



Ohio Athletic Trainers' Association

HB 47 (Bird, Brown) AED Ohio Senate Health Committee Proponent Testimony December 6, 2023

Chairman Huffman, Vice Chair Johnson, and Ranking Minority Member Antonio, my name is Gerry Rishel and I am a retired licensed athletic trainer (AT), having served over 40 years as an AT in the collegiate, high school and professional sports settings. Thank you for the opportunity to provide proponent testimony today on behalf of the Ohio Athletic Trainers' Association (OATA), which is the statewide trade association representing the over 2000 licensed athletic trainers in the state of Ohio.

Sudden cardiac death is the leading cause of death in sports, and according to the Centers of Disease Control (CDC) and Prevention, 70-90% of those individuals will die before reaching the hospital. The ones that are lucky enough to reach the hospital and survive cardiac arrest are likely to suffer with from injury to the brain, nervous system or other physical ailments. However, those that have access to CPR and AEDs are more likely to survive with less physical ailments. In fact, we experienced this very recently during last NFL Football season when the Cincinnati Bengals played the Buffalo Bills, and Damar Hamlin had a sudden cardiac arrest on the field. The athletic trainer for the Buffalo Bills provided immediate CPR and had access to an AED. Dr. Allen Sills, the Chief Medical Officer of the NFL was quoted as saying, "...the key in any type of sudden cardiac event is the rapid response of trained personnel. And so I think the important lesson that we can all take away from this is, really for every sport at every level, preparation for a sudden cardiac event, making sure that people have training in basic life supports, that AEDs are available. That is a very, very key message, and something we can all learn from."

While NFL teams have on average access to four athletic trainers, two primary-care physicians, two orthopedists and one chiropractor available at each game, we recognize that level of access to health care professionals is not the reality for our secondary and youth sports organizations. However, we can make sure that our schools have access to AEDs, along with the proper training and guidance on how to utilize an AED.

The National Athletic Trainers' Association (NATA), has a partnership with the Korey Stringer Institute (KSI), which was founded by the wife of Korey Stringer, the Minnesota Vikings offensive lineman, who passed away from exertional heat stroke in 2001. Last May the OATA participated in KSI's Team Up for Sports Safety Initiative in Cleveland. One of the most

important initiatives for KSI is to advance public policy to require AEDs in each public high school in the state. During the meeting we discussed the current situation in Ohio, recognizing that there are a large majority of schools with AEDs. However, it was eye opening to hear from the participants some of their experiences with AEDs, including a lack of access due to them being locked in an administrator's office, or unable to access it during after school hours, or schools placing the AED far away from the gymnasium, or not providing training for personnel to utilize an AED in the case of a cardiac emergency. As we know, seconds matter in a cardiac emergency, so it is critical that the AEDs be available, but also provide the best practices for the schools to maximize the success rate in the time of an emergency.

We support the approach in HB 47 that requires the schools and sports programs to have an AED, but also to develop an Emergency Action Plan (EAP). This will ensure that the AED is located where it is accessible during an emergency, and training required for personnel on how to utilize it in the case of an emergency.

Currently Ohio laws require schools to have an EAP, however, they are not required to ensure there is a venue specific written athletic emergency action plan in place that describes steps to be taken in the event of an emergency. We recommend the following best practice to be followed by all schools:

- List all on-site emergency equipment that may be needed in an emergency situation
- Include appropriate contact information for EMS
- Steps to take in event of emergency
- Map of venue with emergency access identified
- Healthcare professionals who will provide medical coverage during games, practices, or other events

Written athletic emergency action plans must:

- Be rehearsed annually or sooner if needed. The rehearsal shall include pertinent school staff and onsite medical providers.
- Be reviewed each year or sooner if needed. The review shall include pertinent school staff and the local EMS provider.
- Be distributed to all athletics staff members as well as healthcare professionals who will provide medical coverage during games, practices, or other events

Documentation items that need to be taken post emergency should be clearly identified in the standard operating procedure and/or collaborative agreement between the athletic trainer and team physician. In the event the emergency action plan is activated a post incident analysis or after-action review must be completed.

Similar to the benefit in the case of Damar Hamlin, an EAP can provide the following benefits:

- Risk Management strategy: lead to prevention of an injury
- Readily prepared for emergency situations
- Ensures that appropriate care is provided in a timely manner
- Leads to a more effective emergency response

The OATA believes HB 47 as introduced is a very worthwhile policy change for the safety of Ohio's students, school employees and families. Thank you for your time and consideration. I am available to answer any questions at this time.