Connecticut’s Rank: 40th out of 51 States (including Washington D.C)  
Connecticut’s Score: 40.80 out of 100 Points

**ABOUT KSI**

In the past ten years, 222 children have died from sports related injuries while participating in organized high school athletics. Some of the most common causes of death in sports are sudden cardiac arrest, exertional heat stroke, and traumatic head injury.

The Korey Stringer Institute is dedicated to preventing sudden death in sports. Recently KSI has published a study that ranked states by their health and safety policies according to best practices established by panels of experts in the field.

Our mission is to inform parents, coaches, and community members about the steps that Connecticut Interscholastic Athletic Conference (CIAC) and Connecticut’s legislators have taken to protect athletes.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Coverage</td>
<td>Cardiac Arrest</td>
</tr>
<tr>
<td>Heat Stroke</td>
<td>Emergency Preparedness</td>
</tr>
<tr>
<td></td>
<td>Head Injuries</td>
</tr>
</tbody>
</table>

Ranks and Scores are accurate as of June 2018

**Definitions:**
AHCC (Appropriate Healthcare Coverage), EHS (Exertional Heat Stroke), EP (Emergency Preparedness), SCA (Sudden Cardiac Arrest), THI (Traumatic Head Injuries)
Cardiac Arrest survival rates **decrease 7-10%** for every minute that defibrillation is delayed.

### Specific Cardiac Arrest Policies

**Policies Currently in Place for Connecticut**

**Policy 3A:** All athletic trainers, coaches, administrators, school nurses, and physical education teachers should have access to an AED on school property.

**Policy 4A:** Institutions sponsoring athletic events/activities should have a AED on site or access to one at each athletic venue for practices, games, or other athletic events.

**Policy 5A:** Personnel should be provided annual training and certification in cardiopulmonary resuscitation (CPR) and AED use.

**Possible Improvements for Connecticut**

**Policy 1A:** AEDs are to be used under the advice and consent of a physician by individuals with proper training and certification.

**Policy 2A:** AED should be stored in a safe place.

**Policy 6A:** Location of AED should be well marked, publicized, accessible and known among trained staff.

**Policy 7A:** The AED should be used only after enacting the EMS system.

**Policy 8A:** AEDs should be inspected frequently to ensure proper working order. This includes making sure the batteries are charged, and wires and electrodes are in good condition.