



National Athletic
Trainers' Association

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**NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) HOSTS
"SUDDEN CARDIAC ARREST IN ATHLETICS" PRESS CONFERENCE
WEDNESDAY, JUNE 14, AT ANNUAL MEETING IN ATLANTA**

**Executive Summary of Inter-Association Consensus Statement Presented,
Offering Comprehensive Guidelines for Emergency Planning and Management
of Sudden Cardiac Arrest in High School and College Athletics**

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. To manage SCA during athletic practices and competitions, many health-related organizations have issued management guidelines but none directly link management with comprehensive emergency planning. To remedy this situation, the National Athletic Trainers' Association (NATA) spearheaded an Inter-Association Task Force of 15 national health care organizations to develop a comprehensive consensus statement that would cover such critical issues for high school and college athletic programs.

Ron Courson, ATC, and Jonathan A. Drezner, MD, task force co-chairs, presented highlights from the statement, entitled "Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs,"

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this morning at a press conference at the Omni Hotel at CNN Center. The event took place during the first day of NATA's 57th annual meeting and clinical symposia in Atlanta.

"The task force is composed of organizations with a special interest in SCA in young athletes, and a multidisciplinary group of health care professionals from athletic training, sports medicine, family medicine, emergency medicine, pediatrics and cardiology, among others," said Courson. "Our purpose was threefold: (1) to summarize essential information regarding SCA in young athletes; (2) to define appropriate emergency preparedness for SCA at athletic venues; and (3) to establish uniform recommendations for the management of SCA in athletes."

"The underlying cause of sudden cardiac death (SCD) in young athletes is usually a structural heart abnormality," said Drezner. "In the event of sudden cardiac arrest, the strongest determinate of survival is the time from cardiac arrest to defibrillation. Access to defibrillation within three to five minutes is essential. Each minute lost reduces the chance of survival by approximately 10 percent. Sudden cardiac arrest can be mistaken for other causes of collapse," adds Drezner. "Increased training will help rescuers correctly identify SCA and prevent critical delays in beginning resuscitation."

Other speakers at the press conference included Winston H. Gandy, Jr., MD, FACC, cardiology consultant to the University of Georgia Athletic Association and director of the Echo Lab at Saint Joseph's Hospital and the Atlanta Cardiology Group in Atlanta; Michael P. Meyer, ATC, an athletic trainer for the men's basketball team at Vanderbilt University in Nashville; and Robert J. Schriever, an SCA survivor and vice chairman of the board of directors of the Sudden Cardiac Arrest Association based in Washington, D.C.

As medical director of the Atlanta Hartsfield-Jackson Airport, Gandy has been instrumental in the airport's defibrillator project. "I believe it's critical that all health professionals working with young athletes familiarize themselves with the consensus

guidelines presented today, including the need for easy access to defibrillation,” said Gandy.

Meyer gained recognition in March 2006 by reviving a Vanderbilt basketball student, Davis Nwankwo, with an automated external defibrillator (AED) and two rescue breaths, after he suffered a cardiac arrest. “When asked how it felt to save a life, I would have to say that I am glad I was there and that I took CPR and AED training seriously,” he said. “Davis is alive today because of an AED and the ability of someone to use it. I have been told by cardiologists that the AED used that day was the only way that Davis had a chance for survival.”

Schriever recently designed and implemented a pilot training program for high school students in Massachusetts on the proper techniques for CPR and AED use, which has far reaching nationwide implications. “As a football and lacrosse official and survivor of SCA, I know sudden cardiac arrest can happen to athletes, officials, team staffs and spectators alike. It’s vital that the emergency preparations outlined in the consensus statement be taken seriously.”

The Inter-Association Task Force consensus statement was developed with input from the following groups: 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. Its key recommendations include:

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.

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.

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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***Note:** This is a partial list of references from the consensus statement executive summary as appropriate to this news release.

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