

TESTIMONY REGARDING OHIO HB 47

Statement for the Record
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Committee on Health
Ohio State Senate
December 6, 2023

Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the committee, thank you for the opportunity to submit written testimony regarding HB 47 to require emergency action plans and automated external defibrillators in schools.

I am Dr. Daniel Fosselman, a member of the American Medical Society for Sports Medicine and the American Academy of Family Physicians. I was previously a basic life support (BLS) instructor, completed all medical training in the state of Ohio, have multiple medical practices in Central Ohio and cover amateur sporting events around the state.

I applaud Representatives Richard Brown and Adam Bird for sponsoring HB 47 and working toward its passage in the Ohio General Assembly.

It is imperative for schools to have Emergency Action Plans (EAPs). This is a foundational requirement for mass events, which often school athletics fall under. In emergency or crisis situations time is the most precious resource and proper determination of roles, routes, and emergency service utilization leads to improved outcomes for athletes and spectators. Individual EAPs are necessary given the variability of building layouts, capacities, resources, medical and security staff presence at events. EAPs should have the following included in their development:

- Roles for emergency personnel, including athletic leaders, first responders and other team members
- Reliability of emergency communications
- Availability of emergency equipment, including AEDs (automated external defibrillators)
- Planning emergency medical transportation
- Clear venue information, including maps and contact information

Proper implementation for EAP would include scheduled rehearsal of the EAP so that all stakeholders feel comfortable with its application in real time. Written EAP should have a known location so that stakeholders have available resources for reference.

I personally have been involved in 2 situations that involved the collapse of individuals while covering amateur athletic events. The primary concern in these situations is sudden cardiac arrest. In neither of

these situations was an AED readily available. The challenge, as the medical provider, in this situation is providing care, coordination of care and contact of emergency services, and having the resources to improve outcomes. Both issues would have been better addressed by having pre-established EAPs and having an AED on site.

In situations of cardiac arrest, survival rates decrease about 10 percent per minute that elapse before electrical shock is applied. Most AEDs provide automated, simple, and explicit advice on their use and they are vastly superior to chest compressions alone in improving outcomes in the setting of cardiac arrest. Given the lack of public CPR (cardiopulmonary resuscitation) training, the requirement of AEDs could significantly improve outcomes for athletes and attendees of events.

I believe that HB 47 will help protect the health and safety of student athletes as well as spectators of the events. It will do so by requiring schools to develop EAPs, including the presence of AEDs in schools. With proper implementation, education, and training survivability will likely be improved.