and out of the way of EMS.
- Authorized Individuals perform CPR and use AED
- Hand over control to EMS and answer any questions about what has been witnessed in as much detail as possible

### **Drill: Dr. Heart for Schools: Know your variables**

- Consider who the victim of the SCA would be and create a scenario based on each potential classification of individual ( Student, Teacher, visitor, another faculty member)
- Consider various locations and their proximity to the AED(s) and doors (Classroom, hallway, gym, lunchroom, outdoor space, etc.)
- Confirm state requirements for CPR and AED training and certification
- Know the whereabouts of the closest AED (Automatic External Defibrillator) (if none are on-site consider implementing an AED program or communicate with local EMS to identify the time required to bring a device to the site and consider this in your response planning)
- Know the best access point for EMS (Emergency Medical Services) Know which doors are accessible for entering and create a plan to ensure that someone will be able to open the doors)
- Know if you have a school nurse on site or what the chain of command is
- Know how to communicate with 911 – remember to give specific information on your location – the name of the school, street address, town, and door or entrance information.
- Know your line of communication – NO POSTING ON SOCIAL MEDIA, TEXTING FRIENDS, or anything until the administration clears you to do so. Respect the privacy of the victim.
- Know your state laws regarding who can be a first responder, who can administer CPR, use an AED, and if there is good samaritan coverage in your jurisdiction
- Know if the school nurse is on-site and who must be notified and how so the chain of survival can begin EX. Principal, teacher, school nurse, etc.

### **Now it's time to practice *Drill: “Dr.Heart”:***

The first student or another person who witnesses the loss of consciousness calls out to the class that “We are in Drill Dr.Heart”

The lead will be established as per the plan.

- Contact 911
- Send Someone to get the AED
- Send students to get adult assistance – school nurse, teacher, coach, etc.
- Send 2-3 people to the entrance or to the street to guide EMS to the victim.
- If necessary assign 2-3 students to clear the room and floor of trip hazards or rearrange desks
- Move all students at a safe distance from the victim and out of the way of EMS.
- Authorized Individuals perform CPR and use AED
- Hand over control to EMS and answer any questions about what has been witnessed in as much detail as possible

### **Drill: Dr. Heart in the workplace: Know your variables**

- Consider who the victim of the SCA would be and create a scenario based on each potential classification of individual (Fellow worshiper, pastor/ rabbi/minister Etc.)
- Consider various locations and their proximity to the AED(s) and doors (Chaple, parking lot, confession box, Etc.)
- Confirm state requirements for CPR and AED training and certification
- Know the whereabouts of the closest AED (Automatic External Defibrillator) (if none are on-site consider implementing an AED program or communicate with locate EMS to Identify the time required to bring a device to the site and consider this in your response planning)
- Know the best access point for EMS (Emergency Medical Services) Know which doors are accessible for entering and create a plan to ensure that someone will be able to open the doors)
- Know how to communicate with 911 – remember to give specific information on your location – the name of the place of worship, street address, town, and door or entrance information.
- Know your line of communication – NO POSTING ON SOCIAL MEDIA, TEXTING ANYONE, or anything until the administration clears you to do so. Respect the privacy of the victim.
- Know your state laws regarding who can be a first responder, who can administer CPR, use an AED, and if there is Good Samaritan coverage in your jurisdiction

### **Now it's time to practice *Drill: “Dr.Heart”*:**

The first person, who witnesses the loss of consciousness calls out that “We are in Drill Dr.Heart”

The lead will be established as per the plan.

- Contact 911
- Send Someone to get the AED
- Send 2-3 people to the entrance or to the street to guide EMS to the victim.
- If necessary assign 2-3 people to clear the room and floor of trip hazards or rearrange chairs
- Move all persons a safe distance from the victim and out of the way of EMS.
- Authorized Individuals perform CPR and use AED
- Hand over control to EMS and answer any questions about what has been witnessed in as much detail as possible

### **Sample Script for DRILL:“Dr. Heart”**





Sport: Girls Volleyball (you can adjust the script to fit your scenario this is just an example)

Players/Coach: (The team is playing and the coach is instructing) As Coach is calling the play he is moving to Tina beginning compressions

Player A (Tina): (Falls to the ground, unresponsive)

Player B: Sue is first to respond - "Tina stop messing around... get up".

Player C: "Sue, Tina is not kidding she's not breathing... COACH!" (Runs over to the coach and gets his attention)

Coach: (Gets over to the player on the floor) "Ladies, We are in Drill: Dr. Heart" – FOCUS and LISTEN" Coach begins to give instructions

Nicole here, handing her a phone, call 911 – remember to tell them REAR entrance (Nicole takes the phone and calls 911 and CALMLY states – "We have a cardiac emergency – a 16 yr old female is unresponsive, CPR in progress I am at Parsippany High School, main gym please use the rear entrance there are 2 players waiting at the door to guide you into the gym"

"Becca get the AED" (Becca runs to get the AED in the Hallway and returns with it to the coach)

\*\*if during school hours\*\* "Mary – Go get the nurse and tell her Dr. Heart is in play"

"Marylyn get the trainer" (Marylyn runs to the trainer's office to find him/her – she finds him and tells him "Dr. Heart" is in play and Coach Titus needs him in the gym NOW"

"Alex and Nicole H – go to the REAR entrance to the gym and watch for EMS and lead them back here." ( Alex and Nicole H run to the back door and wait CALMLY for EMS – they do NOT gossip or talk to friends THEY focus on looking for EMS and should they see any other Coaches or Nurse(s) they tell them that 'Dr. Heart is in play in the gym'.)

"Michelle and Francesca – take the team to the corner of the gym clear the balls as you go." (Michelle and Francesca take control of the gym and remove all trip hazards from the floor while instructing all players to the corner of the gym- away from the entrance that EMS will use hey keep everyone calm, quiet and ensure that nobody is communicating with others in a manner that would get this news to loved ones in an inappropriate manner.)

## Drill: Dr. Heart Challenge

*How to enter and  
win an AED*



Now for the Challenge:

Please visit our social media challenge page: <https://4hcm.org/drill-dr-heart-social-media-challenge/>  
and sign up for a chance to win an AED for your organization.

### Step 1

#### **Plan for the drill**

Make sure everyone  
knows their role and  
the importance of  
time



### Step 2

#### **Practice your drill**

Perfect each step &  
know how to react in  
a dire situation



### Step 3

#### **Film your drill**

Show each step of the drill  
& post your video on social  
media with the  
#DRILLDRHEARTCHALLENGE



### Step 4

#### **Enter to WIN!**

Fill out the  
enrollment form  
BELOW to enter the  
contest



[Submit YOUR Dr. Heart Project today](#)

How to get formally trained in CPR and AED use:





Most states recognize the Red Cross and American Heart Association trainers as sufficient for certification. These courses can be found by contacting your local chapter of the Red Cross or American Heart. Most CPR classes today include AED training.

For team training—more recently adopted “hands only CPR” or “compression-only CPR” can be taught by anyone or even learned online. The concept of “hands-only CPR” eliminates the use of rescue breaths for the first 8 minutes of CPR and instead focuses on the simple concept:

“fast and hard in the center of the chest”.

Compression ONLY CPR is not intended to REPLACE ALS (Advanced Life Support) certified CPR and the HCMA firmly believes that ALL coaches should have CPR certification!

**For more information on CPR, AED use, and “hands-only CPR” / “compression-only CPR” visit the following sites:**

<http://handsonlycpr.org/> | [www.redcross.org](http://www.redcross.org) | [www.heart.org](http://www.heart.org)

Citations:

Travers AH, Rea TD, Bobrow BJ, et al. 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science. Part 4: CPR Overview. *Circulation* 2010;122:S676-S684.

Drezner JA, Toresdahl BG, Rao AL, et al. Outcomes from sudden cardiac arrest in US high schools: a 2-year prospective study from the National Registry for AED Use in Sports. *Br J Sports Med*. 2013;47:1179-1183 (originally published online October 11, 2013); doi:10.1136/bjsports-2013-092786.

Cummins RO, Ornato JP, Thies WH, et al. Improving survival from sudden cardiac arrest: the “chain of survival” concept: A statement for health professionals from the Advanced Cardiac Life Support Subcommittee and Emergency Cardiac Care Committee, American Heart Association. *Circulation* 1991;83:1832-1847.

Graham R, Eisenberg M, et al. Strategies to improve survival: A time to act. Institute of Medicine Report, pre-publication copy. See SCA Foundation summary here: <http://www.sca-aware.org/sca-news/us-cardiac-arrest-survival-rates-around-6-percent-for-those-occurring-outside-of-a-hospital>

Hazinski, M, editor. 2010 AHA Guidelines for CPR and ECC

Mozaffarian D, et al. Heart Disease and Stroke Statistics—2015 Update. *Circulation*. 2015;131:00-00. See SCA Foundation summary here: <http://www.sca-aware.org/sca-news/aha-releases-2015-heart-and-stroke-statistics>



## Authorization for Use of Health Information & Patient Disclosure

The Hypertrophic Cardiomyopathy Association (HCMA) was founded in 1996 as a 501c3 nonprofit organization. We provide support, advocacy, and education to patients, families, the medical community, and the public about hypertrophic cardiomyopathy while supporting research and fostering the development of treatments. The Drill: Dr. Heart Challenge is intended to provide education on the topic of sudden cardiac arrest response and if in the process of filming for the challenge personal health information is disclosed the that is done so with the understanding this information will be made public.

In furtherance of the foregoing, The Hypertrophic Cardiomyopathy Association hereby requests your permission to document, store, use, distribute, publish, share, disseminate to third parties (including the public at large) and use the information, if any, as it relates to personal health information should any be disclosed in the Drill: Dr. Heart Challenge.

By Signing the below, you acknowledge and agree that any and all of your personal health information obtained in filming maybe used for this social media challenge. Such Information may hereby be distributed in various formats, including but not limited to text, audio, video, photographs, via social media, professional publications, and others. The information may subsequently be disseminated to entities including but not limited to healthcare professionals, media outlets, and the public at large. The Information may also be featured or included in materials including but not limited to educational content, presentations, medical information portals, email, social media platforms, direct mail, professional publications, or conferences.

You also understand that HCMA will own any and all rights related to the Information, and you thus hereby waive any and all rights related to the use of this Information or your own words, voice, likeness (video, photographs), and/or appearance in an educational activity and associated resource and publicity materials. HCMA will have the right to reproduce, distribute, transmit, publish, exhibit, or otherwise use any multimedia items containing the Information and **You also** hereby generally, irrevocably and unconditionally release and forever discharge the HCMA, its affiliates, their respective officers, directors, shareholders, employees, agents, successors and assigns (collectively, the "Company Group"), from any and all suits, claims, rights, obligations, damages, liabilities, attorneys' fees, expenses, actions, causes of action, and any and all claims of law or in equity, of any nature whatsoever which you may ever had, now have or may claim to have against HCMA or the Company Group or any part thereof (whether directly or indirectly) related to or arising out of your authorization for HCMA to use this information.

Signature: \_

Dated: \_

Print Name: \_

Phone: \_

Address: \_

City: \_

State: \_

Zip: \_

Email: \_

If signing for a minor child: Name of child: \_