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# OHIO LEGISLATIVE SERVICE COMMISSION

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H.B. 426  
134<sup>th</sup> General Assembly

## Bill Analysis

**Version:** As Introduced

**Primary Sponsor:** Rep. Brown

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### SUMMARY

- Requires the placement of automatic external defibrillators (AEDs) in each public and chartered nonpublic school and each municipal recreation facility.
- Requires the Department of Health to develop a model emergency action plan for the use of AEDs by public and chartered nonpublic schools, youth sports organizations, and recreation facilities.
- Requires, rather than permits as under current law, each public and chartered nonpublic school and youth sports organization, prior to the start of each athletic season, to hold an informational meeting regarding the symptoms and warning signs of sudden cardiac arrest for student and youth athletes.

### DETAILED ANALYSIS

#### AEDs in schools and recreation facilities

##### Schools

The bill revises the law on the placement of automatic external defibrillators (AEDs) in schools by requiring, rather than only expressly permitting, their placement in schools and by expanding its application.

Current law authorizes each school district, community school, and chartered nonpublic school to require the placement of an AED in each school under its control. It is silent regarding the placement of AEDs in other schools. The bill, however, requires all school districts, community schools, STEM schools, college-preparatory boarding schools, and chartered nonpublic schools to place an AED in each school under its control. It also requires each district and school to ensure that a sufficient number of staff assigned to each school successfully complete an appropriate training course in the use of AEDs. That training requirement currently applies only in the case of those districts and community and chartered nonpublic schools that actually require AED placement in its schools. Under the bill, public schools must incorporate

that training into its mandatory in-service training programs for professional staff. Current law only permits but does not require its inclusion in those in-service programs.

Moreover, each district and school must adopt an emergency action plan for the use of AEDs. They may use the model plan developed by the Department of Health (see below).

Finally, the bill requires the Department of Education to develop a procedure for reporting violations of the bill's requirements to place AEDs in schools.<sup>1</sup>

### **Recreation facilities**

The bill also requires the controlling authorities of municipal recreation facilities to place an AED in each facility under their control. (Municipal corporations, townships, and counties, currently may create boards to supervise and maintains parks, playgrounds, playfields, gymnasiums, public paths, swimming pools, or indoor recreation centers, under the control or supervision of any such municipal corporation, township, or county.)

As in the case of public and nonpublic schools, the bill also requires each controlling authority to have a sufficient number of staff persons at each recreation facility successfully complete an appropriate training course in the use of AEDs and to adopt an emergency action plan for their use.<sup>2</sup>

Finally, the Department of Health must develop a procedure by which persons may report violations of the bill's requirement to place AEDs in recreation facilities.<sup>3</sup>

### **Model emergency action plan**

The bill requires the Department of Health to develop a model emergency action plan for the use of AEDs which may be used by public and chartered nonpublic schools, youth sports organizations, and recreation facilities in developing their own plans. The model plan must require that the plan be practiced at least once a year.<sup>4</sup>

### **Sudden cardiac arrest information in student and youth athletes**

The bill requires, rather than permits as under current law, public and chartered nonpublic schools and youth sports organizations to hold informational meetings regarding the symptoms and warning signs of sudden cardiac arrest for all ages of students or youth athletes, prior to the start of each athletic season.<sup>5</sup>

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<sup>1</sup> R.C. 3313.6023, 3313.717, 3314.16, 3326.11, and 3328.24.

<sup>2</sup> R.C. 755.13.

<sup>3</sup> R.C. 3701.851.

<sup>4</sup> R.C. 3701.851.

<sup>5</sup> R.C. 3313.5310(B) and 3707.58(B); R.C. 3313.5310 applies to community schools, STEM schools, and college-preparatory boarding schools through references in R.C. 3314.03(A)(11)(d), not in the bill, 3326.11, and 3328.24.

The Department of Health also must develop a procedure for reporting youth sports organizations that violate the protocols regarding sudden cardiac arrest in continuing law and the bill's mandatory information meeting provision.<sup>6</sup>

### **Background – sudden cardiac arrest protocols**

Continuing law prescribes the following protocols for recognizing sudden cardiac arrest in student and youth athletes:

1. Each student and youth athlete, before participating in an athletic activity, must submit a signed form indicating review of sudden cardiac arrest guidelines, which the Departments of Health and Education must develop jointly;
2. A student or youth athlete must be evaluated and cleared by specified health professionals before participation if (a) the student or athlete's biological parent, sibling, or child has experienced sudden cardiac arrest, or (b) the student or athlete is known to have exhibited syncope or fainting at any time before or following an athletic activity;
3. A coach must remove a student or youth athlete from participation if the student or athlete exhibits syncope or fainting, and prohibits the student or athlete from returning to participation until evaluated and cleared by a specified health professional; and
4. An individual may not coach an athletic activity unless the individual has completed, on an annual basis, a sudden cardiac arrest training course approved by the Department of Health.<sup>7</sup>

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## **HISTORY**

Action	Date
Introduced	09-20-21

H0426-I-134/ec

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<sup>6</sup> R.C. 3701.851.

<sup>7</sup> R.C. 3313.5310, 3707.58, and 3707.59, latter not in the bill.