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**CARDIAC EMERGENCY RESPONSE TEAM**

**Year: \_\_\_\_\_\_\_\_\_\_\_\_**

**The following people compose the Cardiac Emergency Response Team. All members shall have current CPR and AED training and are hereby designated to respond to and provide basic life support during a cardiac emergency. Those closest to the emergency shall be contacted first.**

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| --- | --- | --- | --- | --- | --- |
| **Team Member Name** | **CPR/AED Training Expiration**  | **LOCATION****Room or location** | **LOCATION #2****Alternate Location** | **During Normal Hours Phone/Extension** | **After-Hours Phone/Extension** |
| Team Coordinator -  |        |  |  |            |       |
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Please note which person is designated to call 9-1-1 and direct EMS to the location of the sudden cardiac arrest.

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 Organization Leader Date

**Note:** Other students, staff or volunteers not listed here may initiate a response and provide basic life support as needed if Team Members are not immediately available.