

# Employee Cardiac Action Plan



To be recorded/stored confidentially. The information included in this document cannot be shared without the express consent of the employee to whom it pertains.

*Note for employees This document has been provided to enable to you to communicate about your condition and any adjustment requirements. Please note, you're not required, legally or otherwise, to disclose details of your heart condition. Employers can't ask about your condition unless it poses a risk to your or others' health.*

Employee name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Cardiac diagnosis: \_\_\_\_\_

## Emergency Contact 1




Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_




## Emergency Contact 2

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

## SYMPTOM

## ACTION

	<ul style="list-style-type: none"><li> <b>CHECK</b> in with employee and ask how they are feeling</li><li> <b>STOP</b> any work activity immediately and allow employee to rest.</li><li> <b>ASK</b> employee whether they would like their emergency contacts phoned.</li></ul> <p>Other notes: _____</p>
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	<ul style="list-style-type: none"><li> <b>CALL an ambulance immediately</b> (Triple Zero – 000)</li><li> <b>CONTACT</b> employee's emergency contacts and advise of situation</li><li> <b>STAY</b> with the employee until emergency help arrives</li></ul>
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## QUICK INFO

**Paramedic teams** Include your specific detail here for example: history of rhythm abnormalities, if you have pacemaker, if you have an artificial valve, any allergies, anticoagulation medication taken, risk of stroke, abnormal blood flow notes, shunt details.

## Regular hospital/doctor information

\_\_\_\_\_  
Usual resting heart rate: \_\_\_\_\_  
Usual respiratory rate: \_\_\_\_\_  
Usual blood pressure: \_\_\_\_\_  
Usual temperature: \_\_\_\_\_  
Typical haemoglobin/hematocrit: \_\_\_\_\_  
Typical O2 saturation at rest: \_\_\_\_\_

**Guidance for Employers**

**Adjustment requests**

Note: Employers are legally required to implement all/ any reasonable adjustments, provided this does not cause 'unjustifiable hardship' on the employer.

For more information, see HeartKids Employment factsheet [\[link\]](#).

**Triggers and Symptoms to Monitor**

Known triggers:

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Symptoms to monitor:

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**Additional notes/instructions**

**Employee notes for emergency situations**

Note for employees – you may want to detail here who you would prefer to be contacted first and any other helpful notes to assist with the coordination of your immediate care

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

