

Methods and Considerations to Implement Cardiac & AED Policies

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AED Policies

- Cardiac emergencies are the number one cause of sudden death in sport in the under 35 population.
- Once the EAP has been activated, early CPR and defibrillation will be the next step in keeping the athlete alive.
 - Every minute of delay decreases chance of survival by 10%
- Proper certification and education about AED's and their use is pertinent to survival in cardiac emergencies. Their locations should be readily known and easily accessible to the people who are trained to administer them.

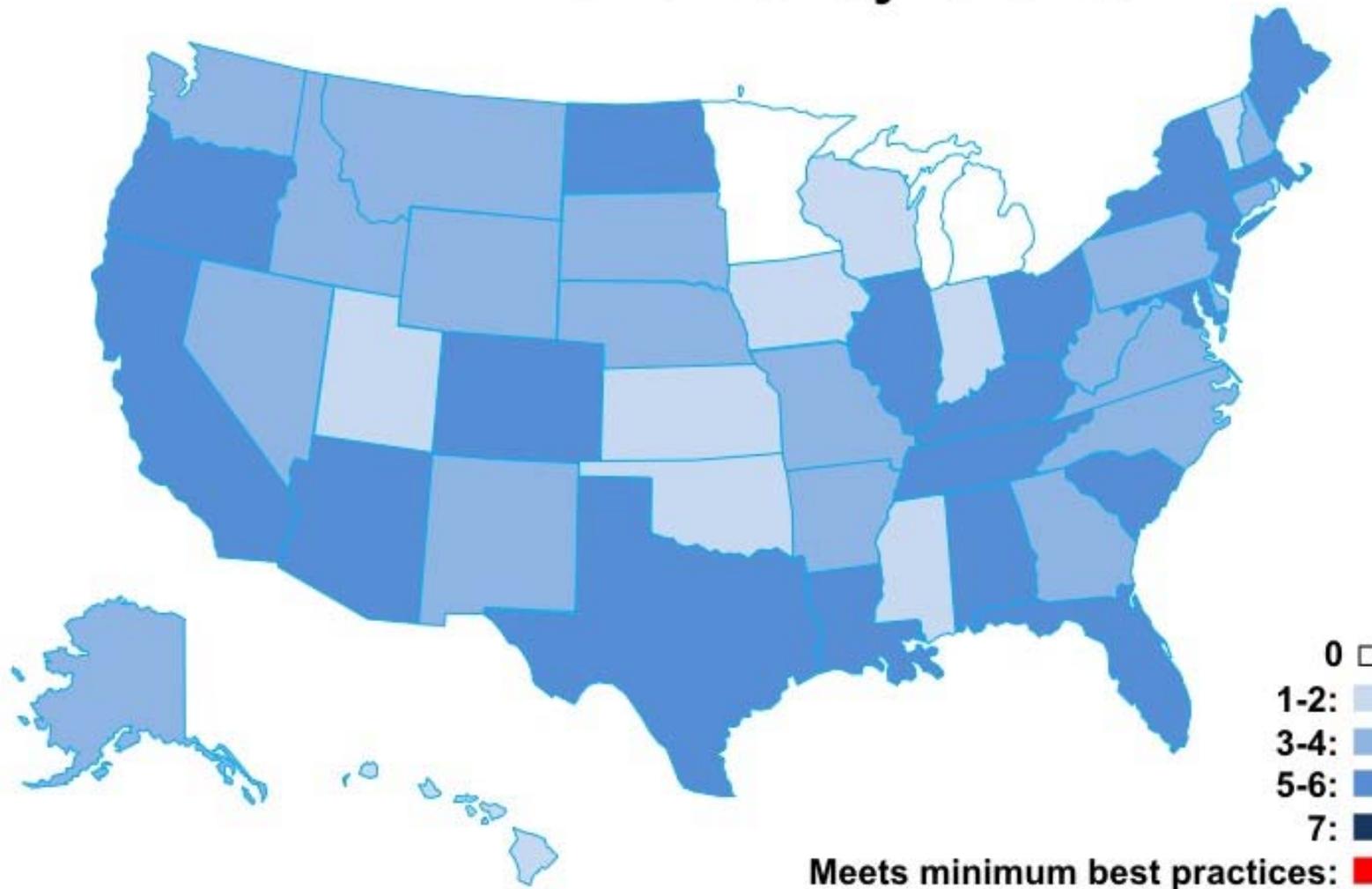
Recommendations for AED Guidelines

1. School AED programs should be implemented under the supervision of a physician (medical director) and select school staff personnel provided proper training and certification.
2. AEDs should be placed in easily accessible/public locations with adequate signage.
3. All athletic trainers, coaches, administrators, school nurses, and physical education teachers should have access to an AED on school property and at all school sanctioned athletic events/activities.
4. Schools sponsoring athletic events should have an AED on site or access to one within 3 minutes at each athletic venue for practices, games, and other athletic events.
5. All coaches and other select staff are provided with training and certification in cardiopulmonary resuscitation (CPR) and AED use.
6. The location(s) of AED(s) are well marked, publicized, and known among all staff.
7. An AED should be retrieved and applied to any collapsed and unresponsive athlete, while EMS (911) is called and CPR started.
8. AEDs are inspected frequently (i.e. according to manufacturer recommendations) to ensure proper working order, making sure the batteries are charged, and wires and pads are in good condition.

Recommendations for SCA procedure implementation

1. Comprehensive cardiac policy
2. Appropriate screening procedure
3. Procedures for proper management of SCA
4. Education and training or certification
5. Recommended return to participation protocol

AED Policies by State



Resources

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consensus statement

The Inter-Association Task Force Document on Emergency Health and Safety: Best-Practice Recommendations for Youth Sports Leagues

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Sudden Cardiac Arrest Policy Recommendations Checklist

Sudden Cardiac Arrest Policy Recommendations Checklist

Part 3. Sudden Cardiac Arrest Policy Recommendations Checklist ^{7,14,15,30,32,39,57}	
<input type="checkbox"/>	Develop a comprehensive cardiac emergency policy
<input type="checkbox"/>	Recommend that athletes undergo cardiovascular screening before participating in sport
<input type="checkbox"/>	An AED should be on-site and readily available
<input type="checkbox"/>	Educate member leaders and member coaches on the proper steps for managing SCA
Sudden Cardiac Procedure Checklist	
<i>Components of the cardiac policy</i>	
<input type="checkbox"/>	Cardiac-screening procedures (American Academy of Family Physicians and the American Academy of Pediatrics minimum standard)
<input type="checkbox"/>	Procedures to properly manage SCA
<input type="checkbox"/>	Emergency equipment (ie, AED) location and logistics
<input type="checkbox"/>	Education, training, and/or certification recommendations
<input type="checkbox"/>	Return-to-participation protocol
<i>Procedures for proper management</i>	
<input type="checkbox"/>	Prompt recognition of SCA
<input type="checkbox"/>	Early activation of EMS via the EAP (ie, call 911)
<input type="checkbox"/>	Early CPR and retrieval and application of the AED (if shock is advised) for a witnessed collapse
<input type="checkbox"/>	Transportation to a hospital with advanced life-support capability
<input type="checkbox"/>	Emergency equipment location and logistics
If AED is on-site	
<input type="checkbox"/>	Apply AED (ideally within 1–3 minutes)
<input type="checkbox"/>	AED is in a central location for large-scale events, especially for national governing board-sanctioned or -sponsored events
<input type="checkbox"/>	For events located more than 3 minutes from an AED, a separate AED is available or a plan to obtain the nearest AED is identified
No AED on-site	
<input type="checkbox"/>	Continue CPR and life-support measures until either the athlete responds or EMS arrives
<input type="checkbox"/>	If others are available to assist, begin 2-person CPR and life support

Sudden Cardiac Arrest Policy Recommendations Checklist, Continued

Equipment required for rapid treatment

- AED(s) (ideally within 1–3 minutes)

Education and training information for member leaders and member coaches

- Educate at least biannually about the location, function, and use of AEDs
- Educate on prompt recognition of SCA, early activation of EMS, early CPR and defibrillation, and transport of the athlete to the hospital
- Inform of proper clearance and return-to-participation procedures for an athlete who has experienced or is suffering from a cardiac-related condition

Return-to-participation protocol

- Youth athletes who experience cardiac problems should be evaluated by a physician before return-to-participation is considered
- A physician should discuss clearance decisions with the appropriate consultants and the parents or guardians to make prudent decisions
- Clearance for youth athletes with cardiac disorders should be based on physician recommendations

Guiding Questions

- What barriers/challenges are you currently experiencing with Cardiac/AED policy implementation?
- For those who have been successful with cardiac/AED policy implementation (in part or full), how did you get there? What were the steps?
- What does your state need in order to implement best practice cardiac/AED policies?