

WHO IS RESPONSIBLE FOR PREVENTABLE DEATHS DURING ATHLETIC CONDITIONING SESSIONS?

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Each year, news headlines are overcome by the tragic stories of young athletes suddenly dying as a result of sports participation. Despite the knowledge we have gained from research regarding the prevention of sudden death in sport, many types of death have been more prevalent in recent years (i.e., exertional heat stroke [EHS] and exertional sickling). What is even more troublesome is that most cases of sudden death in sport could be avoided with enhanced prevention, recognition, and treatment plans (2,4). The reality is that most deaths at the high school level occur in the presence of football coaches, and at the college level, they occur during strength and conditioning sessions. The Korey Stringer Institute (ksi.uconn.edu) is focused on preventing these types of tragedies in sport and physical activity.

One explanation for this problem is the lack of awareness and education of these conditions and the passive approach taken by many in dealing with these problems. In other words, instead of school and university administrators, sport coaches, and strength and conditioning coaches merely hoping that these stories will not become a reality to their athletes, schools must start actively assuming the responsibility of reducing risk factors associated with these conditions. First and foremost, this must be addressed by implementing an emergency action plan (EAP) at all athletic venues that hold practices, conditioning sessions, and competitions. The EAP should be thought of as a blueprint for handling emergencies and should be easily understood while establishing accountability for the management of these emergencies (1). Furthermore, when schools are not equipped with proper medical coverage, such as certified athletic trainers (ATCs), to assume the responsibility of carrying out these procedures, athletic directors, strength and conditioning coaches, and coaching staffs ultimately become accountable for the implementation of the school's EAP (3).

In addition, it must be mandatory that all coaches be certified in cardiopulmonary resuscitation (CPR), First Aid, and automated external defibrillators (AED) use. Although it is not feasible, nor intended, to ask staff to acquire the same healthcare knowledge and responsibility as an ATC or

physician, it is reasonable for these individuals to (a) be aware of the common conditions that can cause sudden death in sport; (b) be capable of recognizing these conditions when they occur in their athletes; (c) initiate life-saving first aid that can be administered until medical care (ATC, EMT, MD) is available to take over; and (d) be willing to make changes in their normal practice routines to help prevent these conditions from happening in the first place. Failure to do so is simply unacceptable, especially when these 4 items can save an athlete's life.

Given the enormity of the consequences when something goes wrong, it is imperative that strong policies be created and followed in times of crisis. The first step in confronting these emergency situations is to hire an athletic trainer for your high school or to make sure you have an adequate number of ATCs at the collegiate level. The second step is a rigorous educational plan (basics of relevant medical conditions/knowledge of specific athletes who are at risk and EAPs) for all staff that interacts with the athletes. Third, the NCAA and school administration must ensure that strength and conditioning coaches possess appropriate credentials from legitimate organizations, such as the National Strength and Conditioning Association (NSCA) certified strength and conditioning specialists (CSCS). Only strength and conditioning coaches from organizations that place great value on health and safety should be allowed to supervise athletes. Lastly, the administration must aggressively penalize those who jeopardize the health and safety of the athletes they are supervising. We believe that with diligent effort on behalf of supervising organizations (i.e. NSCA, NCAA) and the academic institutions we can positively influence the health and safety standards during conditioning sessions.

REFERENCES

1. Anderson, JC, Courson, RW, Kleiner, DM, and McLoda, TA. National Athletic Trainers' Association position statement: Emergency planning in athletics. *J Athl Train* 37: 99–104, 2002.
2. Eichner, ER and Anderson, S. Exertional sickling. In: *Preventing Sudden Death in Sport and Physical Activity*. D. J. Casa, ed. Sudbury, MA: Jones & Bartlett Learning, 2012. pp. 129–138.
3. Pagnotta, KD, Mazerolle, SM, and Casa, DJ. Exertional heat stroke and emergency issues in high school sport. *J. Strength Cond Res* 24: 1707–1709, 2010.
4. Stearns, RL, O'Connor, FG, Casa, DJ, and Kenny, GP. Exertional heat stroke. In: *Preventing Sudden Death in Sport and Physical Activity*. D. J. Casa, ed. Sudbury, MA: Jones & Bartlett Learning, 2012. pp. 53–77.

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