

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	• 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	• 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	• 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)