

# WESLEYAN

U N I V E R S I T Y

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To: Judiciary Committee

From: Vicky Graham, ATC, LAT

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Connecticut Athletic Trainers' Association, Governmental Affairs Committee

Volunteer, American Heart Association

RE: Raised SB No. 687, "An Act Concerning Automatic External Defibrillators."

Date: March 14, 2008

Good morning. I would like to thank Senator McDonald, Representative Lawlor, and the members of the Judiciary Committee for this opportunity to speak on behalf of Raised SB 687. My name is Vicky Graham. I am an Athletic Trainer at Wesleyan University, a member of the Connecticut Athletic Trainers' Association and a volunteer of the American Heart Association. I have over 20 years experience as an Athletic Trainer, including more than 15 years working in intercollegiate athletics, and 5 years working in a high school athletic setting. I would like to thank you for your attention to the issue of Automated External Defibrillators (AED's), both in health clubs and for athletic departments in institutions of higher education. I recognize that the committee has addressed the issue of Good Samaritan immunity protection for the individual or entity that provides the automated external defibrillator, and believe it crucial to successfully implementing any type of public access AED program.

I have some concerns about the language in Section 2 that I would like to bring to your attention. Section 2, lines 69-74 will require that at least one "**certified or licensed athletic trainer**" is on the premises of such athletic department during "**hours of operation.**" First, an Athletic Trainer must be licensed by the Connecticut Department of Public Health in order to practice as an Athletic Trainer in Connecticut. National board certification is a prerequisite for eligibility for Connecticut licensure. An individual can be certified (nationally), but not licensed in Connecticut. I would suggest that the language be amended to read "licensed Athletic Trainer." I would further suggest that the term "hours of operation" be more clearly defined. Does this refer to the times of scheduled intercollegiate athletic practice and games, to a finite time before and after these events, or to business hours of the athletic department? Does the athletic department have a duty to provide a licensed athletic trainer and/or an AED

for activities occurring on the premises (e.g., on its fields or in its facilities) not related to intercollegiate athletics (e.g., club or intramural sports, outside groups leasing the facility)? In Section 2, lines 79-82, the term “premises of the athletic department” is defined as “those premises that are used for a sport that involves **physical contact** between players as a part of normal play, and may include, but need not be limited to, an athletic building or room, gymnasium, athletic field or stadium, or other venue used for athletics.” I have two comments on this section. First, sports that do not involve “physical contact between players as a part of normal play,” have the same risk for sudden cardiac arrest as sports that do involve contact. These sports include, but are not limited to: cross-country, track and field, volleyball, tennis, squash, crew, swimming and diving, gymnastics, and fencing. I suggest that the language in this section be amended to clarify the committee’s intent in this section. My second comment is in regard to precisely what the committee considers to be “**on the premises.**” Does this mean the device should be at the site of each practice or event, or does this mean it should be located within a given response time (e.g., less than 3 minutes)? Although I am sure that these concerns may seem somewhat fastidious to some, I think it is important that the language in the statute be clear.

I would like to follow up those comments by encouraging the committee to consider amending the bill to include a requirement for elementary and secondary schools in Connecticut to have an AED accessible both during and after the school day. Legislation requiring schools to have AED’s has been implemented in a dozen states, including Ohio, New York, and Texas. Texas implemented a requirement to have AED’s in schools and at interscholastic athletic events in August 2007, after multiple tragedies related to sudden cardiac arrest at schools around the state the prior school year. I believe it extremely important for Connecticut to strongly consider providing this protection to students in its schools, and urge the committee to do so.

In regard to Good Samaritan immunity protection for the individual or entity providing the device, I request that the following language be clarified: “the limit of liability provided by this subsection shall not apply to acts or omissions unrelated to the rendering of emergency care.” HB 5503 passed out of the General Law Committee earlier this week. It contains what the American Heart Association considers to be preferred immunity protection language, and I respectfully urge the committee to consider replacing SB 687 immunity protection language with the substitute language in HB 5503.

In conclusion, I truly appreciate the fact that the Judiciary Committee is considering this important legislation. I encourage the Committee to consider the specific points I have raised in section 2 of SB 687, and to consider amending it to include a requirement for elementary and secondary schools in Connecticut to have an AED accessible both during and after the school day. I also urge the committee to clarify the immunity protection language in SB 687, and to consider replacing it with the substitute language in HB 5503, as also recommended by the American Heart Association. Thank you for allowing me to speak today on behalf of SB 687.