

AED Application for Youth Sports Organizations

Introduction

Sudden Cardiac Arrest (SCA) is the #1 killer of student athletes and the #2 medical cause of death among youth under age 25. The American Heart Association reports that 9,500 youth are affected by this critical public health issue. One student athlete dies every three days – making SCA the leading cause of death on school campuses. SCA is not a heart attack – it’s the sudden onset of an abnormal and potentially fatal heart rhythm that causes the heart to beat ineffectively or not at all. The underlying cause of SCA can be a heart condition someone is born with (often inherited) and/or can develop as a young heart grows. SCA can also be triggered by a viral illness or a sudden blow to the chest.

As the warning signs of an underlying heart condition are often not recognized, SCA may occur in people thought to be healthy. If help is not administered within minutes of the event, the outcome may be disastrous. In fact, up to 95% of SCA victims die because there was a delay in emergency response. An automated external defibrillator (AED) is a medical device designed to quickly analyze the heart’s rhythm and safely deliver an electric shock, if needed. An AED will not shock someone if the heart rhythm is not life-threatening, so the user cannot inadvertently hurt the victim. Most AEDs guide users through the rescue process with simple audible and visual prompts.

For every minute that passes without defibrillation, a victim’s chance for survival decreases 10%. Estimates state that widespread public availability and use of AEDs could save as many as 50,000 American lives each year. On average, it takes EMS teams 6 to 12 minutes to arrive on the scene. The chance of surviving an SCA is less than 10% outside of a hospital. Documented AED programs have shown that survival rates can increase to 64% – 74% when an AED is applied within three minutes of the event.

Safe Stars Initiative

The Safe Stars initiative recognizes youth sports leagues throughout Tennessee for providing the highest level of safety for their young athletes. The criteria for achieving recognition as a Safe Stars league were developed by a committee of health professionals dedicated to reducing sports-related injuries among youth and are divided into three levels—Bronze, Silver, and Gold.

The Safe Stars Initiative:

- Recognizes youth sports leagues that adhere to high levels of safety
- Helps leagues implement policies on various safety topics including the presence of an AED at all practices and games
- Provides resources and opportunities for every sports league to enhance their safety standards

This program is free and voluntary for youth sports organizations. All but one of the criteria involve development of policies or participating trainings that pose no cost to the leagues. The only criterion involving funding is the presence of an AED at practices and games. To assist in meeting that criterion, the Tennessee Department of Health is accepting applications to provide an AED to leagues submitting this application and meeting all other criteria for Bronze Safe Stars status while supplies last. There is a limit of one AED per organization.

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AED Application Checklist

- Meet ALL other criteria for Safe Stars **Bronze** designation
- Agree to follow the manufacturer's recommendations for all scheduled defibrillator maintenance checks.
- Complete the Safe Stars application
- Complete the attached AED application
- Sign the release of liability

Demonstrate AED Need for Organization (Check all that apply)

- Need AED to improve access to AED to 3-5 minutes at practice/game sites
- Need AED to cover multiple practice and/or game sites
- Do not currently have any access to AED at games or practices
- Other (describe)

Submit the application by mail or email to:

Tennessee Department of Health
Attn: Janay Smith
710 James Robertson Parkway
Andrew Johnson Tower, 8th Floor
Nashville, Tennessee 37243-5210
Email: Janay.Smith@tn.gov



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Application Date:

Organization Name: _____

Primary Contact Name: _____

Email: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone (please include area code): _____

Fax (if applicable): _____

Sports offered by League/Organization (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Kickball | <input type="checkbox"/> Track & Field/ Cross Country |
| <input type="checkbox"/> Baseball/T-Ball | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Pickleball | <input type="checkbox"/> Ultimate Frisbee |
| <input type="checkbox"/> Crew | <input type="checkbox"/> Rugby | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Soccer | |
| <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Softball | |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Swimming/Diving | |
| <input type="checkbox"/> Football | <input type="checkbox"/> Table Tennis | |
| <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Tennis | |
| <input type="checkbox"/> Inline Hockey | | |

Age range associated with sports offered by the League/Organization (check all that apply):

- 3 years and under
- 3-9 years
- 10- 14 years
- 15-18 years
- Other _____

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Check Counties Served by the League:

- | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Fentress | <input type="checkbox"/> Lauderdale | <input type="checkbox"/> Roane |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Robertson |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Gibson | <input type="checkbox"/> Lewis | <input type="checkbox"/> Rutherford |
| <input type="checkbox"/> Bledsoe | <input type="checkbox"/> Giles | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Blount | <input type="checkbox"/> Grainger | <input type="checkbox"/> Loudon | <input type="checkbox"/> Sequatchie |
| <input type="checkbox"/> Bradley | <input type="checkbox"/> Greene | <input type="checkbox"/> Macon | <input type="checkbox"/> Sevier |
| <input type="checkbox"/> Campbell | <input type="checkbox"/> Grundy | <input type="checkbox"/> Madison | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Cannon | <input type="checkbox"/> Hamblen | <input type="checkbox"/> Marion | <input type="checkbox"/> Smith |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Marshall | <input type="checkbox"/> Stewart |
| <input type="checkbox"/> Carter | <input type="checkbox"/> Hancock | <input type="checkbox"/> Maury | <input type="checkbox"/> Sullivan |
| <input type="checkbox"/> Cheatham | <input type="checkbox"/> Hardeman | <input type="checkbox"/> McMinn | <input type="checkbox"/> Sumner |
| <input type="checkbox"/> Chester | <input type="checkbox"/> Hardin | <input type="checkbox"/> McNairy | <input type="checkbox"/> Tipton |
| <input type="checkbox"/> Claiborne | <input type="checkbox"/> Hawkins | <input type="checkbox"/> Meigs | <input type="checkbox"/> Trousdale |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Haywood | <input type="checkbox"/> Monroe | <input type="checkbox"/> Unicoi |
| <input type="checkbox"/> Cocke | <input type="checkbox"/> Henderson | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Union |
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Henry | <input type="checkbox"/> Moore | <input type="checkbox"/> Van Buren |
| <input type="checkbox"/> Crockett | <input type="checkbox"/> Hickman | <input type="checkbox"/> Morgan | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Houston | <input type="checkbox"/> Obion | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Davidson | <input type="checkbox"/> Humphreys | <input type="checkbox"/> Overton | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Decatur | <input type="checkbox"/> Jackson | <input type="checkbox"/> Perry | <input type="checkbox"/> Weakley |
| <input type="checkbox"/> DeKalb | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pickett | <input type="checkbox"/> White |
| <input type="checkbox"/> Dickson | <input type="checkbox"/> Johnson | <input type="checkbox"/> Polk | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Dyer | <input type="checkbox"/> Knox | <input type="checkbox"/> Putnam | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Fayette | <input type="checkbox"/> Lake | <input type="checkbox"/> Rhea | |

AED Application for Youth Sports Leagues

Agreement / Release of Liability

I am the owner/head of facility of the above named organization and understand that this portable Automatic External Defibrillator (AED) is provided as a public service in the interest of safety. I understand an AED is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm. I understand that an AED is used to treat Sudden Cardiac Arrest (SCA). I have been given the manufacturers and supplemental instructions regarding use of an AED. A certified cardiopulmonary resuscitation (CPR) and AED instructor has demonstrated a basic overview for use of an AED to all persons within my organization and has provided my organization the proper knowledge for use of an AED, if needed, within my community. I understand that the Tennessee Department of Health is not a manufacturer or dealer of AED's and makes no warranty, expressed or implied, as to the fitness of this portable device. I further understand that the Tennessee Department of Health will assume no responsibility for the consequences (including injury) of proper or improper use of the AED. I agree to forever refrain from instituting, pressing, or in any way assisting any claim, demand, action, or cause of action against the Tennessee Department of Health and its employees, agents, or volunteers for any injuries, damages, costs, loss of services growing out of, or which hereafter may grow out of the use or malfunction of the AED.

I certify by my signature that I have read the above statement and have been provided information about AED's.

Signature of Organization Owner/Head of Facility

Date
