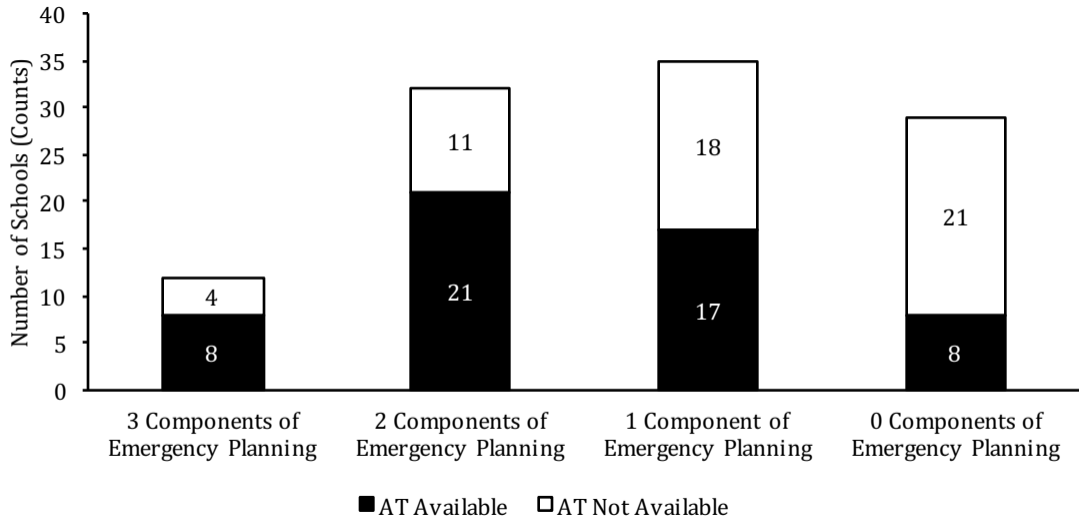
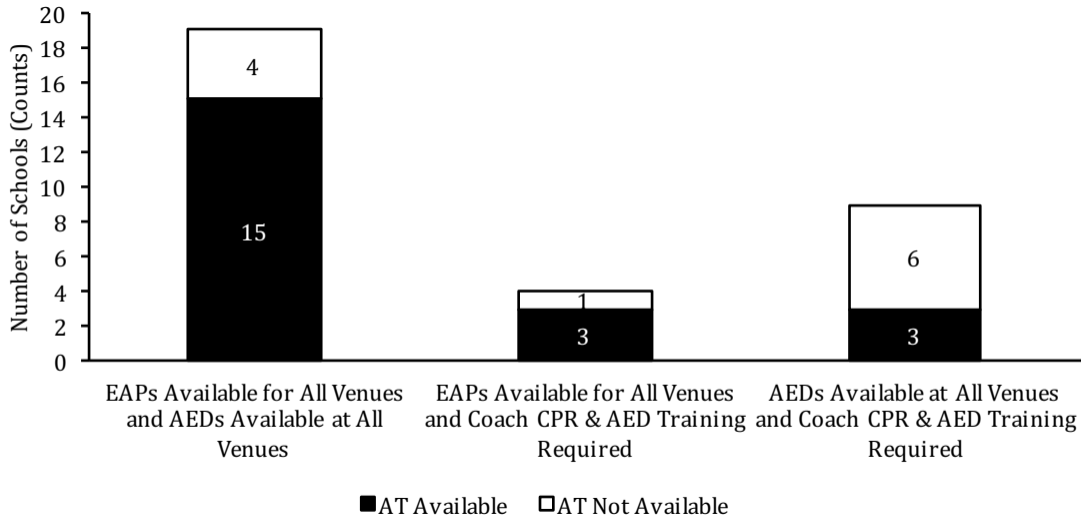


Table 1. Survey Questions

Question	Possible answers
1. Does your school have a certified athletic trainer (ATC) that provides care for athletic injuries and illnesses?	Yes No
2. Do any of the following provide care for <u>athletic injuries and illnesses</u> ? (Mark all that apply.)	A coach A school nurse An emergency responder, e.g. paramedic, emergency medical technician A physical therapist A school administrator Other (please describe) No – none of the above provide care for athletic injuries and illnesses
3. Does your school require coaches to obtain any additional education on athlete healthcare beyond the training mandated by OSAA? (OSAA requires completion of the following: concussion management, heat acclimatization & heat illness prevention, and spirit safety clinic.)	Yes No
<i>If yes > What additional training is required? (Mark all that apply)</i>	CPR AED First Aid Other (Please Specify)
4. Does your school have an AED (automated external defibrillator) that can be obtained and ready to use on a patient in less than four minutes from the time of collapse?	Yes for all athletic venues Yes for some athletic venues, but no for others No
5. Does your school have <u>athletic venue specific emergency action plans for athletic emergency medical situations</u> ? (That is, are there separate emergency action plans for every athletic venue such as the main gymnasium, football stadium, weight room, athletic training room, etc.?)	Yes No

Abbreviations: OSAA: Oregon School Activities Association





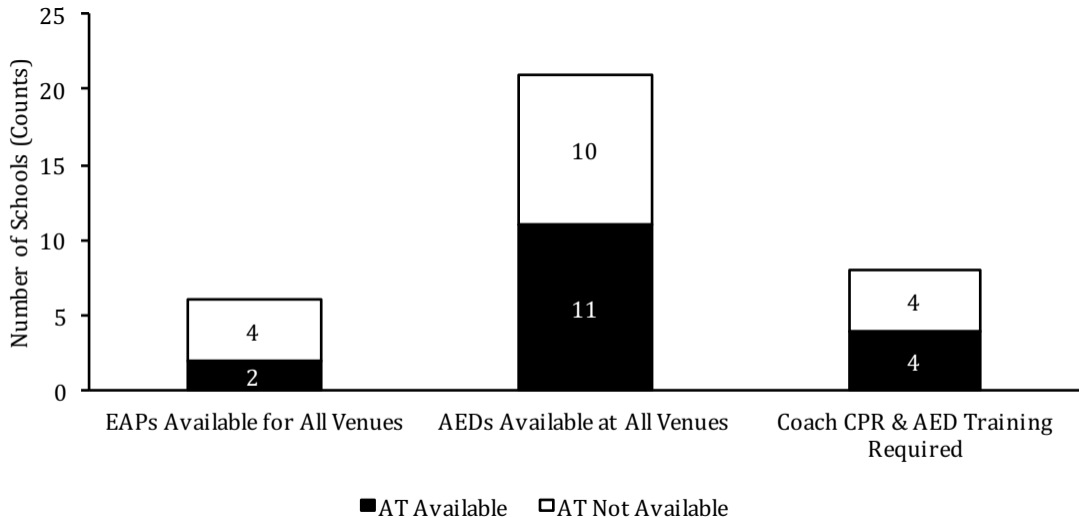


Figure 1: a) There was a significant association between AT availability and adoption of sports-related emergency best practice recommendations (chi-square=10.3, p=0.016) with a trend that the proportion of schools with ATs increased with the number of recommendations adopted (chi-square=9.3, p=0.002). Total schools n=108 (AT available n=54, AT not available n=54). b) Breakdown of which recommendations schools that had adopted *two* of the recommendations had implemented ($n = 32$). c) Breakdown of which recommendation schools that had adopted *one* recommendation had implemented ($n = 35$).

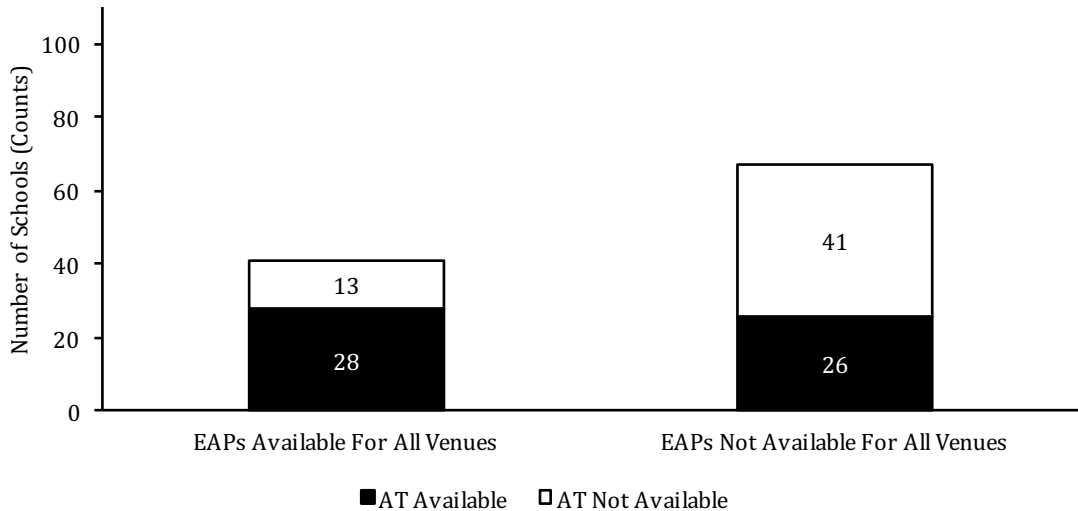


Figure 2: Schools with an AT were more likely to implement venue specific EAPs than school without an AT (52% vs. 24%, $p=0.005$).

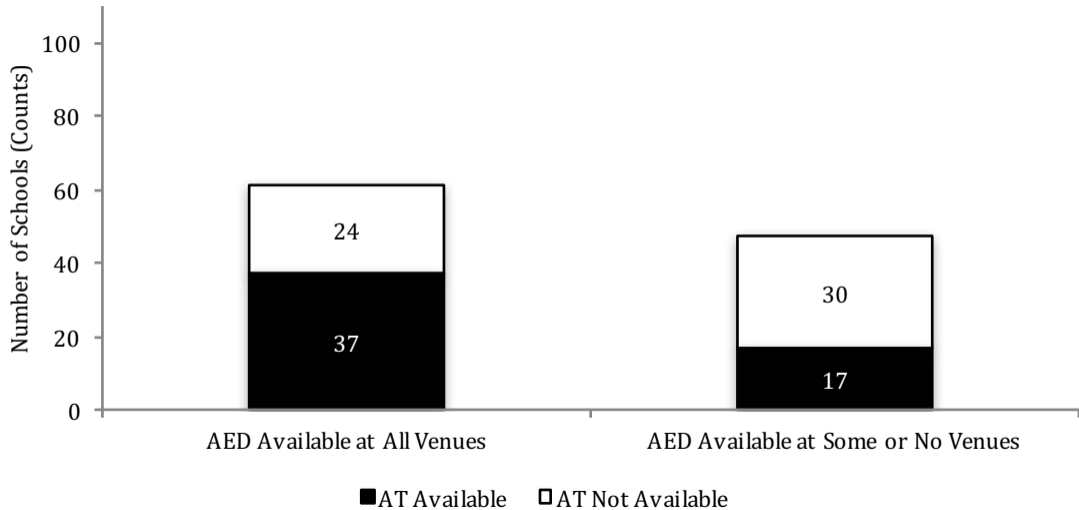


Figure 3: Schools with an AT were more likely to have AEDs available at *all* venues for early defibrillation than schools without an AT(69% vs. 44%, $p=0.019$). Schools that reported having AEDs available for early defibrillation at some venues or not having an AED available on campus were collapsed for statistical analysis. In total 6% of schools ($n= 7$) – all in schools without an AT - reported not having an AED on campus.

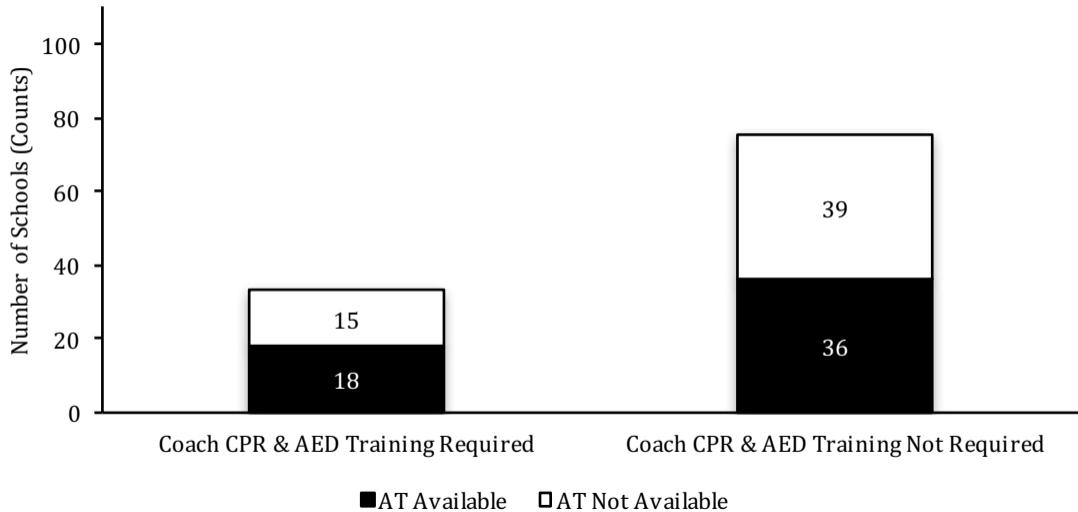


Figure 4: There was no association between schools with and without the services of an AT and whether coaches were required to be trained in CPR and AED use (33% vs. 28%, $p=0.677$).