

## Study: Oregon high schools lacking 'best practices' for athletic emergencies

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A survey of Oregon high school athletic directors on their school's preparedness for a catastrophic injury or health event found that only 11 percent of those responding had implemented three primary "best-practice" recommendations for treating their student-athletes.

Multiple national sports safety organizations have defined institutional best practices, including having a plan in place for when emergencies occur and ensuring the training and accessibility to the proper equipment for those who respond.

Results of the research have been published in *Sports Health*, a collaborative publication of the American Orthopaedic Society for Sports Medicine, the American Medical Society for Sports Medicine, the National Athletic Trainers' Association and the Sports Physical Therapy Section.

"We launched the survey to gauge how prepared schools are to respond to athletic-related emergencies," said Samuel Johnson, an athletic training and kinesiology specialist at Oregon State University and lead author on the study. "We also wanted to know if having an athletic trainer—a health care professional with expertise in [sports medicine](#)—available at the [school](#) was associated with better preparedness."

The researchers asked whether schools had venue-specific emergency action plans, had access to an automated external defibrillator (AED) for early defibrillation in the event of an emergency, and whether they

required first responders—specifically coaches—to be trained in cardiopulmonary resuscitation and proper use of an AED.

The OSU-led study found that 29 percent of schools responding to the survey had implemented two of the three best-practice recommendations; 32 percent had implemented one recommendation; and 27 percent had not implemented any of them. The survey received 108 responses, or about 37 percent of all Oregon high schools.

"There is definitely room for improvement in planning for medical emergencies," he said. "We are doing some things well in the state, and there are things we need to do better. For example, having an AED available on campus is a great first step, but we need to make sure it is readily available at athletic events and that people are trained to use it."

Only half of the schools in the study had an athletic trainer available, yet Johnson said having one was associated with better preparedness.

"Athletic trainers are specifically trained to prevent and respond to emergencies," Johnson noted. "We found that having an athletic trainer on staff was associated with better preparedness, particularly as it relates to emergency plans and having AEDs on hand. However, having a trainer was not associated with whether schools required coaches to have training in CPR or with a defibrillator."

Johnson pointed out that while [athletic trainers](#) likely are not in a position to mandate that coaches having training, they can take charge in making sure plans are in place and potentially life-saving equipment is available when needed.

"We understand several of the challenges associated with implementing some of the recommendations," Johnson said. "Buying AEDs, paying for coach training, or hiring an athletic trainer can be expensive. Budgets are

tight and catastrophic medical situations are rare. But they do happen, and they have a devastating impact on the athlete, family and friends."

The researchers are planning to explore the challenges schools face in implementing best practices. The Oregon School Activities' Association, which governs high school sports in the state, has been proactive in promoting sports safety, Johnson said.

"I am always impressed by how well the different groups in the state come together to make sports safer," said Johnson, who along with several of the study's co-authors are members of the OSAA's Sports Medicine Advisory Committee. "The OSAA has been a driving force in getting coaches, athletic directors, athletic trainers, physicians and other stakeholders talking about these issues and making changes to improve safety.

"For example, starting this year there is a requirement that schools have an [emergency](#) action plan for athletics. These collaborative efforts don't happen in every state, though they probably should."

Johnson, who is in the College of Public Health and Human Sciences at OSU, is taking the message outside of Oregon. He will address a worldwide audience of sports medicine professionals on preparedness at the International Olympic Committee's World Conference on Prevention of Injury and Illness in Sport later this year.

**More information:** Samuel T. Johnson et al, Sports-Related Emergency Preparedness in Oregon High Schools, *Sports Health* (2017). [DOI: 10.1177/1941738116686782](https://doi.org/10.1177/1941738116686782)

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