Excerpts from *Sport First Aid (4th ed.)* and CPR/AED for Coaches online course

*Sport First Aid (4th ed.)* by Melinda J. Flegel, 2008

CPR/AED for Coaches online course by American Safety & Health Institute, 2008
ISBN 978-0-7360-6941-0

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**Should Coaches Be Trained in CPR/AED Use?**

Some recent news stories have dramatically highlighted cases in which CPR and AED use was crucial in saving lives at youth sport games.

- In Austin, Texas, an offensive line coach was talking to his star defender during a game when the player suddenly fell over unconscious on the bench. Quick action by the athletic trainer, who broke out the team’s AED that hadn’t been used in over four years, saved that player’s life.
- At a high-school basketball game in Fridley, Minnesota, a referee suddenly collapsed on the court. A teenage fan, who had just learned CPR in school, raced court side and administered CPR and applied an AED to the referee. The referee survived to make it to the hospital for emergency surgery, and he’s now doing well.
- In Bethel Park, Pennsylvania, two preteen boys were playing basketball in the family driveway when one of them collapsed. His friend immediately called 911, and a neighbor who knew CPR kept the victim alive until the medics arrived. They stabilized the boy and got him to the hospital, where he received a pacemaker implant.

What if someone suddenly collapsed during one of your practices or games? What would you do? Have you been adequately trained in CPR and AED use?
What if someone suddenly collapsed during one of your practices or games? If your program didn’t have an athletic trainer, and there didn’t happen to be someone trained in CPR and AED use nearby – what would you do? Have you been adequately trained in CPR and AED use? The legal system supports the theory that a coach’s primary role is to minimize the risk of injury to the athletes under the coach’s supervision. This is true even if you are a volunteer coach rather than a paid one. To minimize risk, your legal duties include the following:

- Properly planning the activity
- Providing proper instruction
- Warning of inherent risks
- Providing a safe physical environment
- Providing adequate and proper equipment
- Matching your athletes appropriately
- Evaluating athletes for injury or incapacity
- Supervising activity closely
- Providing appropriate emergency assistance

For this last duty, the law assumes that you, as a coach, are responsible for providing first aid care for any injury or illness suffered by an athlete under your supervision. If no medical personnel are present when an injury occurs, you are responsible for providing emergency care.

“ASEP recommends that all coaches learn basic life support.”

That is why ASEP recommends that all coaches learn basic life support, and why we’ve developed the CPR/AED for Coaches course. Basic life support (BLS), including cardiopulmonary resuscitation (CPR) and defibrillation with an automated external defibrillator (AED), is a skill you must understand in order to respond and provide care as a rescuer. Though you probably hope you’ll never have to use these skills, you should be prepared to act quickly if someone around you requires basic life support.

By giving basic life support to a victim, you’re keeping that person’s respiratory and circulatory systems working until emergency medical services (EMS) arrive. If these systems stop working, oxygen will not be distributed to body tissues, and those tissues will be damaged. Together, external chest compressions and rescue breathing

- deliver enough oxygen to the victim to support life;
- keep blood flow to vital organs;
- provide body tissue, including brain tissue, with oxygen; and
- can double or triple a victim’s chance of survival.
As a coach, you need to be trained to provide basic life support in case any of your team members become severely injured or develop a life-threatening condition.

However, you might have some concerns about what your legal duties will be once you have received certification. The following table from CPR/AED for Coaches will help you understand them better.

### Legal and Ethical Principles of BLS

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<tr>
<th>Principle</th>
<th>Key points</th>
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<tbody>
<tr>
<td>Good Samaritan principle and laws</td>
<td>• Based on the Biblical story. Prevents a resuer who has voluntarily helped a stranger in need from being sued for wrongdoing.</td>
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<td>• In most of North America you have no legal obligation to help a person in need.1 Since governments want to encourage people to help others, they pass Good Samaritan laws (or apply the principle to common laws).</td>
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<td>• You are generally protected from liability as long as you are reasonably careful, act in good faith (not for reward), and do not provide care beyond your skill level.</td>
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<td>• If you decide to help an ill or injured person, you must not leave that person until someone with equal or more emergency training takes over (unless it becomes dangerous to stay).</td>
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<table>
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<tr>
<th>Principle</th>
<th>Key points</th>
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| Consent           | • Consent means permission. A responsive adult must agree to receive first aid care.  
|                   | • Expressed consent means the victim gives his or her permission to receive care. To get consent, first identify yourself. Then tell the victim your level of training and ask if it's OK to help.  
|                   | • Implied consent means that permission to perform care on an unresponsive victim is assumed. This is based on the idea that a reasonable person would give permission to receive lifesaving care if he or she were able.  
|                   | • Children: Consent must be gained from a parent or legal guardian. When life-threatening situations exist and a parent or legal guardian is not available, care should be given based on implied consent.  
|                   | • Elderly: If suffering from a disturbance in normal mental functioning, such as Alzheimer's disease, a victim may not understand your request for consent. Consent must be gained from a family member or legal guardian. |
| Duty to act       | • Duty to act means a legal obligation to do something.  
|                   | • Those with a duty to act are typically designated responders at work or state-licensed health care providers who are required to provide emergency medical care, including CPR, as part of their job. However, an off-duty response would generally be considered a Good Samaritan act (voluntary).  
|                   | • If you are not a designated responder at work or a state-licensed health care provider, generally you do not have a duty to act. |
| Starting and      | Start CPR for all victims of cardiac arrest unless  
| stopping CPR       | • signs of irreversible death are present, including the following:  
|                   | - Rigor mortis (limbs of the corpse are stiff and impossible to move)  
|                   | - Lividity (settling of blood in the lower portions of the body, causing a purplish red discoloration)  
|                   | - Conditions incompatible with life (decomposition, decapitation, massive head injury)  
|                   | • providing CPR would put the rescuer in danger of injury,  
|                   | • victim has a valid Do Not Resuscitate order, or  
|                   | • there are many victims (for example, in a catastrophic natural disaster or terrorist attack).  
|                   | A victim who is not breathing after two attempts to open the airway is considered dead. This is because the time required to provide rescue breathing and external chest compressions is not justified when there are many victims needing first aid.  
|                   | Do not stop CPR until any of the following conditions occur:  
|                   | • A person with equal or more training takes over.  
|                   | • EMS arrives or the victim shows signs of life.  
|                   | • You are exhausted.  
|                   | • The scene becomes too dangerous to continue.  
|                   | **Note:** Except when death is obvious, irreversible brain damage or brain death cannot be reliably assessed or predicted. Rescuers should never make an impulsive decision about the present or future quality of life of a cardiac arrest victim because such decisions are often incorrect. |

1 There are exceptions. Two U.S. states (Vermont and Minnesota) and one Canadian province (Quebec) have failure-to-act laws that require all citizens to assist a victim in need as long as they don’t endanger their own lives.  
Adapted, by permission, from American Safety & Health Institute, 2007, *Complete Emergency Care* (Champaign, IL: Human Kinetics, Inc.), 93–94.
In some states, coaches must meet additional standards of care. Check with your athletic director to find out if your state has specific guidelines for the quality of care to be provided by coaches.

The ASEP CPR/AED for Coaches course, which has an online portion and a classroom portion, provides you with information based on the most current guidelines at the level of CPR and AED for the community and workplace. If you successfully complete this course, you will be awarded certification from the American Safety & Health Institute. The training you receive in this course can save lives.

For information on registering for the ASEP CPR/AED for Coaches course, or on adopting CPR/AED for Coaches for your coaching program or becoming a training center/instructor, call this toll-free number: 800-747-5698.

To order a copy of the book Sport First Aid (4th ed.) click here or call toll free at 800-747-4457.

About the Author

Melinda J. Flegel has more than 20 years of experience as a certified athletic trainer. For 13 years she was head athletic trainer at the University of Illinois SportWell Center, where she oversaw sports medicine care and injury prevention education for the university’s recreational and club sport athletes.

As coordinator of outreach services at the Great Plains Sports Medicine and Rehabilitation Center in Peoria, Illinois, Flegel annually provided athletic training services to athletes at more than 15 high schools as well as consulted with their coaches about sport first aid. As the center’s educational program coordinator and an American Red Cross CPR instructor, Flegel gained valuable firsthand experience in helping coaches become proficient first responders.

Flegel is currently a doctoral student at the University of Illinois; she received her master’s degree in physical education from that university in 1982. She is a member of the National Athletic Trainers’ Association and National Strength and Conditioning Association, and she has been a certified strength and conditioning specialist since 1987.
The **American Safety & Health Institute (ASHI)** is an association of approximately 35,000 professional safety and health educators and more than 5,500 training centers around the world. ASHI training center membership covers a wide range of organizations, including emergency medical service, fire, rescue and law enforcement agencies, hospitals, universities, public school districts, community colleges, vocational schools, charitable foundations, local and federal governments, and public and private corporations and training companies. ASHI’s mission is to continually improve safety and health education by promoting high standards for members, principles of sound research for curriculum development, and the professional development of safety and health instructors worldwide.

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The American Safety & Health Institute has made every effort to ensure that information contained within CPR/AED for Coaches and *Complete Emergency Care* is consistent with current and accepted guidelines. Science and technology are constantly creating new knowledge and practice in safety and health education. These programs are intended to give suggestions as to the proper procedures and protocols. The circumstances of each incident often vary widely. Guidelines for safety and emergency care cannot be given that will apply exactly in all cases. If local or organizational guidelines, practice protocols, or scientific data differs from treatment guidelines in any ASHI–approved program, local, physician-directed protocols should supersede.

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The **American Sport Education Program (ASEP)** is the leading provider of youth, high school, and elite-level sport education programs in the USA. Rooted in the philosophy of "Athletes first, winning second," ASEP has educated more than one million coaches, officials, sport administrators, parents, and athletes. For more than 25 years, local, state, and national sport organizations have partnered with ASEP to lead the way in making sport a safe, successful, and enjoyable experience for all involved. For more information on ASEP sport education courses and resources, call 800-747-5698, e-mail ASEP@hkusa.com, or visit www.ASEP.com.