

IHSAA/IGHSAU/IHSMA/IHSSA Automated External Defibrillator (AED) Policy

The leading cause of sudden death in sports in young athletes is cardiac arrest ^{1,2,3} and the greatest factor determining out-of-hospital cardiac arrest survival rates is the time from collapse to defibrillation, with survival rates declining for every minute that defibrillation is delayed. Research supports that if a facility has an AED onsite, the sudden cardiac arrest is witnessed, the location has an emergency action plan and an AED is applied within 3 minutes of collapse, that the survivability of a sudden cardiac rest is ten times more likely (from 9% to 85-93% survival). ^{4,5}

The IHSAA, IGHSAU, IHSMA and IHSSA, under the guidance of the IA Sports Medicine Advisory Committee, have approved the Automated External Defibrillator Policy as the recommended best practice.

AED Accessibility	<ul style="list-style-type: none">• An AED should be onsite at each venue or accessible within a 1-3 minute walk of any athletic event or activity including practices, games, events/shows or other activities.• All athletic trainers, coaches, directors, administrators, school nurses, and physical education teachers should have access to an AED on school property• The location of the AED should be well-marked, publicized, accessible and known among trained staff. (Appendix 1)
AED Storage & Maintenance	<ul style="list-style-type: none">• An AED should be stored in a safe place.• An AED should be inspected according to the manufacturer's recommendation to make sure it is in proper working order. (Appendix 2)
AED Use & Preparedness	<ul style="list-style-type: none">• The AED should be used in conjunction with Emergency Management System (EMS) and Emergency Action Plan (EAP) activation.• All personnel involved with sponsored athletic, music or speech activities should be provided annual training in cardiopulmonary resuscitation (CPR) and AED use. (Appendix 3)