

TESTIMONY

Testimony To: Senate Committee on Education

Respectfully Submitted by: Courtney O'Brien, Interim Director of Operations

Subject: **H.480: Misc. education bill and proposed language relating to cardiac emergency response plans in schools**

Date: May 07, 2025

Thank you for the opportunity to provide testimony on the proposed additions to H.480 related to cardiac emergency response and athletic emergency action plans in schools. We appreciate your attention to the importance of robust emergency response plans in schools, and we are eager to share some additional information and recommendations about how to achieve this work in a manner that is effective, efficient, and practical.

Background

Act 29 (2023), now [Title 16 V.S.A. § 1480](#), introduced new requirements for all public and Approved and Recognized Independent schools related to comprehensive, all-hazards Emergency Operations Plans (EOPs). The proposed language of H. 247 closely resembles the existing requirements of Act 29 by proposing the following:

- Requirements for schools and districts to develop and maintain a cardiac emergency response plan, inclusive of AED placement within each school, which addresses training requirements and assigns specific responsibility to staff in the event of a cardiac emergency.
- Requirements for schools and districts to work with their local emergency service providers to develop and integrate the plan.
- Requirements that each plan provide specific protocols for cardiac response in schools whether during or after the school day, requirements for exercising or practicing the plan, and annual plan review and update.

Act 29 (16 V.S.A. § 1480) requires that all schools and districts maintain a comprehensive Emergency Operations plan which is developed in partnership with local emergency management and response partners, is reviewed and updated at least once annually, and includes specific response and training protocols for all identified hazards. The AOE, in partnership with Vermont Emergency Management, developed both a [planning guide](#) and template EOP which provide sample language,



formatting, a recommended list of priority hazards/threats, and instructions on how to build a hazard-specific annex. Medical Emergency, including Cardiac Emergency Response Plan (CERP) and suspected overdose, is included as a recommended priority annex.

In addition, [Title 18 V.S.A. § 907](#) requires all schools that own and operate an AED to report to both VDH and the associated regional ambulance service or first responder service of the existence, location, and type of device the person possesses, and to maintain and test the device in accordance with the applicable standards of the manufacturer. As of September 4, 2025, 211 out of an approximate 400 Vermont K-12 schools reported possession of an AED to the VT Department of Health

Lastly, [Rule Series 5100, Rules Governing the Licensing of Educators and the Preparation of Educational Professionals](#), requires that Health Educators, PE Educators, School Nurses, and Associate School Nurse need to have Current certificates in cardiopulmonary resuscitation (CPR), Automated External Defibrillator (AED), and first aid as part of comprehensive licensing requirements.

Completed Work

To support effective development of comprehensive EOPs, the AOE and the VT School Safety Center (VSSC) have provided the following technical support and training opportunities to all public and Approved and Recognized Independent Schools:

- Release of the Planning Guide and EOP Template.
- EOP Webinar for Independent Schools (March 19, 2024) to review requirements and available resources.
- Delivery of free, day-long training on EOP development and implementation on 04/05/2023, 02/06/2024 (cancelled due to low registration), and 2/18/2025 provided through Readiness and Emergency Management for Schools (REMS).
- 2025 Monthly office hours hosted by VSSC/VEM – office hours are designed to support specific annex development by topic, as well as offer general support.
- Regular engagement with schools by VSSC/VEM partners to review and exercise EOPs.

Recommendations

The Agency, as well as our partners from DPS in the VT School Safety Center (VSSC) are in agreement that ensuring robust cardiac response and athletic emergency action plans in schools is important, and that good emergency response plans are critical to providing life-saving measures. Well-developed plans must also include specific training and procedural requirements and should include local emergency management partners. The existing requirements for EOPs address these needs and are intended to allow schools to be intentional and nimble with their emergency planning needs. Any

requirements established for school emergency planning and preparedness need to be descriptive enough that schools can effectively carry out its intent, but not so prescriptive that regulation limits our collective ability to prioritize, and respond to, evolving hazards.

School EOPs reflect a number of life-saving emergency protocols, including, but not limited to, cardiac and related events. Including specific regulatory language for a single hazard, or threat, response plan is not an effective way to prioritize certain hazards over others. Instead, the AOE and VSSC strongly recommend that the Agency and VSSC modify the existing EOP planning guide and template to include specific recommendations for a cardiac response annex and athletic emergency annex. As is our existing practice, our teams will work with experts in the cardiac response field, and with our partners at VPA, to ensure that best practices are captured in a format that is consistent with VEM emergency response planning and can be duplicated by a school or district. This approach allows schools and districts to achieve the goal of developing robust cardiac or other athletic emergency plans as part of their overall Emergency Response Plan, without duplicating resources or creating competing priorities among emergency response regulation.

It is important to consider funding needs related to the implementation of new regulation requiring AEDs in schools. While not specifically stated, the proposed language of H.480 also implies that all schools must own and operate an AED and incorporate its use into the Cardiac Response Plan. To our knowledge, there are no active grant opportunities for AED purchase and costs range from about \$600-\$2500 per device. The proposed language does not include a funding mechanism for districts, and we are concerned about implementing another unfunded mandate.

Lastly, if the Committee decides to move forward with the proposed language, we recommend that this language be incorporated into 16 V.S.A. § 1480, rather than create a new, potentially duplicative requirement elsewhere in statute. As drafted, the proposed bill language for cardiac response and athletic emergency action plans is drafted in Sec. 13 16 V.S.A. § 1433, which refers to “Health and Safety Generally”. To reduce duplication of effort, we suggest that any language related to emergency response plans be included in the existing language around emergency response in section 1480, under Subchapter 33, “Fire and Emergency Preparedness Drills and Safety Patrols”.