North Carolina’s Rank: **1st out of 51 States** (including Washington D.C)
North Carolina’s Score: **78.75 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 North Carolina High School Athletic Association (NCHSAA) and North Carolina’s legislators have taken to protect athletes.

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)
What Can You Do?
Reach out to the North Carolina High School Athletic Association (NCHSAA). Make sure the officials responsible for student-athlete safety are using best practices.

NCHSAA Commissioner
Que Tucker
Email: que@nchsaa.org

NCHSAA Health and Safety Consultant
Ken Brown
Email: ken@nchsaa.org

NCHSAA Associate Commissioner
Karen DeHart
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Cardiac Arrest survival rates decrease 7-10% for every minute that defibrillation is delayed.

Sudden Cardiac Arrest Policies

North Carolina scores among the best in the nation when it comes to Appropriate Healthcare Coverage, Exertional Heat Stroke, and Emergency Preparedness. It also scores very well with Traumatic Head Injuries.

The only place that North Carolina falls below the national average is in Sudden Cardiac Arrest (barely).

By improving Sudden Cardiac Arrest Policies, North Carolina can achieve an incredible 86.75 points!

Policies Currently in Place for North Carolina

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

Possible Improvements for North Carolina

Policy 2A: AED should be stored in a safe place.
Policy 3A: All athletic trainers, coaches, administrators, school nurses, and physical education teachers should have access to an AED on school property.
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.