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**RECOMMENDED GUIDELINES ON HOW TO PREPARE FOR AND MANAGE
SUDDEN CARDIAC ARREST (SCA) DURING HIGH SCHOOL AND
COLLEGE ATHLETIC PRACTICES AND COMPETITIONS**

ATLANTA, June 14, 2006 – Sudden cardiac arrest (SCA) affects over 400,000 people annually in the United States and is the leading cause of death in young athletes.^{1,2} Until now, many health-related organizations have had guidelines on managing SCA during athletic practices and competitions. However these guidelines have not directly linked emergency planning and SCA management in athletics.

To develop a comprehensive consensus statement that would cover such critical issues for high school and college athletic programs, the National Athletic Trainers' Association (NATA) organized an Inter-Association Task Force of representatives from 15 national organizations, which included such fields as athletic training, cardiology, electrophysiology, emergency medicine, family medicine, orthopaedics, paramedics, pediatrics and sports medicine.

On June 14, the executive summary of the “Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs” consensus statement was presented during NATA’s 57th annual meeting and clinical symposia in Atlanta. Its key recommendations are as follows:

1. Emergency Preparedness

- Every school or institution that sponsors athletic activities should have a written and structured emergency action plan (EAP).
- The EAP should be developed and coordinated in consultation with local EMS personnel, school public safety officials, on-site first responders and school administrators.
- The EAP should be specific to each individual athletic venue and encompass emergency communication, personnel, equipment and transportation to appropriate emergency facilities.
- The EAP should be reviewed and practiced at least annually with certified athletic trainers, team and attending physicians, athletic training students, school and institutional safety personnel, administrators and coaches.⁶
- Targeted first responders should receive certified training in CPR and automated external defibrillator (AED) use.
- Access to early defibrillation is essential, and a target goal of less than three to five minutes from the time of collapse to the first shock is strongly recommended.^{5,7}
- Review of equipment readiness and the EAP by on-site event personnel for each athletic event is desirable.

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2. **Management of Sudden Cardiac Arrest**

- Management begins with appropriate emergency preparedness, CPR and AED training for all likely first responders, and access to early defibrillation.
- Essential components of SCA management include early activation of EMS, early CPR, early defibrillation and rapid transition to advanced cardiac life support.
- High suspicion of SCA should be maintained for any collapsed and unresponsive athlete.
- SCA in athletes can be mistaken for other causes of collapse. Rescuers should be trained to recognize SCA in athletes with special focus on potential barriers to recognizing SCA including inaccurate rescuer assessment of pulse or respirations, occasional or agonal gasping and myoclonic or seizure-like activity.
- Young athletes who collapse shortly after being struck in the chest by a firm projectile or by contact with another player should be suspected of having SCA from a condition known as commotio cordis.
- Any collapsed and unresponsive athlete should be managed as a sudden cardiac arrest with application of an AED as soon as possible for rhythm analysis and defibrillation, if indicated.
- CPR should be provided while waiting for an AED.
- Interruptions in chest compressions should be minimized and CPR stopped only for rhythm analysis and shock.
- CPR should be resumed immediately after the first shock, beginning with chest compressions, with repeat rhythm analysis following two minutes or five cycles of CPR, or until advanced life support providers take over or the victim starts to move.^{7,8}
- Rapid access to the SCA victim should be facilitated for EMS personnel.

The organizations that participated in the Task Force included: American Academy of Emergency Medicine, American Academy of Pediatrics, American College of Emergency Physicians, American College of Sports Medicine, American Heart Association, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy for Sports Medicine, American Physical Therapy Association Sports Physical Therapy Section, National Association of Emergency Medical Service Physicians, National Association of Emergency Medical Technicians, National Athletic Trainers' Association, National Collegiate Athletic Association, National Federation of State High School Associations and Sudden Cardiac Arrest Association.

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About NATA:

Certified athletic trainers are unique health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses. The National Athletic Trainers' Association represents and supports the 30,000 members of the athletic training profession through education and research. www.nata.org. NATA, 2952 Stemmons Freeway, Ste. 200, Dallas, TX 75247, 214.637.6282; 214.637.2206 (fax).

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6. Andersen J, Courson RW, Kleiner DM, McLoda TA. National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics. *J Athl Train* 2002;37(1):99-104.
7. Part 4: Adult Basic Life Support. *Circulation* 2005;112(24_suppl):IV19-IV34.
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***Note:** This is a partial list of references from the consensus statement executive summary as appropriate to this news release.

Disclaimer:

The National Athletic Trainers' Association and the Inter-Association Task Force advise individuals, schools, and institutions to carefully and independently consider each of the recommendations. The information contained in the statement is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules, or regulations, as well as regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA and the Inter-Association Task Force advise their members and others to carefully and independently consider each of the recommendations (including the applicability of same to any particular circumstance or individual). The foregoing statement should not be relied upon as an independent basis for care, but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from any of NATA's position statements. The NATA and the Inter-Association Task Force reserve the right to rescind or modify their statements at any time.