Vermont’s Rank: **32nd out of 51 States** (including Washington D.C)

Vermont’s Score: **46.38 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 Vermont Principals’ Association (VPA) and Vermont’s legislators have taken to protect athletes.

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

Vermont is among the nation’s leaders in health and safety policies relating to Exertional Heat Stroke, Emergency Preparedness, and Traumatic Head Injuries.

In Appropriate Healthcare Coverage and Sudden Cardiac Arrest, Vermont has room to grow.

Improving policies around AEDs will shoot Vermont to the top of the leaderboard from 32nd place to 7th!

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

Specific Cardiac Arrest Policies

What Can You Do?

Reach out to the Vermont Principals’ Association (VPA).
Make sure the officials responsible for student-athlete safety are using best practices.

VPA Executive Director
Jay Nichols
Email: jnichols@vpaonline.org

VPA Associate Executive Director
Bob Johnson
Email: bjohnson@vpaonline.org

VPA Finance and Office Manager
Delina Benway
Email: dbenway@vpaonline.org

Policies Currently in Place for Vermont

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 Vermont

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.