**Fundraising Tools**

Fundraising can be one of the most crucial components of getting your program started. Many questions arise from administrators regarding budget: Where will we get the money to sustain the program? How can I budget for this program when we are already stretched? Who will be responsible for raising money, both to start and sustain the program? What are the operating costs once we have the AED?

Ideas for fundraising for AEDs include:

* Pancake breakfasts/spaghetti dinners hosted by a local business or organization
* Car washes
* Candle, bracelet or wrapping paper sales
* Classroom penny drives
* School bake sales
* Donation jars at school offices or around the community
* Neighborhood yard/garage sales
* Auctions

Interested donors may include:

* Local businesses
* Doctor’s offices or pediatricians
* Private donors/families
* Hospitals or health systems
* Health insurers
* Private foundations
* Family foundations
* Corporate foundations and giving programs (i.e. Walmart, insurance companies, grocery store chains)
* Local and/or national civic organizations (Fire, Police, EMS, Masons, Kiwanis, Rotary, Lions Club, American Legion, women’s clubs and leagues, among many others)
* State/federal grantors (i.e. US Department of Education and FEMA)
* Parent Teacher Associations (PTA/PTO), Home and School Associations (HSA)
* Booster Clubs

*Tip: Consider asking a parent to spearhead fundraising efforts. Parental involvement is essential during your planning stages. Many parents have worked tirelessly to raise awareness and funds for schools in need. Parents may also have relationships with businesses who would be interested in supporting your program.*

**Funding Ideas for Emergency Preparedness Equipment:**

[Firehouse Subs](http://grants.firehousesubs.com/) - Firehouse Subs Public Safety Foundation is dedicated to improving the life-saving capabilities and the lives of local heroes and their communities.

[GotAED](https://www.gotaed.org/) - GotAED is a crowdfunding site dedicated to placing AEDs in schools and wherever kids learn and play.

[CPR Savers & First Aid Supply](https://www.cpr-savers.com/AED-Grant-Programs_ep_51-1.html) - CPR Savers provides a discount for organizations starting an AED program in their community.

[Union Pacific](https://www.up.com/aboutup/community/foundation/local-grants/index.htm) - Limited to organizations located in the western & southwestern United States; Union Pacific is committed to helping prevent and prepare for accidents and emergencies and equipping residents to effectively respond to incidents if or when they occur.

Tip: There are also many funding opportunities that support local organizations in their states and communities. We encourage you to research opportunities available in your community/state.

**Fundraising Proposal**

When seeking funding for your AED(s), consider whether the funding source has specific criteria, including deadlines for submission, certain proposal components or supporting documents. It is important to justify your need for the funds as clearly as possible using the following guidelines. Please see the appendix for a sample proposal.

1. **Executive summary/abstract:** Typically not to exceed one page; this is the most important part of your proposal as it will “capture” your audience. Explain the purpose of your proposal as succinctly as possible to the reader.

2. **Statement of need**: Describe the problem for which a CPR-AED program in your school is the solution. Provide statistics on national, state and local community numbers and use references to show credibility. Include information on how schools are affected (i.e. “One in every 70 high schools will have a SCA.”) Explain the benefits of implementing a public access defibrillation (PAD) program in the school (increased CPR/AED training, community awareness, emergency preparedness measures, etc.) For additional information regarding statistics, refer to <https://www.projectadam.com/SuddenCardiacArrest>.

3. **Program description:** Describe exactly how the program will be implemented. Include objectives, anticipated outcomes, methods proposed to complete objectives, program evaluation plans and/or include metrics than can be used to measure outcomes.

4. **Program budget:** Use the budget worksheet (linked below) to create a budget tailored to your needs. Budgeting for your program is a key step. Share your budget with administration for a complete picture of the cost involved. This [Budget Template](https://www.projectadam.com/ProjectADAM/School-Manual-Docs/BudgetTemplate1.docx) may help you create a budget tailored to your needs.

5. **Organizational information:** school name, location, accomplishments, expertise, etc.

6. **Conclusion:** In a paragraph or two, summarize what will be accomplished and why it is important for your school.

7. **Attachments:** Include letters of support from the community, the AHA scientific statement (included in [this manual](https://www.projectadam.com/ProjectADAM/School-Manual-Docs/ProjectADAMSchoolManual_FINAL_DEC20181.pdf)) newspaper clippings from other schools that have implemented a CPR-AED program, etc.

**Appendix**

**Sample Letter to Donor**

Business Name

Contact

Address

City, State

Zip

Dear **X**,

The ***X School/District*** has taken the initiative to combat a very serious health problem in and around the ***city/state/area***: Sudden Cardiac Arrest (SCA). More deaths are caused by SCA than breast cancer, lung cancer, prostate cancer and AIDS combined. The good news is there is a cure: early defibrillation along with bystander CPR.

Children can be affected by SCA at any age with the events often happening during school or after-school activities. Often children are undiagnosed until they collapse. Sudden cardiac death happens in minutes and rescuers have 3 to 5 minutes to save a life before potential brain damage begins, making cardiac emergency response plans and AEDs critical.

SCA is a loss of electrical and mechanical activity of the heart resulting in sudden collapse and loss of consciousness. Each year approximately 356,000 people suffer SCA in community settings, according to the [Institute of Medicine 2015 Report, *Strategies to improve cardiac arrest survival: A time to act*](https://publicsafety.ohio.gov/links/ems_IOM-Cardiac-Arrest-Report-June302015.pdf)*.*

The treatment for SCA is provided by rapid and good quality CPR and early defibrillation from an Automatic External Defibrillator (AED). AEDs are about the size of a lunch box or small computer and provide brief but powerful electrical stimulation to a person’s chest, helping to restore the heart’s natural rhythm. The user simply places the AED pads on the victim’s chest and follows the prompts, letting the machine do the rest.

The ***X School/District*** will protect the community by implementing a Project ADAM Heart Safe School program. The Project ADAM program recommends the purchase and implementation of *X* Automatic External Defibrillators (AEDs), training equipment and CPR-AED training for staff and/or students. The total estimated cost of the ***X School/District***Project ADAM project is ***$X****.*

The ***X School/District*** is requesting financial support from ***donor name*** to make this life-saving project a reality.

Thank you for your consideration. You can learn more about Project ADAM and the national impact we can make together to save more lives at [www.projectadam.com](http://www.projectadam.com).



**Sample proposal to a foundation asking for Heart Safe School program funding**

# Narrative: Get Charged Up Philly!

* 1. **Abstract or Summary: *Program Start/End Dates:*** July 1, 2019 – June 30, 2020

Sudden cardiac arrest (SCA), the third most common cause of death in the United States, occurs when the heart suddenly and unexpectedly stops beating. Without intervention, sudden cardiac death (SCD) will ensue. Sudden cardiac arrest is responsible for over 356,000 out-of-hospital cardiac arrests (OHCA)/year, one every two minutes—12,000 in Pennsylvania every year, 33 each day, approximately 1,500/year or 4 each day in Philadelphia.1-3 Children are not spared, with approximately 7,000 sudden cardiac deaths in childhood yearly. Sudden cardiac death can be prevented by using cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs).4 The Public Access Defibrillation Trial and other studies have shown the success of these programs with a doubling of survival after an OHCA when AEDs were available and used before emergency medical services (EMS) arrival.5, 6 Successful outcomes from OHCA depend on the performance of basic life support by lay rescuers or bystanders, and advanced life support by EMS or healthcare providers. The success of these resuscitative efforts is determined by the immediacy of the effort and by its quality.7 Prompt CPR improves survival by lengthening the timeframe for the effectiveness of defibrillation.8

The incidence of SCA in adults is 110.8/100,000 person-years and in youth is about 3-6/100,000 person- years for school aged children.3 Twenty to 25% of these childhood SCDs occur in public places, likely to be schools or school-related events during the school year. One such event occurred at Benjamin Franklin High School in Philadelphia this fall. Due to the preparation of the cardiac emergency response team (teachers and school nurse), CPR was started, an AED applied, and the young man survived.9

Bystander CPR rates are low in most communities, averaging 15-30% prior to EMS arrival with Philadelphia being at the lower end of that range.10, 11 Unfortunately, the survival rate of adults experiencing SCA across the US is only 10.7% and in children is 10.4%. The use of CPR and AEDs in schools has shown the highest survival rates of SCA in any setting. In a school with an AED, a practiced cardiac emergency response plan (CERP) and a witnessed arrest, the survival to hospital discharge has been reported at 89%.12

Despite US studies that show 1 in 300 youth at risk from an undetected heart condition, there is no mandate in the state of Pennsylvania to have AEDs in schools. Less than 20 states in the US have such a mandate, but around 50-60% of schools do have an AED. The number who are prepared for an emergency and have a designated sudden cardiac arrest prevention program with a CERP and drills is not known. It is essential that each school have its own Cardiac Emergency Response Plan, personalized to its own environment that is written and practiced, including SCA drills. The CERP provides specific criteria and directions to ensure that an emergency response is effective and efficient.

For the past 17 years, xxx, an affiliate of Project ADAM®, has worked in conjunction with the Philadelphia School District (PSD) to obtain AEDs for its schools. After the latest donation by xxx to Charter Schools in June of 2018, all PSD public and Charter Schools have at least one AED. However, we have identified 20 Charter Schools that do not have an adequate number of AEDs for their school population or physical layout, which impedes the AED being accessible within three minutes of any part of campus. Students in Philadelphia high schools include many with special needs or complex health problems. Overall, SCA is also the number one killer of student athletes. These students, including those with both identified and unidentified cardiac problems should be protected. From July 2019 through June 2020, *Get Charged Up Philly!* is a collaboration to educate 20 Philadelphia Charter School communities about sudden cardiac arrest, and prepare youth, parents, staff and stakeholders to initiate a well- practiced and coordinated response to a cardiac emergency. Thus, we are requesting these grant funds to help us assist these schools in acquiring an AED, developing a school AED sudden cardiac death prevention program, and becoming xxx Heart Safe Schools. Additionally, in high schools and middle schools, we will teach CPR and AED use to the students.

The partnership of xxx *Get Charged Up Philly!* and the xxx Heart Safe Schools Programs will improve the heart health of the students, staff, and visitors in these schools by affording them the presence of an AED, hands-on implementation of a school Cardiac Emergency Response Plan in coordination with local EMS that includes CPR/AED training and SCA drills. *Get Charged Up Philly!* Implements the critically needed coordinated response between the school community and the city’s emergency personnel and will create a culture of prevention in the Philadelphia schools that participate. *Get Charged Up Philly!* provides the foundation for local schools to play a pivotal role in planning and implementing an AED program that safeguards the lives of a community. When resuscitation efforts occur, high rates of bystander CPR (up to 94%), shock with an AED (up to 83%) and survival have been reported in schools.13 Project activities are designed to empower school leaders who will comprise a School Cardiac Emergency Response Team to play a pivotal role in SCA prevention by integrating with community stakeholders. Schools provide a platform for repeated training opportunities that results in better quality and retention of resuscitation skills. School-based interventions also reach all races and ethnicities, regardless of socioeconomic status, and have potential to decrease disparities in the delivery of bystander CPR and use of AEDs.

## Type of program (childhood prevention, other community health)

This program will include prevention of both childhood and community deaths from sudden cardiac arrest, making this a community health program.

## Program goals and objectives

The program goals are to work with the 20 selected Charter Schools to develop an SCD prevention program that will safeguard the lives of those who enter or are present in these schools at all times. The goal is to have all 20 schools successfully complete the Heart Safe School milestones and receive their Heart Safe School banner that will recognize their accomplishments in this area. The skills learned in this program will be applicable by those trained to their lives and environments outside of the school campus.

Objectives include: 1) Educate school communities about sudden cardiac arrest/death (webinar and onsite): 2) Form and train a Cardiac Emergency Response Team to lead implementation of a cardiac emergency response plan; 3) Document a written plan, incorporate it into school emergency planning and budget forecasting and integrate with local EMS; 4) Establish best practices for SCA emergency responses and for and installation of accessible and properly maintained AED; 5) Engage entire school community in new protocol and identify roles and responsibilities; 6) Conduct an annual cardiac emergency response drill each school year; 7) Train staff and students in CPR and AED use.

## Program details

* + 1. **Program setting and target population**

Philadelphia is the poorest large city in the country with 37% percent of the city’s children under the federal poverty level (FPL).14 Almost 70,000 children attend the 87 current Philadelphia Charter Schools. Unfortunately, limited Charter School budgets hinder needed AED programs to protect children from SCA, the leading cause of death on school campuses. No Pennsylvania law mandates school AEDs or comprehensive cardiac emergency protocols. Our program will target children and school and community citizens in 20 Charter Schools in Philadelphia selected to participate because they have an insufficient number of AEDs. These schools are located in the poorest parts of the city; the median household income of a representative school in the 19133 zip code is $18,119 with 53% below the Federal Poverty Level. **The student population of our cohort of 20 charter schools is approximately 18,000 with a demographic composition of 56% Black, 21.5% Hispanic, 14.4% White, 2.3% Asian, and 5.5% multi-racial. Our program will safeguard these students and a total cumulative population of students, staff, and neighborhood residents including parents, grandparents, volunteers and residents participating in community activities estimated to be at these schools on any given school day of 185,917**. Twenty percent of the community is estimated to use a school campus on any given school day.15

# Program description

1. **Details of how the program will be carried out, including timeline**

Participating schools have already been identified. Many program materials are available through xxx /Project ADAM but others will be developed for the local schools’ needs to facilitate the education process. A webinar developed by xxx will be provided to all schools to provide education on SCA, SCD as well as CPR and AED education and to introduce the concept of a Heart Safe School. xxx will schedule site visits at the individual schools and orient key contacts, execute the timeline of activities and commitments below, and support each school’s advancement through the program.

|  |  |
| --- | --- |
| **Month / Year** | **Program Component** |
| April-May 2019 | Schools identified and awaiting program funding. |
| June 2019 | Schools notified of their selection into program and agree to participate. Schools complete Needs Assessment form. |
| July 2019 | Program Materials development completed. |
|  | Schools sign agreement to participate in program. |
| August 2019 | Identify school program coordinator to appoint cardiac emergency response team (CERT). |
| July-September 2019 | xxx Coordinator visits schools to assess AED location, meet nurse and school administrators (principal, etc.). xxx provides onsite oversite of AED location. |
| Sept 2019 | Dates set for school education by webinar and in person including all staff SCA awareness and need for CERP. |
| Sept-December 2019 | First monthly meeting of Cardiac Safety (Emergency Response) Team with xxx Coordinator present. Introduction of Heart Safe School checklist/process. |
| Sept–December 2019 | AEDs delivered and Heart Safe School process begun. |
| October 2019 | Promote school commitment to prevention during SCA Awareness Month. |
| November 2019 | Start CPR/AED training in schools and plan for student training when appropriate. (These events will occur throughout the year.) |
| January-June 2020 | Heart Safe School components completed including CPR/AED training for staff and CERP development personalized to specific school needs and environment. Insure all staff and personnel aware of AED and CERP and its components. |
| February 2020 | Recognize schools during Heart Month who have achieved Heart Safe status to further promote sudden cardiac arrest awareness in the community. Engage with local EMS and conduct cardiac emergency drill. |
| March-April 2020 | First of annual reviews of AED maintenance protocol, device registration, EMS coordination, and CERP. |
| May 2020 | Conduct bi-yearly school-wide cardiac emergency drills with local EMS. First drill within 6 months of AED acquisition. |
| June 2020 | All schools have completed SCA drills and are designated Heart Safe schools receiving Heart Safe School banners with repeated community awareness and promotion during CPR/AED Awareness Week in June |
| June 2020 | Schools complete Program Survey. Identify resources and follow up to support sustainability of program. |

xxx will develop a webinar, resources, and education materials. xxx will conduct a webinar program orientation with school representatives, and monitor the status of program progression. Depending on school availability, this could require 5-6 separate sessions. xxx will procure AED packages and make these available to xxx who will facilitate AED delivery. xxx will conduct site visits to determine the best location for the AED; collaborate on cardiac emergency response team selection and briefing; provide additional onsite SCA awareness education; coordinate CPR/AED team training; mentor team's completion the CERP implementation, and assist with the execution of a cardiac emergency drill, and coordinate a school/EMS communication plan, thus ensuring that all participating campuses will become Heart Safe Schools. xxx will provide an educational session for students in middle and high schools to teach CPR and AED education. xxx will check in with the schools on a quarterly basis to ensure that the components of the Heart Safe School program are being followed and answer questions as needed, coordinating local issues and needs with xxx. Social and print media will be used to inform the larger community of the schools’ new life-saving protocol. When the Heart Safe designation has expired, xxx will reach back to school participants to initiate the re-designation, which consists of affirmation that all the required components are still being executed and that CPR/AED training is updated and refreshed.

# A description of any focus on prevention

The focus is on the prevention of sudden cardiac death by recognizing warning signs and symptoms and by developing a cardiac emergency response plan to prevent sudden cardiac death when sudden cardiac arrest occurs. Further, the presence of an organized Cardiac Emergency Response Team and plan will allow for the best outcome of a sudden cardiac arrest in the school setting. The Team will be educated, motivated, and skilled with the confidence that their practiced plan and drills will have prepared them for any cardiac emergency on their campus, thus creating a culture of prevention on campus that will also inform the next generation of life savers.

# What do you consider to be the most important aspect of the program?

The most important aspect is the focus of the program on education, preparedness, and prevention. To prevent SCD in schools, all stakeholders must be educated about the reality of SCA in youth and adults. AEDs must be available and accessible along with a well-practiced emergency response plan (CERP) including a Cardiac Safety Team, staff trained in CPR/AED use with practiced SCA drills, and a plan for coordination with local EMS/911 and communication within the school system to engage all bystanders in the new protocol, given their intervention can triple the chance of survival.

# What is the agency’s and its staff’s experience in the target community and with this type of programming?

# PUT IN YOUR ORGANIZATIONS SPECIFIC INFORMATION

# Program evaluation

1. **How will the program be evaluated/ how will you define success?**

The program will be evaluated by the completion of a Heart Safe School checklist (see attachment). The xxx Program Coordinator, xxx, will personally guide each of the 20 chosen charter schools through this process culminating in designation as a Heart Safe School and presentation of their Heart Safe School banner once they have completed their own school-run SCA drill. This will involve the successful integration of resources on each school campus, including school-wide education of sudden cardiac arrest awareness and prevention, installation of an accessible and properly maintained AED, the establishment of a trained cardiac emergency response team, development of a written cardiac emergency response plan, establishment of an annual cardiac emergency response drill, and communication within the school community and collaboration with local EMS providers. School staff and students will be trained in CPR/AED use, as well.

Success will not only be the fulfillment of the Heart Safe School milestones and the designation as a Heart Safe school, but the continued yearlong application of these concepts with annual training sustained by the school themselves and reported back to xxx. After 3 years, the Heart Safe School designation will have to be “renewed” with completion of the same checklist for continued official Heart Safe School status (noted on the School District and xxx websites). Each school will be given a survey to provide feedback to xxx and xxx as to how the process could be improved. This annual survey will gauge participant preparedness after one year, as well as foster program improvements moving forward. (See attached School Survey Form).

# How will the program improve cardiovascular health in the target community? What is the expected impact on underserved populations or those at increased risk for cardiovascular disease?

Underserved populations are known to have worse outcomes from all types of cardiac disease, are less likely to receive CPR and AED use in the event of a sudden cardiac arrest, and are less likely to survive. This training of personnel in schools in underserved communities will address many of these disparities that exist and hopefully have an impact on improving outcomes in this local Philadelphia community. Training of students in these communities will provide a new generation of bystanders to provide CPR in the community. This program brings resources and education into underserved communities to increase survival of sudden cardiac arrest and to bring awareness of this important public health issue.

# Dissemination and next steps

1. **If the program is successful, what will be your next steps (including how you would disseminate information to relevant community groups)?**

The plan is to disseminate this Heart Safe School program throughout the Philadelphia School District. The public schools in the District all have AEDs and funding established in their budget for continued replacement of electrode pads, batteries and units that become outdated. We will work with the public schools in the district to help them achieve their Heat Safe School milestones in the future. The Charter Schools have fewer resources and that is the reason they are targeted in this grant request. Once the Heart Safe School designation is achieved, it should be sustainable by making this a school policy and procedure that the schools will maintain as the largest cost is the AED unit. The units can be expected to last for 10 years, the batteries for 4-5 years, with the electrode pads requiring replacement very 2 years (~ $100) or sooner, if they are used.

# Describe any plans to publish your results

We have plans to publish this work along with our Project ADAM colleagues in a pediatric or public health journal.

# How will you sustain the program?

We will help the schools develop a plan that can be continued from year to year. School personnel will be trained to train future team members in CPR/AED use skills and in the other aspects of the Heart Safe School program. Thus the schools themselves will take ownership of their own programs. Once the major purchase of the AED and the training in CPR/AED use is accomplished along with overall SCA awareness, and the CERP developed, it will become integrated into the school culture of safety and prevention. We will help the schools connect to community partners to help with any purchases that they cannot afford.

One of the key aspects of the program is that it does not merely inject resources into the system but strives to integrate behavior change by creating a culture of prevention on each campus that will impact an entire community as all stakeholders are engaged to participate. The program establishes a campus Safety Team with tools to strategize, train, drill and implement a sustainable cardiac emergency response plan. Administrators, teachers, nurse, athletic personnel, youth, parents and grandparents will be empowered to take a leadership role in driving best practices to perpetuate preparedness in their community, thus changing the paradigm to prevent deaths and disabilities from SCA by relieving the lack of resources, and providing education and motivation to respond to a cardiac emergency.

# Other information

* + 1. **Key personnel and staff and their qualifications**

**INSERT THE INFORMATION ON YOUR SPECIFIC STAFF**

## Teaching contact hours or CME credit, if appropriate: N/A

1. **Other possible sources of funding for the program (and whether pending, approved, received)**

Xxx is actively applying for grants and fund raising to support our mission.

# d. Description of any financial or potential financial interest which any person or entity, whether or not associated with the institution submitting this application, may have in the proposed program or any device, drug, procedure or technique which may be developed, in whole or in part, with funding from xxx.

There are no conflicts of interests for any of the participants in this program. Both organizations xxx AND xxx seek to be vendor neutral and will seek the most cost effective/best value for any products that are purchased irrespective of the vendor or any prior connections to such vendors. Financial and nonprofit status information has been provided for Xxx but can be made available for Xxx upon request.

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