BAKER COUNTY SCHOOL DISTRICT

Committed to Excellence

AGENDA
WORK SESSION (OPEN TO THE PUBLIC)
Tuesday, January 20, 2026 - 1:15 PM
District Board Room (270 South Boulevard East, Macclenny, Florida 32063)
Minute Book #40 / Supplemental Book #54 / Page #7

"The Vision of the Baker County School Board is to prepare individuals to be lifelong learners, self-sufficient and responsible citizens of good character."

SCHOOL BOARD WORK SESSION

1:15 p.m. - Work Session on Plans for Cardiac Emergency Response, Medical Emergency Response, Guidelines for Managing Anaphylaxis, and the Agreement with Who We Play For

NOTICE: Any person who desires to appeal any decision made by the School Board with respect to any matter considered at the above mentioned meeting will need a record of the proceedings, and for such purpose may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which an appeal may be based.

Item Cover Page

WORK SESSION (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	January 20, 2026
SUBMITTED BY:	Tina Bradley - (259-0476)
ITEM TYPE:	Work Session
AGENDA SECTION:	SCHOOL BOARD WORK SESSION
SUBJECT:	1:15 p.m. - Work Session on Plans for Cardiac Emergency Response, Medical Emergency Response, Guidelines for Managing Anaphylaxis, and the Agreement with Who We Play For

ATTACHMENTS:
01.20.2026 Guidelines for Managing Anaphylaxis_T.Bradley.pdf
01.20.2026 PULSE Cardiac Emergency Plan_T.Bradley.pdf
01.20.2026 PULSE Medical Emergency Response Plan_T.Bradley.pdf
01.20.2026 Agreement with Who We Play For_T.Bradley.pdf

Guidelines for Managing Anaphylaxis in the School Setting

Baker County School District

Definitions:

Allergen is any substance that is capable of causing an allergic or IgE mediated hypersensitivity reaction. Allergens can include food, stinging insects, medications, animal dander, latex rubber, pollen and mold. Exposure to allergens generally produces immediate allergic reactions, but in some cases, symptoms may be delayed up to 2 to 4 hours after exposure.

Anaphylaxis is the medical term for life-threatening systemic allergic reaction that may occur when allergic individuals are exposed to specific allergens. Anaphylaxis is a collection of symptoms affecting multiple systems in the body. Signs and symptoms include one or more of the following:

- Hives, itching (of any body part);
- Vomiting, diarrhea, stomach cramps;
- Red, watery eyes, runny nose;
- Wheezing, coughing, difficulty breathing, shortness of breath;
- Throat tightness or closing; difficulty swallowing, change of voice;
- Flushed, pale skin, dizziness;
- Swelling (of any body part);
- Fainting, or loss of consciousness;
- Impending sense of doom;
- Change in mental status;
- Itchy scratchy lips, tongue, mouth and/or throat.

Epinephrine (adrenaline) is the single most important medication for treating anaphylactic reactions and should be administered at the first sign of a systemic allergic reaction. Administering epinephrine early in anaphylaxis improves the chances of survival and quick recovery.

Levels of Care:

Dependent Care: Requires trained adult intervention.
Assisted Care: Exhibits partial competency in self-care; requires assistance of trained adult.
Self Care: Demonstrates knowledge, skills, and ability to manage allergic reactions, including self-administration of epinephrine auto-injector if ordered.

Florida Statute 1002.20(3)(i) (Kelsey Ryan Act) allows students who are at risk for life-threatening allergic reactions to carry and self-administer an epinephrine auto-injector while attending school or participating in school activities if the school has been provided with parental and physician authorization. **The parent of a student authorized to carry an epinephrine auto-injector assumes all liability with respect to the student's use of the medication.**

Senate Bill No.1514 also states that each student in kindergarten through grade 8 who has an emergency action plan for anaphylaxis, such plan must be in effect and accessible at all times when student is on school grounds during the school day or participating in school-sponsored activities. This includes extracurricular activities, athletics, school dances, and contracted before-school or after-school programs at the student's school.

Responsibilities:

A. Parent/Guardian

- Document annually, diagnosis on *Student Information Card (yellow card)*
- Notify school nurse as soon as possible when a student is newly diagnosed or upon school entry
- Provide and maintain current emergency contact phone numbers
- Collaborate in the development of the student's individual health care plan
- Consult with the school administrator, nurse, and/or classroom teacher regarding environmental triggers that affect their student
- Provide prescribed medication with matching Medication Consent Form
- Inform school nurse of changes in the student's allergy management
- Work with health care provider, school nurse, and student to promote self-sufficiency in allergy management, including:
    - Safe and unsafe foods
    - Strategies for avoiding exposure to unsafe foods
    - Symptoms of allergic reactions
    - How and when to tell an adult they may be having an allergy-related problem
    - How to read food labels (age appropriate)
- **Indemnify the school district and its agents for any and all liability with respect to the student authorized to carry and self-administer an epinephrine auto injector**
- Accept financial responsibility for 911 call and transportation to hospital

B. Student

- Participate with school personnel in developing and implementing plan of care
- Demonstrate competence in self-administration of auto-injector if ordered. The parent, school nurse, or school administrator may request re-evaluation of student's competency whenever indicated
- Seek adult help immediately at first awareness of allergen exposure (all levels of care)
- Self-administer epinephrine auto-injector at first awareness of allergen exposure (self-care)
- Practice responsible individual use and safe keeping of medication (self-care)
- Should not trade food with others, eat anything with unknown ingredients, or eat any allergen containing food

C. Healthcare Provider

- Complete form for epinephrine auto-injector if student is to carry/self-administer medication at school
- Collaborate in the development of the student's individual health care plan
- Provide child-specific consultation as needed for anaphylaxis management

D. School Nurse

- Provide appropriate level of Anaphylaxis Education for unlicensed assistive personnel (UAPs), school staff, and bus drivers
- Develop and maintain student health care plan to include allergy management in the classroom, cafeteria, during school-sponsored activities
- Distribute *Emergency Action Plan* to appropriate school staff
- Delegate and document child specific allergy management to trained and competent designees
- Assess student competency and responsibility in self-management in the school setting
- Call 911 immediately when any student experiences a systemic allergic reaction and/or respiratory distress
- Call 911 immediately when any student requires epinephrine auto-injector administration

- Communicate with parent/guardian about acute episodes and any difficulties in controlling allergies at school
- Act as a liaison between student's health care provider, parent, and school staff
- Provide student health education about allergies to promote responsible self-care
- Troubleshoot reason for occurrence after anaphylactic crisis subsides

E. Unlicensed Assistive Personnel

- Complete Levels 1, 2, and 3 of Anaphylaxis Education
- Perform delegated allergic reaction management per child specific training
- Call 911 immediately when any student experiences a systemic allergic reaction
- Call 911 immediately when any student requires epinephrine auto-injector administration
- Alert school nurse of any severe allergic reactions

F. School Staff

1. Principal

- Require appropriate school staff to complete Anaphylaxis Education.
- Include food-allergic students in school activities, rather than excluding students based solely on their food allergy.

2. All School Staff

- Complete appropriate level of Anaphylaxis Education
- Call 911 immediately when any student experiences a systemic allergic reaction
- Call 911 immediately when any student requires epinephrine auto-injector administration
- Alert school nurse of any severe allergic reactions

3. Food Services Manager and Dietician

- Participate in team meeting regarding Health Care Plan for student with life threatening food allergies
- Discuss allergy relationship to menus (breakfast, lunch, school snacks, field trips); a la carte items; vending machines; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and responsibilities of other Food Service staff
- Recommend a statement from student's physician that documents the medical need for food substitution/s, including recommended substitute food/s.
    - Make appropriate substitutions on a case by case basis for the required meal components; review with school nurse and parent.
    - Maintain a copy of physician's statement in Cafeteria Manager's office; give original document to school nurse to file in the student's cum health folder.
- Enter allergy data into point of sale program
- Review with all Food Services Personnel the procedures for handling students with food allergies
- Maintain an ongoing process for reading of food labels to identify potential allergens and calls to manufacturers on questionable ingredients to prevent cross-contamination in food manufacturing or preparation process
- School District Menu to be placed on School District website
- Provide advanced copy of menu to parent/guardian and alert clinic staff of menu changes
- Assure that all Food Services staff attends in-service regarding safe food handling practices to avoid cross-contamination with potential food allergens
- Maintain clean food production/preparation areas and serving utensils to avoid cross-contamination
- Provide only non-latex gloves for Food Services staff

G. Medical Community

- Provide education and updates about allergy management to school staff and health personnel

Staff Training:
School staff and UAPs must have an understanding of the management of systemic allergic reactions. It is the responsibility of the principal and the school nurse to implement annual education.

Level 1: Anaphylaxis Awareness Education is a brief overview for all school-based staff**.**

Level 2: Training utilizing a child specific Emergency Action Plan for all school-based staff that have direct contact with the student to enable staff to recognize child specific needs and to respond appropriately.

Level 3: Child-specific training for unlicensed assistive personnel delegated to provide care utilizing delegation checklist.

PULSE – Plan for Urgent Life Saving Emergencies

Cardiac Emergency Response Plan

Baker County School District

This Cardiac Emergency Response Plan is adopted by the Baker County School District effective **(insert date).** This plan was reviewed and approved by medical and legal counsel for the Baker County School District on **(insert date).**

A cardiac emergency requires immediate action. Cardiac emergencies may arise as a result of a Sudden Cardiac Arrest (SCA) or a heart attack, but can have other causes. SCA occurs when the electrical impulses of the heart malfunction resulting in sudden death.

Signs of Sudden Cardiac Arrest can include one or more of the following:

- Not moving, unresponsive or unconscious, *or*
- Not breathing normally (i.e., may have irregular breathing, gasping or gurgling or may not be breathing at all), *or*
- Seizure or convulsion-like activity.

Note: Those who collapse shortly after being struck in the chest by a firm projectile/direct hit may have SCA from commotio cordis.

The Cardiac Emergency Response Plan of the Baker County School District shall be as follows:

1. **Developing a Cardiac Emergency Response Team**

   (a) The Cardiac Emergency Response Team shall be comprised of those individuals who have current CPR/AED certification. It will include the school nurse, coaches, and others within the school. It should also include an administrator and office staff who can call 9-1-1 and direct EMS to the location of the SCA.

   (b) Members of the Cardiac Emergency Response Team are identified in the "Cardiac Emergency Response Team" attachment**,** to be updated yearly and as needed to remain current. One of the members shall be designated as the Cardiac Emergency Response Team Coordinator.

   (c) All members of the Cardiac Emergency Response Team shall receive and maintain nationally recognized training, which includes a certification card with an expiration date of not more than 2 years.

   (d) As many other staff members as reasonably practicable shall receive training.

2. **Activation of Cardiac Emergency Response Team during an identified cardiac emergency**

   (a) The members of the Cardiac Emergency Response Team shall be notified immediately when a cardiac emergency is suspected.

(b) The Protocol for responding to a cardiac emergency is described in Section 8 (below) and in the "Protocol for Posting" attachment.

3. **Automated external defibrillators (AEDs) – placement and maintenance**

(a) Minimum recommended number of AEDs for (**insert name of school/school district)**:
   (1) *Inside school building* – The number of AEDs shall be sufficient to enable the school staff or another person to retrieve an AED and deliver it to any location within the school building, ideally within 2 minutes of being notified of a possible cardiac emergency.
   (2) *Outside the school building* on school grounds / athletic fields – The number of AEDs, either stationary or in the possession of an on-site athletic trainer, coach, or other qualified person, shall be sufficient to enable the delivery of an AED to any location outside of the school (on school grounds) including any athletic field, ideally within 2 minutes of being notified of a possible cardiac emergency.

(b) The Baker County School District will regularly check and maintain each school-owned AED in accordance with the AED's operating manual and maintain a log of the maintenance activity. The school shall designate a person who will be responsible for verifying equipment readiness and for maintaining maintenance activity.

(c) Additional Resuscitation Equipment: A resuscitation kit shall be connected to the AED carry case. The kit shall contain latex-free gloves, razor, scissors, towel antiseptic wipes and a CPR barrier mask.

(d) AEDs shall be readily accessible for use in responding to a cardiac emergency, during both school-day activities and after-school activities, in accordance with this Plan. Each AED shall have one set of defibrillator electrodes connected to the device and one spare set. All AEDs should have clear AED signage so as to be easily identified. Locations of the AEDs are to be listed in the "Cardiac Emergency Response Team" attachment and in the "Protocol for Posting" attachment.

4. Communication of this Plan throughout the school campus

(a) The Cardiac Emergency Response Protocol shall be *posted* broadly in places such as (but not limited to):
   (1) Locker rooms, cafeteria, health room, faculty break room and in all school offices.
   (2) Adjacent to each AED.
   (3) Adjacent to each school telephone.
   (4) In the gym.
   (5) At other strategic school campus locations, including outdoor physical education and athletic areas.
   (6) Attached to all portable AEDs.

(b) The Cardiac Emergency Response Protocol shall be *distributed* to:
   (1) All staff and administrators at the start of each school year, with updates distributed as made.
   (2) All Health Services staff including the school nurse and health room assistants.

(3) All athletic directors, coaches, and applicable advisors at the start of each school year and as applicable at the start of the season for each activity, with updates distributed as made.

(c) Results and recommendations from Cardiac Emergency Response Drills performed during the school year shall be communicated to all staff and administrative personnel. See paragraph 5(b) below.

5. <u>Training in Cardiopulmonary Resuscitation (CPR) and AED Use</u>

(a) Staff Training:

(1) In addition to the school nurse, a sufficient number of staff shall be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED to enable the Baker County School District to carry out this Plan. (It is recommended that at a minimum, at least 10% of staff, 50% of coaches, and 50% of physical education staff should have current CPR/AED certification.) Training shall be renewed at least every two years. The school shall designate the person responsible for coordinating staff training as well as the medical contact for school-based AEDs, if available.

(2) Training shall be provided by an instructor, who may be a school staff member, currently certified by a nationally-recognized organization to conform to current American Heart Association guidelines for teaching CPR and/or Emergency Cardiac Care (ECC).

(3) Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice and testing.

(b) Cardiac Emergency Response Drills:

Cardiac Emergency Response Drills are an essential component of this Plan. The Baker County School District shall perform a minimum of 1 successful Cardiac Emergency Response Drill each school year with the participation of school nurses, coaches, campus safety officials and other targeted responders. A successful Cardiac Emergency Response Drill is defined as full and successful completion of the Drill in 5 minutes or less. The Baker County School District shall prepare and maintain a Cardiac Emergency Response Drill Report for each Drill. (See "Conducting Drills" attachment.) These reports shall be maintained for a minimum of 5 years with other safety documents. The reports shall include an evaluation of the Drill and shall include recommendations for the modification of the CERP if needed.

6. <u>Local Emergency Medical Services (EMS) integration with the school/school district's plan</u>

(a) The Baker County School District shall provide a copy of this Plan to local emergency response and dispatch agencies (e.g., the 9-1-1 response system), which may include local police and fire departments and local Emergency Medical Services (EMS).

(b) The development and implementation of the Cardiac Emergency Response Plan shall be coordinated with the local EMS Agency, campus safety officials, on-site first responders,

administrators, school nurses and other members of the school and/or community medical team.

(c) The Baker County School District shall work with local emergency response agencies to 1) coordinate this Plan with the local emergency response system and 2) to inform local emergency response system of the number and location of on-site AEDs.

7. **Annual review and evaluation of the Plan**

The Baker County School District shall conduct an annual internal review of the school/school district's Plan. The annual review should focus on ways to improve the schools response process, to include:

(a) A *post-event review* following an event. This includes review of existing school-based documentation for any identified cardiac emergency that occurred on the school campus or at any off-campus school-sanctioned function. The school shall designate the person who will be responsible for establishing the documentation process.
Post-event documentation and action shall include the following:

(1) A contact list of individuals to be notified in case of a cardiac emergency.
(2) Determine the procedures for the release of information regarding the cardiac emergency.
(3) Date, time and location of the cardiac emergency and the steps taken to respond to the cardiac emergency.
(4) The identification of the person(s) who responded to the emergency.
(5) The outcome of the cardiac emergency. This shall include but not be limited to a summary of the presumed medical condition of the person who experienced the cardiac emergency to the extent that the information is publicly available. Personal identifiers should not be collected unless the information is publicly available.
(6) An evaluation of whether the Plan was sufficient to enable an appropriate response to the specific cardiac emergency. The review shall include recommendations for improvements in the Plan and in its implementation if the Plan was not optimally suited for the specific incident.
(7) An evaluation of the debriefing process for responders and post-event support. This shall include the identification of aftercare services including aftercare services and crisis counselors.

(b) A review of the documentation for all Cardiac Emergency Response Drills performed during the school year.

(c) A determination, at least annually, as to whether or not additions, changes or modifications to the Plan are needed. Reasons for a change in the Plan may result from a change in established guidelines, an internal review following an actual cardiac emergency, or from changes in school facilities, equipment, processes, technology, administration, or personnel.

8. **Protocol for School Cardiac Emergency Responders**

(School Name)
Cardiac Emergency Response Team PROTOCOL

For All Schools

Sudden cardiac arrest events can vary greatly. Faculty, staff and Cardiac Emergency Response Team (CERT) members must be prepared to perform the duties outlined below. Immediate action is crucial in order to successfully respond to a cardiac emergency. The school should also identify the closest appropriate medical facility that is equipped in advanced cardiac care.

Follow these steps in responding to a suspected cardiac emergency:

(a) Recognize the following signs of sudden cardiac arrest and take action in the event of one or more of the following:

- The person is not moving, or is unresponsive, or appears to be unconscious.
- The person is not breathing normally (has irregular breaths, gasping or gurgling, or is not breathing at all).
- The person appears to be having a seizure or is experiencing convulsion-like activity. (Cardiac arrest victims commonly appear to be having convulsions).
- *Note:* If the person received a blunt blow to the chest, this can cause cardiac arrest, a condition called commotio cordis. The person may have the signs of cardiac arrest described above and is treated the same.

(b) Facilitate immediate access to professional medical help:

- Call 9-1-1 as soon as you suspect a sudden cardiac arrest. Provide the school address, cross streets, and patient condition. Remain on the phone with 9-1-1. (Bring your mobile phone to the patient's side, if possible.) Give the exact location and provide the recommended route for ambulances to enter and exit. Facilitate access to the victim for arriving Emergency Medical Service (EMS) personnel.
- Immediately contact the members of the Cardiac Emergency Response Team.
  - Give the exact location of the emergency. ("Mr. /Ms. ___ Classroom, Room # ___, gym, football field, cafeteria, etc."). Be sure to let EMS know which door to enter. Assign someone to go to that door to wait for and flag down EMS responders and escort them to the exact location of the patient.
- If you are a CERT member, proceed immediately to the scene of the cardiac emergency.
  - The closest team member should retrieve the automated external defibrillator (AED) en route to the scene.
  - Acquire AED supplies such as scissors, a razor and a towel and consider an extra set of AED pads.

(c) Start CPR:

- Begin continuous chest compressions and have someone retrieve the AED.
- Here's how:
  - Press hard and fast in center of chest. Goal is 100 compressions per minute. (Faster than once per second, but slower than twice per second.)
  - Use 2 hands: The heel of one hand and the other hand on top (or one hand for children under 8 years old), pushing to a depth of 2 inches (or 1/3rd the depth of the chest for children under 8 years old.
  - Follow the 9-1-1 dispatcher's instructions, if provided.

(d) Use the nearest AED:

- When the AED is brought to the patient's side, press the power-on button, and attach the pads to the patient as shown in the diagram on the pads. Then follow the AED's audio and visual instructions. If the person needs to be shocked to restore a normal heart rhythm, the AED will deliver one or more shocks.
  - *Note:* The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.
- Continue CPR until the patient is responsive or a professional responder arrives and takes over.

(e) Transition care to EMS:

- Transition care to EMS upon arrival so that they can provide advanced life support.

(f) Action to be taken by Office / Administrative Staff:

- Confirm the exact location and the condition of the patient.
- Activate the Cardiac Emergency Response Team and give the exact location if not already done.
- Confirm that the Cardiac Emergency Response Team has responded.
- Confirm that 9-1-1 was called. If not, call 9-1-1 immediately.
- Assign a staff member to direct EMS to the scene.
- Perform "Crowd Control" – directing others away from the scene.
- Notify other staff: school nurse, athletic director, etc.
- Ensure that medical coverage continues to be provided at the athletic event if on-site medical staff accompanies the victim to the hospital.
- Consider delaying class dismissal, recess, or other changes to facilitate CPR and EMS functions.
- Designate people to cover the duties of the CPR responders.
- Copy the patient's emergency information for EMS.
- Notify the patient's emergency contact (parent/guardian, spouse, etc.).
- Notify staff and students when to return to the normal schedule.
- Contact school district administration.

Building Location Information

School Name & Address _____

School Emergency Phone# *Insert #s for school-hours & after-hours, may be office during school hours*_____

Cross Streets _____

AED Location _____ **AED Location** _____

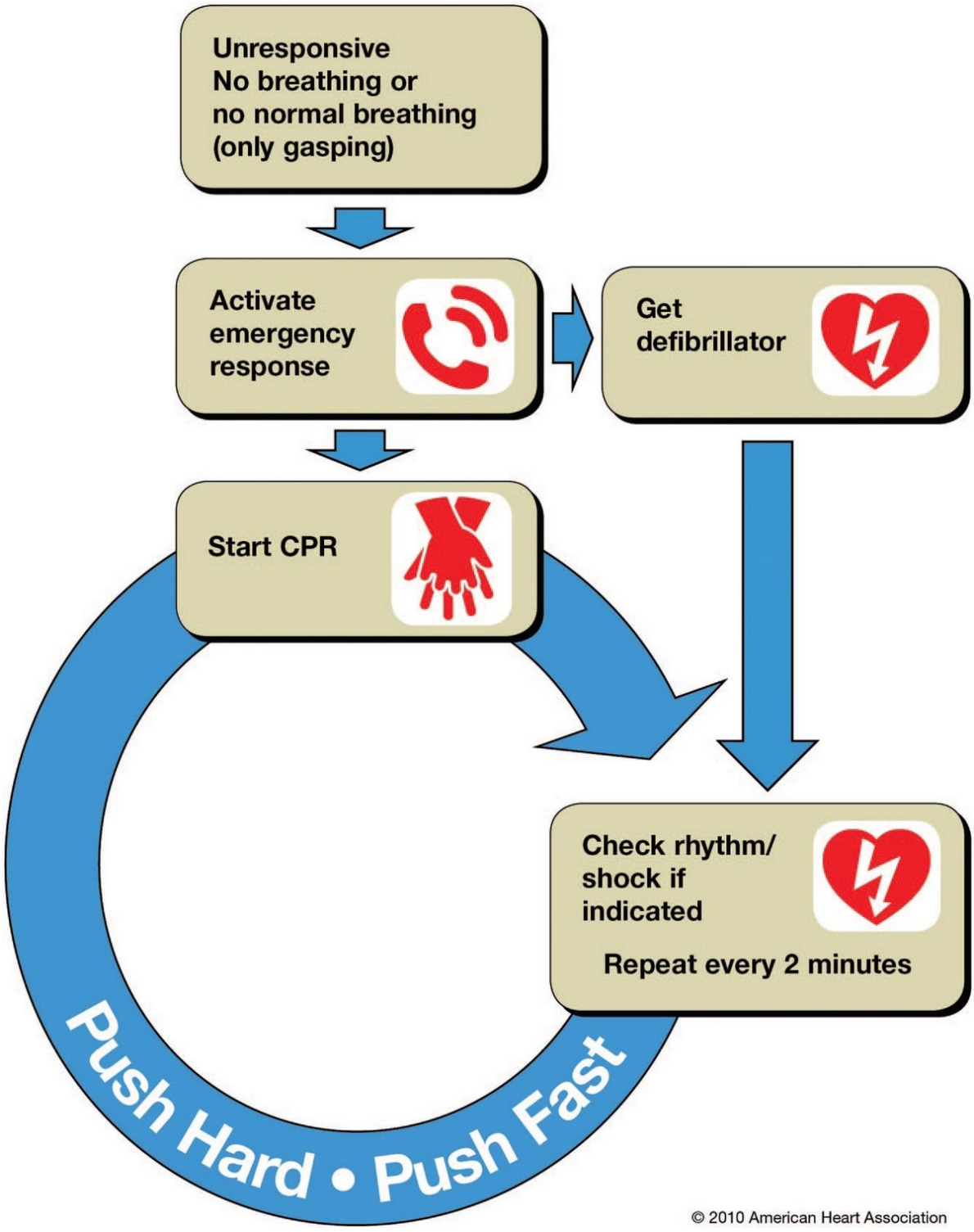
AED Location _____ **AED Location** _____

AED Location _____ **AED Location** _____

(School District Name)

CARDIAC EMERGENCY RESPONSE TEAM PROTOCOL

Simplified Adult BLS



PULSE – Plan for Urgent Life Saving Emergencies

Medical Emergency Response Plan

Baker County School District

First aid procedures are learned during appropriate First Aid and CPR Courses. This policy outlines staff actions to take during minor and major medical emergencies on and off campus during school-sponsored trips or events. This policy does not cover specific first aid or CPR steps or sequences. Refer to training materials, skills learned, and/or directions on prescribed medications for specific guidance on treatment procedures.

INJURY EMERGENCIES ON CAMPUS

MINOR

- Notify school nurse or principal's office.
- School nurse, principal, or other designated school staff administer first aid procedures as
- indicated by the nature of the accident.
- Parents are notified if necessary.
- Staff witnessing the accident and/or providing first aid care should complete an
- accident report.

MAJOR

Defined as any injury deemed by school staff to need immediate physician care, EMS, or transport to a healthcare facility.

- Notify school nurse or principal's office.
- Either the first school staff person attending to the student or another school staff person calls 911 immediately.
- Provide first aid or other Basic Life Support (CPR, rescue breathing, etc.).
- If CPR or rescue breathing is required, school staff must also retrieve or send other staff for the Automated External Defibrillator (AED).
- Principal or designee calls parents or guardian immediately

INJURY EMERGENCIES DURING FIELD TRIPS

At least one school staff person must be trained in first aid and age-appropriate CPR, including adult CPR. The field trip coordinator should also ensure that appropriate first aid equipment and supplies are available during the trip. It is advisable that at least one staff person or adult chaperone (parent, guardian, or other volunteer) has a cellular phone in case the emergency is enroute to or from the school or field trip destination. Permission slips with emergency care release or parent/guardian phone numbers must be with the field trip coordinator or their designee.

In the event of an emergency:

- Designated school staff person administers first aid procedures as indicated by the nature of the accident.
- Parents are notified if necessary.
- If the injury is major or life-threatening, either the first school staff person attending to the student or another school staff person calls 911 immediately.

- Provide first aid or other Basic Life Support (CPR, rescue breathing, etc.).
- Field trip coordinator or designee call parents or guardian immediately (but only after 911 is called and immediate care is begun).

MEDICAL EMERGENCIES ON CAMPUS OR DURING FIELD TRIPS

Medical emergencies include seizures, unconsciousness (without injury), asthma, breathing emergencies, fainting, diabetic emergencies (confusion, drowsiness, agitation in students known to have diabetes), insect stings, or other non-injury emergencies.

MINOR

- Notify school nurse or principal's office.
- School nurse, principal, or other designated school staff administer first aid procedures as indicated by the nature of the accident.
- Parents are notified if necessary.
- Staff witnessing and/or providing first aid care should complete an accident/medical care report.

MAJOR

Defined as any medical emergency deemed by school staff to need immediate physician care, EMS, or transport to a healthcare facility. **Any insect sting, food allergy reactions, or other allergic reactions in students known to have such reactions are EMERGENCIES – CALL 911. All rapid onset (within a few minutes) breathing problems or swelling of the tongue and face are considered EMERGENCIES – CALL 911.**

- Notify school nurse or principal's office.
- Either first school staff person attending to the student or another school staff person calls 911.
- Provide first aid or other Basic Life Support (CPR, rescue breathing, etc.).
- Assist the person with or administer their prescribed Epi-Pen, Epi-Pen Jr., or other epinephrine auto-injector, or inhaler for all allergic reactions causing breathing problems.
- Contact the school nurse or EMS regarding administering the first aid kit's epinephrine auto-injector to any individual having breathing problems or severe swelling of mouth, lips, or tongue after an insect sting.
- If CPR or rescue breathing is required, staff must also retrieve or send other staff for the AED.
- Staff witnessing and/or providing first aid care should complete an accident/medical care report.

Heart Screening Agreement

This agreement ("Agreement") is by and between Baker County School District ("School District") and Who We Play For, Inc. ("WWPF"), a Florida not-for-profit corporation, to engage as set forth herein. School District and WWPF may individually be referred to herein as "Party" and may collectively be referred to herein as "Parties".

WHEREAS, WWPF's mission is to eliminate preventable sudden cardiac death in the young through affordable heart screenings. WWPF has been operating for over a decade and is one of the largest nonprofits in the country dedicated to protecting the young from sudden cardiac arrest through heart screenings and advocacy. Over the past decade, WWPF has provided heart screenings for over 350,000 students; and

WHEREAS, School District desires to engage with WWPF in order to provide heart screenings for School District students.

NOW, **THEREFORE**, the Parties agree as follows:

1. **Term**. The effective date of this Agreement ("Effective Date") is the latest date of signature by either Party. The relationship under this Agreement shall commence on the Effective Date and shall continue in effect until terminated in accordance with this Agreement (the "Term").

2. **Termination**. This Agreement may be terminated by either Party upon at least thirty (30) days' written notice to the other Party. Either Party may terminate this Agreement with or without cause at any point during the Term.

3. **Electrocardiogram Heart Screenings Services and Outreach**.

    a. WWPF shall offer electrocardiogram heart screenings ("Heart Screenings") on a voluntary basis for students that attend school in the School District system. WWPF shall provide Heart Screenings during ECG heart screening events at School District locations or other locations ("Heart Screening Events") to any School District student that agrees to receive a Heart Screening. Heart Screening Events shall be planned at Baker County Middle School on March 4, 2026 as mutually agreed upon by the Parties.

    b. WWPF is responsible for the recording of the Heart Screenings, obtaining an interpretation of the Heart Screenings, and communicating the Heart Screening results to the participant. WWPF personnel shall administer the Heart Screenings using appropriate equipment and consistent with protocols established by WWPF. Each School District student must sign the consent form provided by WWPF prior to receiving a Heart Screening ("WWPF Consent"). Documentation of the screenings will be kept by the Athletic Directors (Jon Mobley, Greg Harrison, Jennifer Shields).

c. School District and WWPF will work together to announce Heart Screening Events to students in the district and recruit volunteers for the Heart Screening Events. WWPF may provide an online sign-up platform for School District students to register for the Heart Screening Events. School District shall actively promote Heart Screening Events through all available and reasonable communication channels, including but not limited to: (i) student announcements; (ii) parent newsletters; (iii) school websites; (iv) social media platforms; and (v) direct email communications. All promotional materials, when reasonable, should include WWPF's mission statement, contact information for WWPF (including via email at info@whoweplayfor.org), and educational content about sudden cardiac arrest prevention.

4. **Educational Efforts and Awareness.**

a. As reasonable, School District agrees to distribute and publish educational content about sudden cardiac arrest, CPR techniques, and the use of AEDs provided by WWPF.

b. As reasonable, all promotional materials for Heart Screening Events should include language provided by WWPF on at least the following topics: (i) WWPF's mission statement; (ii) statistics about sudden cardiac arrest in the young; and (iii) WWPF's contact information and website.

c. As reasonable, School District agrees to allow WWPF representatives to present educational sessions about heart health awareness, CPR training, and AED usage to students, staff, and parents, with such sessions to be scheduled at mutually convenient times.

d. As reasonable, School District agrees to allow the display of WWPF educational posters and materials in high-visibility areas including gymnasiums, athletic facilities, and health offices throughout the academic year as mutually agreed upon by the Parties.

e. As reasonable, School District agrees to share all media outreach and educational information about heart screening events with WWPF prior to sharing publicly in order for WWPF to be able to provide feedback.

5. **Interpreting Physicians and Independent Medical Judgment.**

a. WWPF obtains interpretations for the Heart Screenings from physicians ("Interpreting Physicians"). Interpreting Physicians shall retain full and free discretion to exercise Interpreting Physician's independent, professional medical judgment with respect to any medical judgement. WWPF shall have no right to direct, control, or interfere with Interpreting Physician's clinical judgment.

b. Interpreting Physicians shall perform all medical services in accordance with currently approved methods and standards of practice in the medical community. The Parties fully understand that results of a Heart Screening are not 100% accurate and are subject to medical interpretation.

6. Cost of ECG Screening and Resource Planning.

a. WWPF will list the value of the Heart Screening on its registration page for every event and provide participants with the option to proceed with a suggested donation to support the cause of twenty dollars ($20.00 USD) or receive a Heart Screening for free. WWPF will attempt to receive the suggested twenty-dollar donation from all participants but, importantly, WWPF does not turn away any participant that is unable to pay or donate and provides free Heart Screenings for anyone in need. WWPF's mission is to screen all kids regardless of their financial situation and WWPF shall not turn away a single participant due to lack of payment.

b. AED Partnership. One option to help cover any potential shortfall is to participate in the WWPF AED Partnership program where the school district becomes an AED (automated external defibrillator) partner and, as part of this relationship, WWPF agrees that any profits made by WWPF from selling AEDs to the School District are entirely utilized to provide heart screenings and heart screening operations.

7. **Miscellaneous**.

a. **Insurance**. During the Term of this Agreement, each Party will have and maintain in full force and effect, at its own expense, insurance coverage (with a Third Party or solely through a program of self-insurance) to include commercial general liability insurance with limits of liability not less than $1,000,000 per occurrence and $2,000,000 in the aggregate. General liability limit requirements may be satisfied by a combination of primary and umbrella or excess liability insurance coverage. Each party shall provide Certificate of Insurance documentation prior to any screening events.

b. **Indemnification.** WWPF agrees to indemnify and hold harmless the School District, its officers, agents and employees from and against any and all claims, demands, suits, judgments, damages to person or property, losses, expenses or liabilities arising directly or indirectly from or out of any negligent act or omission of WWPF. This indemnity shall not be deemed to include matter which may be caused by or result solely from a negligent act or omission of the School District. Nothing in this agreement shall be interpreted or construed as an agreement on the part of the School District to indemnify or hold harmless any party, including, but not limited to WWPF.

c. **Confidentiality**. School District and WWPF acknowledge that their employees, agents, or representatives, may during the term of this Agreement, be exposed to or acquire information that is proprietary to or confidential to the Parties or its affiliated companies or its clients or students. The Parties will hold such information in strict confidence and represent and warrant that its employees, agents, or representatives will hold such information in strict confidence and not disclose such information to third parties, except to the extent required by law. To this end, the Parties will advise each of its employees, agents, and representatives to keep such information confidential. The Parties agree to comply with all applicable privacy laws and regulations.

d. **Modification of Agreement**. This Agreement may only be modified or amended by a written agreement signed by both Parties.

e. **Severability**. If any portion of this Agreement is found to be unenforceable, the validity of the remaining provisions shall not be affected.

f. **Execution of Agreement**. This Agreement may be signed in counterparts and all such counterparts together shall be deemed as originals that are binding upon each Party, their successors, and assignees. Facsimile or scanned signatures shall be deemed as originals.

g. **Entire Agreement**. There are no other agreements other than those contained herein. This Agreement shall supersede all previous communications, representations, and agreements, whether verbal or written between the Parties.

h. **Section Headings**. The headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

i. **Relationship of the Parties**. Nothing contained herein shall be deemed to create an association, partnership, joint venture, employment, or relationship of principal and agent or master and servant among the Parties or any affiliate thereof, or to provide any Party hereto with the right, power, or authority whether expressed or implied, to create any such duty or obligation on behalf of any other party. The relationship of the Parties hereunder shall be as an independent contractor only. Neither Party shall have the power to bind the other party or contract in the name of the other party. WWPF retains the right to perform similar services for other clients.

j. **Governing Law and Venue**. This Agreement, and any extensions, renewals, amendments, supplements, and modifications, and all questions relating to its validity, interpretation, performance or enforcement shall be governed by and construed in accordance with the laws of the State of Florida.

k. **Conduct While on School Property**. WWPF acknowledges that its employees and agents will behave in an appropriate manner while on the premises of any facility. WWPF agrees to immediately remove any agent or employee if directed to do so by the premise's administrator or official.

l. **No Establishment of Third-Party Rights**. This Agreement is not intended to create any rights or interests for any other person or entity other than to School District and to WWPF.

m. **Notice**. Notice may only be provided to the Parties in one of the following forms:

i. Email and mailing address for WWPF:
   1. Email Address: info@whoweplayfor.org
   2. Mailing Address: 106 Deleon Road, Cocoa Beach, Florida 32931

ii. Email and mailing address for School District:
   1. Email Address: tina.bradley@bakerk12.org
   2. Mailing Address: 418 South 8th Street, Macclenny, FL 32063

[*Remainder of page left blank intentionally; signature page follows*]

The Parties hereto have executed this Agreement as of the latest date of signature below.

Who We Play For, Inc.	**School District**
Name: Evan Ernst	**Name**:
Title: Executive Director	**Title**:
Signature: EEE	**Signature**:
Date: December 12, 2025	**Date**: