GUIDELINES FOR PREPAREDNESS AND MANAGEMENT OF SUDDEN CARDIAC ARREST AMONG HIGH SCHOOL AND COLLEGE ATHLETES

National Athletic Trainers’ Association (NATA) and Inter-Association Task Force Consensus Statement published in the Spring 2007 issue of the Journal of Athletic Training

DALLAS, April 4, 2007 – Sudden cardiac arrest (SCA) affects more than 400,000 people annually in the United States and is the leading cause of death among young athletes. 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.

“Unfortunately sudden cardiac arrest can be mistaken for other causes of collapse, which can lead to treatment delays,” said Ron Courson, ATC, task force co-chairman. “Increased training will help rescuers correctly identify SCA and prevent critical delays in beginning resuscitation. In fact, access to defibrillation within three to five minutes is essential, because each minute lost reduces the chance of survival by approximately 10 percent.”

The “Consensus Statement on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs” is published in the Spring 2007 issue of the Journal of Athletic Training, the quarterly scientific publication of the National Athletic Trainers’ Association (http://www.nata.org/jat/readers/archives/42.1/i1062-6050-41-4-143.pdf).

Emergency Preparedness

The consensus statement offers a host of recommendations concerning emergency preparedness. First and foremost every institution that sponsors athletic activities is urged to have a written and structured emergency action plan (EAP) in place, which should be developed and coordinated in consultation with athletic trainers, local EMS personnel, school public safety officials, on-site first responders and school administrators. The EAP must be specific to each individual athletic venue and encompass emergency communication, personnel, equipment and transportation to appropriate emergency facilities.

“It is clear that access to early defibrillation is closely linked to survival after cardiac arrest, and a target goal of less than three to five minutes from the time of collapse to the first shock is strongly recommended and the standard applied to other public settings with defibrillator programs,” according to Jonathan A. Drezner, MD, task force co-chairman. “Each school and institution sponsoring organized athletics should assess the need for an on-site defibrillator program to
ensure timely access in case of an emergency. Regular, ongoing review of equipment readiness and the emergency response plan by on-site event personnel is also necessary to ensure a coordinated and rapid response in case an athlete falls victim to a sudden cardiac arrest.”

**Management of Sudden Cardiac Arrest**

The key to successful treatment for SCA begins with appropriate emergency preparedness, CPR and AED training for all likely first responders, along with 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. In fact, 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 needed.

“High suspicion of SCA should be maintained for any collapsed and unresponsive athlete, because SCA in athletes can be mistaken for other less serious causes of collapse,” Courson said. “Rescuers should be trained to recognize SCA in athletes with special focus on potential barriers to recognizing SCA.”

Michael P. Meyer, ATC, an athletic trainer for the men’s basketball team at Vanderbilt University in Nashville understands the importance of these recommendations first-hand. Meyer gained recognition last year by reviving a Vanderbilt basketball student, Davis Nwankwo, with an automated external defibrillator (AED) and two rescue breaths, after Nwankwo suffered a cardiac arrest. “I have been told that the AED used that day was the only way that Davis had a chance for survival,” Meyer said.

In addition to the National Athletic Trainers’ Association, other organizations participating 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 Service Physicians, National Association of Emergency Medical Technicians, National Collegiate Athletic Association, National Federation of State High School Associations and Sudden Cardiac Arrest Association.

**About NATA:**
Certified athletic trainers are unique health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses. Only 42 percent of high schools and their students have access to athletic trainers, leaving ready access to health care unavailable to the majority of public high school students. The National Athletic Trainers’ Association represents and supports the 30,000 members of the athletic training profession through education and research. [www.nata.org](http://www.nata.org). NATA, 2952 Stemmons Freeway, Ste. 200, Dallas, TX 75247, 214.637.6282; 214.637.2206 (fax).

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