Utah’s Rank: **22nd out of 51 States** (including Washington D.C)

Utah’s Score: **50.00 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 the Utah High School Activities Association (UHSAA) and Utah’s legislators have taken to protect athletes.

---

**Definitions:**

AHCC (Appropriate Healthcare Coverage), EHS (Exertional Heat Stroke), EP (Emergency Preparedness), SCA (Sudden Cardiac Arrest), THI (Traumatic Head Injuries)

---

Ranks and Scores are accurate as of June 2018
What Can You Do?

Reach out to the Utah High School Activities Association (UHSAA). Make sure the officials responsible for student-athlete safety are using best practices.

UHSAA Executive Director
Rob Cuff
Email: cuff@uhsaa.org

UHSAA Assistant Director
Jeff Cluff
Email: jeffcluff@uhsaa.org

UHSAA Assistant Director
Brenan Jackson
Email: bjackson@uhsaa.org

Cardiac Arrest survival rates decrease 7-10% for every minute that defibrillation is delayed.

Utah and Sudden Cardiac Arrest

Utah scores extremely well in the Appropriate Healthcare Coverage, Exertional Heat Stroke, and Traumatic Head Injury Categories.

Utah has room to improve with Emergency Preparedness and Sudden Cardiac Arrest.

Utah falls farthest behind the national average in Sudden Cardiac Arrest. Passing policies that focus on AED use and maintenance could move Utah from 22nd to 5th!

Sudden Cardiac Arrest Policies

Policies Currently in Place for Utah


Possible Improvements for Utah

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 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.
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.