



National Association for
Sport and Physical Education

*an association of the American Alliance for Health,
Physical Education, Recreation and Dance*

NASPE Sets the Standard

POSITION STATEMENT

Availability & Access to Automated External Defibrillators in Schools During Participation in Physical Activity

Official Statement

As a national authority on physical education and a leader in sport and physical activity, the National Association for Sport and Physical Education (NASPE) strongly supports the position that proper emergency response to sudden cardiac arrest in K-12 physical education and athletic programs is a priority. Therefore, NASPE's position is that automated external defibrillators (AEDs) should be present in all schools and at all school-sanctioned athletic events/activities and venues. Further, each school's emergency action plan should include immediate access to and use of an AED. All AEDs should be accessible during all regular school hours and for all sporting and extracurricular events after normal school hours.

NASPE recommends that all physical education teachers, coaches, administrators, athletic trainers and school nurses have access to an AED on school property and at all school-sanctioned athletic events/activities, and that they be provided annual training and certification in cardiopulmonary resuscitation (CPR) and AED use. In addition, schools and school districts should provide CPR and AED training for teachers, custodial staff and parents involved in volunteer school activities. Simply having an AED on site will not correct a life-threatening situation unless people know where the AED is located and how to use it.

Background

In 1998, the American Heart Association (AHA) and the American College of Sports Medicine (ACSM) provided recommendations for cardiovascular disease screening, appropriate staffing, equipment and emergency procedures to follow in the event of an emergency at health and fitness facilities (ACSM, 2002 & AHA, 2003).

Since then, the U.S. Congress passed and the president signed into law the Cardiac Arrest Survival Act and the Rural Access to Emergency Devices Act as components of P.L. 106-505, the Public Health Improvement Act of 2000 (ACSM, 2002; AHA, 2003). The law provides

limited liability protection for users of AEDs on federal property and directs the placement of AEDs in federal buildings. The federal government has supported the public placement of defibrillators through a variety of measures that encourage greater availability of AEDs, support increased AED training, provide legal protection for AED use and offer financial aid for public-access defibrillation programs.

The public-access defibrillation program makes AEDs available in public and/or private places where large numbers of people gather (AHA, AED, 2011). Furthermore, all 50 states and the District of Columbia have Good Samaritan laws in place that protect lay users of the devices (Chain of Survival – AED legislation, 2008).

Sudden cardiac arrest is the leading cause of death among young athletes, according to Maron (2003) and Maron, Doerer & Haas, et al. (2009). One in 25 to 50 high schools each year can expect a sudden cardiac arrest to occur on its campus (Hazinski, et al., 2004). One-third of the sudden cardiac arrest victims on school grounds are students or student/athletes, and two-thirds are older non-students, including school staff, teachers or spectators (Drezner, Harmon, Heistand, et al., 2009). About 75 percent of all sudden cardiac arrest cases in schools occur in relation to a sporting event or practice, making access to AEDs at these events a critical component of emergency planning (Drezner, Harmon, Heistand, et al., 2009).

Coaches' Responsibilities

To what extent are coaches responsible for the care of their athletes? Studies have found that coaches, athletic trainers and nurses are the most likely first responders to sudden cardiac arrest during the school day and at extracurricular activities (Drezner, Harmon, Heistand, et al., 2009; Hazinski, et al., 2004). Domain 2, Standard 9 of the *National Standards for Sport Coaches* (NASPE, 2006) addresses that responsibility directly, stating that coaches should “Recognize injuries and provide immediate and appropriate care.” The National Federation of State High School Associations (NFHS) also supports that position, recommending that high school coaches be certified in first aid and CPR, with some high schools requiring AED training, as well (NFHS, 2009).

Pre-athletic cardiac screening in young athletes in the United States has not been adopted universally, and recommended guidelines have limited effect in identifying students at risk for sudden cardiac arrest. Therefore, having an AED is an important proactive safety measure for protecting children, youths and adults who experience sudden cardiac arrest in an athletic program or physical activity setting. Early deployment of CPR and rapid defibrillation carry the potential to save the lives of children and adolescents who experience sudden cardiac arrest.

Official Statement Recommendations

NASPE offers the following recommendations regarding placing AEDs in schools:

- Establish a communication system to alert a predetermined school response team to the location of an emergency, and also to call 911.
- Place AEDs in all schools and in places of physical activity in well-marked and appropriate areas.
- Consider the goal of applying defibrillation within three to five minutes of the time of collapse when planning for the number and location of AEDs necessary to serve the facility adequately.
- Ensure that staff is familiar with where the AED is located, as well as its use and emergency procedures.
- Train administrators, physical education teachers, coaches, athletic trainers, school nurses and other identified school personnel in CPR and AED use.
- Require ongoing review of AED equipment and regular maintenance per manufacturer recommendations, in addition to checking AEDs at the start of each athletic event.
- Ensure that administrators, physical education teachers, coaches, athletic trainers, school nurses and other identified school personnel practice and review the emergency plan for using an AED, through mock-scenario training at the start of each athletic season or at least once annually.

Position Statement Task Force

Renee Polubinsky, Ed.D., Western Illinois University (Chair)

Don Bales, Lowell (Ind.) High School

References

American College of Sports Medicine & American Heart Association. (2002). Automated external defibrillators in health/fitness facilities. *Medicine & Science in Sport & Exercise*, retrieved Dec. 15, 2008, from <http://www.acsm-msse.org>.

American Heart Association, AED Programs Q & A. Retrieved Feb. 17, 2011, from <http://www.americanheart.org/presenter.ihtml?identifier=3011859>.

American Heart Association, 2003. Heart disease and stroke statistics, 2003 update.

Drezner, J., Harmon, K. & Heistand, J., et al. Effectiveness of emergency response planning for sudden cardiac arrest in United States high schools with automated external defibrillators. *Circulation* 2009; 120: 461-463. American Heart Association.

Hazinski, M.F., Markenson, D., Neish, S., et al. Response to cardiac arrest and selected life-threatening medical emergencies: The medical emergency response plan for schools: A statement for healthcare providers, policymakers, school administrators, and community leaders. *Circulation* 2004; 109: 278-291. American Heart Association.

Maron, B. J. (2003). Sudden death in young athletes. *The New England Journal of Medicine*, 3349(11), 1064-1075.

Maron, B.J., Doerer, J.J., Haas, T.S., Tierney, D.M. & Mueller, F.O. Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980-2006. *Circulation* 2009; 119(8):1085-92.

National Association for Sport and Physical Education. (2006). *Quality coaches, quality sports: National standards for sport coaches*. Reston, VA: Author.

National Federation of State High School Associations (2009). Retrieved May 26, 2009, from: <http://www.nfhs.learn.com/Index.aspx>.

National Association for Sport and Physical Education

An association of the
American Alliance for Health, Physical Education, Recreation and Dance
1900 Association Drive
Reston, Va. 20191
(p) 703-476-3410
(f) 703-476-8316
<http://www.naspeinfo.org/>

Suggested Citation:

National Association for Sport and Physical Education. (2011). *Availability & Access to Automated External Defibrillators in Schools During Participation in Physical Activity* [Position statement]. Reston, VA: Author.