



**Hearing before the New York City Council
Committee on Parks & Recreation
Hearing: Intro(s) 161, 1009, and 1042
February 7, 2019**

Testimony By: Matt Drury, Director of Government Relations

Good morning, Chair Grodenchik, Members of the Parks Committee and other Members of the City Council. My name is Matt Drury, Director of Government Relations at NYC Parks, and I'm joined today by Diane Jackier, our agency's Chief of Capital Strategic Initiatives. Thank you for inviting us today to discuss three bills; Introduction 161, regarding NYC Parks' online Capital Project Tracker, along with Introduction 1009 and Introduction 1042, which concern the use and distribution of Automated External Defibrillators, also known as AEDs. I'll address these bills in numerical order, beginning with Introduction 161.

The Capital division at NYC Parks is primarily responsible for the management of over 630 active park improvement projects currently underway throughout the City, ranging in scale from targeted asphalt and pathway paving to the complete reimagining and reconstruction of entire park properties. As we have testified before this committee in recent years, this administration has made great strides in demonstrating our commitment to delivering projects on-time and on-budget, in a manner that incorporates a tremendous degree of transparency and public engagement. This spirit of openness is best embodied by the development of the NYC Parks Capital Project Tracker, launched in Fall 2014. The Tracker, an online searchable tool which can be accessed publicly via the NYC Parks website, is one of the most robust project trackers of its kind that has been made publicly available by a City agency.

The Capital Project Tracker is updated daily and allows anyone, be it an elected official, supporter of a specific park, or just your average curious New Yorker, to look up a specific park and learn more about any capital project's status, including helpful project information compiled and posted by our Capital staff. I'm proud to update the Council that to date, the Tracker has received over 618,000 website visits, and last year, the Tracker saw an average of 556 pageviews per day, giving citizens the information they need and deserve about park improvements for their community, updated in real time. Information on the tracker for each project includes a description of the project and its location, the actual or estimated timelines for each project phase, a description of the project's budget, including the sources of funding; and even often includes conceptual design documents, to give the public a glimpse of the improvements being made, so they know to expect when the project is complete. This information, available to the public at any time, is above and beyond the regular project updates routinely provided to Council Members, Community Boards, and other constituencies and advocates for specific projects.

The existence of the Capital Project Tracker is codified via Local Law 98 of 2015, and Introduction 161, as drafted, would amend the Administrative Code to compel that the Tracker display several additional data points for each individual project. We appreciate the intent behind this legislation, as we believe the Tracker in its current form clearly demonstrates an unprecedented commitment to public transparency. However, we feel strongly that the Agency's primary responsibility regarding park improvement projects is to deliver them faster and within budget. Every moment that our Capital staff spends on satisfying additional reporting requirements or managing other administrative burdens is a moment they are not focusing on getting these projects done on-time and on-budget. As Commissioner Silver and other senior



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staff have testified before this Committee, that is the top priority for our Capital division, and we've heard loud and clear that Council Members feel the same. As you are aware, there has been significant positive change in regards to our agency's capital project delivery. In Commissioner Silver's time as leader of the agency, NYC Parks has been able to shave several months off the capital process, specifically during design, while minimizing construction delays. We have streamlined internal design reviews, worked closely with the Public Design Commission to develop new approaches for project review, and instituted regularly scheduled coordination meetings to note potential projects that may be problematic and do our best to address emerging concerns swiftly. Regarding the construction phase for projects, we have altered our approach to change orders, last-minute alterations which can add months to a project's timeline, and reduced them by nearly 80%, as we now insist that a construction change order be directly related to life safety or other emergency needs if it is to be approved.

The agency is always looking for more ways to improve on its work and will continue these efforts, but if we are to be successful, it is important that the Council support this endeavor and help us avoid the inadvertent distraction and misallocation of resources made necessary by additional administrative and reporting requirements. Further, there are specific elements of the current legislation that would prove technically challenging to fulfill, and in some cases, potentially problematic from a legal perspective. NYC Parks fully embraces the spirit of transparency that this bill aims to achieve, and we welcome further discussion on the citywide capital process, including the similarly-themed legislation such as Introduction 113, which would compel the creation of a website to track all City capital projects, for which a Council hearing has been scheduled for later this month. We would be happy to continue to work with the Council and discuss improvements to the City's capital process writ large, as well as targeted ways in which we can augment our public communication efforts without negatively impacting the project management workflow that we have strived to improve in recent years, to great positive effect.

I'd like to now shift focus to discuss the legislation concerning automated external defibrillators, or AEDs, and provide a little context about the agency's use of these devices. At NYC Parks, the safety of our park patrons is always first and foremost on our minds, and we want to ensure that trained individuals can have the necessary equipment to intervene in emergency situations, which can help save lives. In accordance with New York City Local Law 20 of 2005, NYC Parks currently has a total of 85 AEDs located in 69 facilities across our park system, as well as 36 of our golf course and athletic facility concessions. We also retain additional AEDs at select seasonal locations, including approximately 25 units at lifeguard stations along our recreational beaches. Generally speaking, the units are stored in mounted cabinets located in buildings that are supervised by staff. At each location, we have staff who are trained in the use of AEDs present at the facility at all times during operating hours. Parks has over 850 employees that are currently trained as AED responders, including Parks Enforcement Patrol officers, recreation center staff, and administrative staff. To maintain their training credentials, they are required to attend training every two years at the Parks Academy, the training arm of our Budget & Human Resources division.

Introduction 1009 would add pool facilities under the jurisdiction of NYC Parks to the definition of publicly accessible areas where AEDs must be present, and appropriately trained personnel must be available. I'm pleased to report that the availability of AEDs and trained personnel is already standard operating procedure at our 34 Olympic and Intermediate outdoor pools. Adding this requirement would compel the agency to expand AED installation and staff training, for an additional 19 outdoor mini-pools and 12 indoor pools. We are supportive of the intent of



NYC Parks

the legislation, though we would, of course, need to work with the Mayor's Office of Management & Budget through the normal budget process to assess specific cost implications.

NYC Parks works closely with youth baseball and youth softball leagues that play and practice on ballfields under our jurisdiction, as we distribute AED units and provide training courses for adults involved in the leagues, pursuant to Local Law 57 of 2016 and Local Law 119 of 2018. Building and executing this program has required a very substantial administrative and organizational effort on the part of the agency, in coordination with various stakeholders. Since the Local Law took effect in Spring 2017, we have engaged over 250 youth baseball leagues and 100 youth softball leagues, distributed over 1,800 AEDs, and facilitated AED training for over 4,000 adults. We have also engaged in a thorough educational effort to ensure that the youth leagues are aware of their responsibility to keep the AED units on hand during games and practices, with appropriately trained adult supervision on hand at all times. We are pleased to report that we are not aware of any instances in which an AED unit needed to be deployed by the youth leagues in an emergency medical situation.

As currently drafted, Introduction 1042 would amend current law to grant the agency the authority to distribute unused AED units to youth leagues for sports other than softball or baseball. Given current agency budgeting and purchasing practices, our current portfolio of AED units reflects the need to ensure consistent compliance with existing law, and it is difficult to envision any practical scenario in which a substantial number of AED units would be available for a re-distribution scheme to additional youth leagues. Further, it appears that the proposed legislation would not compel said youth leagues to have the devices on hand at games and practices, or to have properly trained adults present, which could potentially lead to confusion and harmful circumstances. However, we appreciate the spirit of this legislation and the creativity of this approach, and are very much open to further discussion with the bill sponsor and other Council Members regarding access to safety equipment.

To conclude, we appreciate the Council's interest and advocacy regarding these topics, and look forward to continuing to work with you and your colleagues to make New York City's parks and playgrounds better than ever. NYC Parks is committed to our shared goals of transparency and public safety, and is always happy to participate in dialogue about how best to be able to achieve those goals. Thank you again for inviting us to speak today and testify, and we will now be pleased to answer any questions that you may have.



THE CITY OF NEW YORK
INDEPENDENT BUDGET OFFICE

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Testimony of Daniel Huber
Environmental Analyst, New York City Independent Budget Office
To the New York City Council Committee on Parks and Recreation
Regarding Reporting on Park Capital Expenditures
February 7, 2019

Good Morning Chairman Grodenchik and members of the Committee on Parks and Recreation. I am Daniel Huber, the environmental analyst at the New York City Independent Budget Office. Thank you for the opportunity to testify today regarding Intro 161. The Intro would expand the information the Department of Parks and Recreation is required to report on its online Capital Project Tracker—a useful tool that already provides detail on each project’s location, phase, funding level, and timeline. New data required by Intro 161 would include information on the reasons for capital project delays and the cause and extent of cost overruns.

IBO’s role is to provide nonpartisan information on the city’s budget to members of the Council, other elected officials, and the public. Although we generally do not make recommendations, we are in favor of increasing government transparency, especially when it comes to budgeting, and for disclosing additional information of the sort required in Intro 161.

As IBO’s environmental analyst, I often receive questions about parks department capital projects. These questions range from the status of a local project to broader questions about the city’s capital budgeting process. While we can provide information on changes in the overall budget and shifts in funding for specific projects, we often run into roadblocks when trying to track and identify the *cause* of project delays and cost overruns—which is often what requesters most want to know.

Identifying the cause of a delay or a cost overrun for a specific project is difficult given the nature of New York City’s Capital Commitment Plan, the city’s capital planning document. In terms of delays, the Capital Commitment Plan provides little detail on the planned timeframe of a capital project. In fact, the parks department Capital Project Tracker already provides more information than is available in city budget documents because it contains a project timeline, with estimated start and completion dates. The commitment plan does contain a “milestone” field to indicate the project’s current status along with projected start and end dates. Unfortunately these fields are generally left blank. Moreover, even when status is included, it is rarely updated between plans.

Recognizing a cost overrun in city budget documents is similarly difficult. The Capital Commitment Plan is divided by budget line and then by project. A project may be either for discrete work (for example, “Orchard Beach Pavilion & Ancillary Reconstruction”) or it may be for a bundle of similar projects (for example, “Parks Security Measures Citywide”). While the commitment plan provides the total funding

planned for a project, there is little detail on funding for the project's individual components. Moreover, it is often unclear if the funding levels represent the total estimated cost of the project. If funding is increased in subsequent plans, it can be difficult to discern whether the new funding level represents an increase in cost (an overrun), a change of scope, or if the additional funds were part of the initial cost estimate, but are just newly reflected in the city's budget documents.

It is important to note that difficulty in identifying delays and cost overruns is not limited to the parks department; it is something we encounter with capital projects citywide. The parks department is actually already more transparent about its capital projects than other city agencies because of its online Capital Projects Tracker. The tracker is a valuable resource that we use routinely and we often assist members of the public in using it as well.

In summary, parks capital projects are an area of intense public interest and adding information to the Capital Projects Tracker, particularly on the extent of and reasons for delays and cost overruns, would help shed light on an opaque process. Given IBO's support for increased transparency and data sharing in general, perhaps the enhanced Parks Capital Project Tracker could be an example for other agencies on how to communicate progress and provide detailed information on their capital projects.

Thank you and I am happy to answer any questions.



American Heart Association
10 East 40th Street, 11th Floor, New York, NY 10016
www.heart.org

Testimony of the American Heart Association

Before the New York City Council Committee on Parks and Recreation

Re: Int 1009 - In relation to requiring automated external defibrillators and trained personnel at all city pool facilities; and
Int 1042 - In relation to distributing excess automated external defibrillators from youth baseball and softball to other sports.

February 7, 2019

Robin Vitale, Vice President, Health Strategies
American Heart Association
New York City

Good morning, Chair Grodenchik and members of the Council Committee on Parks and Recreation. My name is Robin Vitale and I serve as the Vice President of Health Strategies for the American Heart Association in New York City. Our mission, to be a relentless force for a world of longer, healthier lives, motivates my testimony today in support of the Council's efforts to further strengthen the city's emergency response plan for sudden cardiac arrest victims.

The American Heart Association is one of our nation's strongest advocates for the Chain of Survival. This chain – early initiation of 911, early access to cardiopulmonary resuscitation (CPR), early use of an automated external defibrillator (AED) and early response by EMS – is the most effective way to save lives from a cardiac emergency. The proposals under consideration today – Intro 1009 and Intro 1042 – both seek to address the second link of the chain by making AEDs more readily available when the public might need them.

Sudden cardiac arrest occurs when electrical impulses in the heart become rapid or chaotic, which causes the heart to suddenly stop beating. It can happen to anyone at any time for a variety of reasons. It is not the same thing as a heart attack. A heart attack occurs when the blood supply to part of the heart muscle is blocked. However, a heart attack may cause cardiac arrest.

The chest compressions of CPR will move oxygenated blood around the body allowing a victim's organs to remain viable until EMS arrives. However, chest compressions alone will likely not re-start a heart that has gone into arrest. This is the role of the automated external defibrillator. AEDs are computerized devices with audio prompts that guide the user through the critical steps of operation. The equipment is essentially fool-proof and will not activate unless a true cardiac emergency exists. The individual attending to the victim turns the AED on and attaches it with adhesive electrodes or pads. The AED automatically records and analyzes the victim's cardiac rhythm. If a shock is indicated as necessary, the AED charges to the appropriate energy level and prompts the rescuer to deliver a shock. If the device is fully automated and a shock is indicated, the AED can deliver a shock without further action by the rescuer. The device updates the responders after the shock is administered so chest compressions can be quickly resumed.

Sudden cardiac arrests most often occur at home (69.9%), followed by public settings (18.8%) and nursing homes (11.4%).¹ While cardiac arrest cannot necessarily be prevented, it is largely reversible in most cases provided an effective response plan is in place.² The American Heart Association encourages our city leadership to consider a response plan for all New Yorkers that allows bystanders access to AEDs whenever needed. By mandating that AEDs be placed in city-run swimming facilities, as well as athletic fields, parks, ferry terminals, nursing homes, senior centers, golf courses, stadiums and certain health clubs, in addition to other locations required by state law, New York City is making strides to improve access to these life-saving devices. We further encourage an effort that will provide linkages among these many site locations while considering any remaining gaps that could weaken response.

Approximately 10% percent of victims survive sudden cardiac arrest.³ For every minute that passes without CPR being administered, the chance of a victim's surviving cardiac arrest decreases by 10%.⁴ Effective bystander CPR, including the use of an AED, provided immediately after cardiac arrest occurs can double or triple a victim's chance of survival, but only 41 percent of cardiac arrest victims receive CPR from a bystander.⁵ Overall, only about 2% of victims receive a shock from an AED prior to EMS arrival.⁶ African-Americans are almost twice as likely as Caucasians to experience cardiac arrest at home, work or in another public location. Yet their survival rates are twice as poor as for their white counterparts.⁷ Bystanders are less likely to initiate CPR for people with

¹ Centers for Disease Control and Prevention. 2017 Cardiac Arrest Registry to Enhance Survival (CARES) National Summary Report. <https://mycares.net/sitepages/uploads/2018/2017%20Non-Traumatic%20National%20Summary%20Report.pdf>. Accessed February 6, 2019

² http://www.heart.org/HEARTORG/Conditions/HeartAttack/AboutHeartAttacks/Heart-Attack-or-Sudden-Cardiac-Arrest-How-Are-They-Different_UCM_440804_Article.jsp#.WtQLva2ovDc

³ Centers for Disease Control and Prevention. 2017 Cardiac Arrest Registry to Enhance Survival (CARES) National Summary Report. <https://mycares.net/sitepages/uploads/2018/2017%20Non-Traumatic%20National%20Summary%20Report.pdf>. Accessed February 6, 2019

⁴ Go, AS, et al. Heart Disease and Stroke Statistics -- 2013 Update: A Report From the American Heart Association. *Circulation*. December 12, 2012.

⁵ Girotra S, van Diepen S, Nallamothu BK, Carrel M, Vellano K, Anderson ML, McNally B, Abella BS, Sasson C, Chan PS; in collaboration with the CARES Surveillance Group and the HeartRescue Project. Regional variation in out-of-hospital cardiac arrest survival in the United States. *Circulation*. 2016;133:2159–2168. doi: 10.1161/CIRCULATIONAHA.115.018175
<http://circ.ahajournals.org/content/circulationaha/early/2018/01/30/CIR.000000000000558.full.pdf>

⁷ *Circulation*. 2010; 122: S676–S684 doi: 10.1161/CIRCULATIONAHA.110.970913v

sudden cardiac arrest in low-income Black or Hispanic neighborhoods than in high-income white neighborhoods.^{8,9}

Working to address this disparity, the AHA sought the passage of a New York State Chancellor's Regulation in 2015 that requires every high school student be trained in Hands-Only CPR and the use of an AED prior to graduation.¹⁰ While certification is still mandated by expected rescuers, this layperson-focused, simple training is intended to promote bystander response across all barriers. It is expected that our general population will begin to take a more active role in response to cardiac arrest victims in our city. Akin to the knowledge of using a fire extinguisher, the AHA hopes to increase the awareness of available automated external defibrillators and encourage their use in the case of a cardiac emergency.

This increase in knowledge for bystander training, coupled with the broadening availability of AEDs for layperson use promises to dramatically improve response to victims in cardiac arrest. The American Heart Association is grateful for the leadership of our New York City Council and appreciates the opportunity to work with our champions in order to improve access to AEDs for all victims of cardiac arrest in our city. By reviewing the locations being required to host an AED and consider remaining gaps for future placement in a way that permits widespread access, we are certain lives will be saved.

8 Sasson C, Magid DJ, Chan P, Root ED, McNally BF, Kellermann AL, Haukoos JS. Association of neighborhood characteristics with bystander initiated CPR. *N Engl J Med.* 2012;367:1607-1615.

9 Moon S, Bobrow BJ, Vadeboncoeur TF, Kortuem W, Kisakye M, Sasson C, Stolz U, Spaite DW. Disparities in bystander CPR provision and survival from out-of-hospital cardiac arrest according to neighborhood ethnicity. *Am J Emerg Med.* 2014;32:1041-1045. doi: 10.1016/j.ajem.2014.06.019.

10 <http://www.counsel.nysed.gov/common/counsel/files/rulesandregs/100.2%28c%29%2811%29%20TERMS.pdf>

Good morning. My name is Steven Tannenbaum and I was born and educated in Brooklyn, New York. I attended law school at New York Law School, just a few short blocks from here. I am here to testify as a living example of why AEDs should be made readily available and accessible to all New Yorkers by placing them at pools and at athletic fields.

In three weeks I will turn 66 years old, but my real birthday is actually May 6, 2009 so I'm just about to be 10 years old. On that day in May, just about 10 years ago, I died from a sudden cardiac arrest on a softball field while playing at a park in Oceanside New York. Statistically, about 1000 other Americans suffered from a sudden cardiac arrest same day and only about six or 7% survived to tell this story, much as I am telling mine.

Sadly, there was no AED readily available on that softball field because there was no law requiring its presence. My life would have ended that day, at that time, but I had the good fortune to have a police car in the immediate vicinity of where I suffered my sudden cardiac arrest. Once the 911 call went out following my arrest, I have been told that the police car that responded contained an AED and I was shocked three times by the automated external defibrillator within three minutes. That is why I am alive today and why I am here to share my experience with you.

Instead of referring to May 6, 2009 as the day that I died, I can now refer to it as my re-birthday. I'm here today in the hope that thousands of other New Yorkers will have the same second chance at life that I have had. It is critical that we have AEDs, together with cardiac emergency response plans, immediately available to as many New Yorkers as possible, particularly to those engaged in athletic activities. As good as our ambulance and police crews are, with the congestion in New York City, sudden cardiac arrest victims do not have the luxury of waiting for a first responder to arrive within AED.

CPR and AED usage by the lay population have been proven to be critical in saving the lives of sudden cardiac arrest victims. My goal here is to create many more happy re-birthdays and to end preventable loss of life from sudden cardiac arrest.

Today, we have an opportunity to continue to make New York the safest big city in America and I urge you to take this critical step to support this mission. Thank you for your time and for your consideration.

Respectfully yours,

Steven B. Tannenbaum



NEW YORK STATE ATHLETIC TRAINERS' ASSOCIATION
STATEMENT

Regarding New York City Council's Committee on Parks Recreation hearing on February 7, 2019 on one bill relating to updated information on parks capital projects and two bills relating to the provision of Automatic External Defibrillators:

- 1) Int. No. 1009 "A Local Law to amend the administrative code of the city of New York, in relation to requiring automated external defibrillators and trained personnel at all city pool facilities" This bill would require the Department of Parks and Recreation to provide an automated external defibrillator at every pool facility under its jurisdiction, as well as at least one employee trained to use an AED present during all hours of pool supervision.

- 2) Int. No. 1042 "A Local Law to amend the administrative code of the city of New York, in relation to distributing excess automated external defibrillators from youth baseball and softball to other sports." This bill would permit the Department of Citywide Administrative Services and the Department of Parks and Recreation to distribute any extra automated external defibrillators, also known as AEDs, they have after they fulfill their obligation to provide AEDs to youth baseball and softball leagues.

- 3) Int. No. 161 "A Local Law to amend the administrative code of the city of New York, in relation to reporting on park capital expenditures." This bill would require the Department of Parks and Recreation (DPR) to expand its web based capital projects tracker to include more detailed information regarding its capital projects, including the reasons for delays, the dates projects were fully funded, the total number of projects in its portfolio, projected and actual cost overruns, individual sources of funding and the length of time it took to complete each project.

NYSATA thanks the Council for the invitation to attend the hearing and apologizes for not having in person representation. Please accept this statement as comment on the proposed bills for discussion.

The NYSATA supports any proposals that increase physical active persons' safety. As such, Automated External Defibrillators (AEDs) have proven to be an effective means to mitigate sudden cardiac arrest and have the potential to reduce morbidity and mortality when they are made available and applied in a timely manner.^{1,2} Having at least one AED trained employee on duty will enhance the overall

effectiveness of this initiative. The rate of survival from sudden cardiac arrest fall 7-10% for each minute that CPR/AED is delayed.^{1,2}

Distributing extra AEDs to be used by other youth leagues would allow access to the same life-saving technology that is already available to your youth baseball and softball leagues. NYSATA strongly supports the availability of AEDs at any venue in which physical activity (youth or adult) will be occurring.

The NYSATA would also suggest, if they don't already exist, that each park or pool that an AED is to be placed, establish a written and have posted an Emergency Action Plan (EAP). An EAP provides the necessary information and steps (i.e. phone numbers, directions, entrances/exits, etc) of the specific venue to better facilitate the next level of care, such as emergency medical services, police and or fire response (depending the jurisdiction), while care is given at the scene.^{3,4}

"AT Your Own Risk" (general public's website of the National Athletic Trainers' Association) and The Korey Stringer Institute have some very good resources and templates on EAP.^{4,5} Refer to <https://www.atyourownrisk.org/> and <https://ksi.uconn.edu/prevention/emergency-action-plans/> for supporting information.

The New York State Athletic Trainers' Association (NYSATA) was established in 1976 with a mission to advance, encourage, and improve the profession of athletic training by developing the common interests of its membership for the purpose of enhancing the quality of health care for the physically active in New York State.⁶ The National Athletic Trainers' Association (NATA) is the professional membership association for certified athletic trainers. It was founded in 1950 and has over 50,000 members worldwide.⁷

Athletic Trainers (ATs) are regulated by the New York State Education Department as one of the more than 50 licensed professions in NY.⁸ ATs are certified based on completion of accredited programs at the bachelor or master level, which are offered at 10 colleges/university programs in NY. All professional entry-level athletic training programs are accredited by the Commission on Accreditation of Athletic Training Education (CAATE).⁹

Current NYSATA Executive Leadership:

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Arturo (Roy) Flores, MS, ATC
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Bob O'Malley, MEd, ATC, OTC, CES
Head Athletic Trainer
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References:

- 1) Casa DJ et al. National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports. *Journal of Athletic Training*. 2012;47(1): 96-118. <https://natajournals.org/doi/pdf/10.4085/1062-6050-47.1.96>
- 2) The Korey Stringer Institute. Automated External Defibrillators. <https://ksi.uconn.edu/prevention/automated-external-defibrillators/>
- 3) Anderson JC et al. National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics. *Journal of Athletic Training*. 2002;37(1):99-104. <https://www.nata.org/sites/default/files/emergencyplanninginathletics.pdf>
- 4) The Korey Stringer Institute. Emergency Action Plans. <https://ksi.uconn.edu/prevention/emergency-action-plans/>
- 5) AT Your Own Risk (A Safer Approach to Work, Life and Sport). <https://www.atyourownrisk.org/>
- 6) New York State Athletic Trainers' Association. NYSATA Mission Statement. NYSATA website. <https://www.gonysata2.org/>
- 7) National Athletic Trainers' Association. NATA website. <https://www.nata.org/>
- 8) New York State Education Department. Office of Professions. Athletic Training. <http://www.op.nysed.gov/prof/at/>
- 9) Commission on Accreditation of Athletic Training Education (CAATE) website. <https://caate.net/public/>



February 7, 2018

New York City Council
City Hall
250 Broadway Street
New York City, NY 10007

Dear New York City Council Members:

RE: Int 161 – In relation to reporting on park capital expenditures.
Int 1009 – In relation to requiring automated external defibrillators and trained personnel at all city pool facilities.
Int 1042 – In relation to distributing excess automated external defibrillators from youth baseball and softball to other sports.

The National Athletic Trainers' Association would like to register its support for the above listed agenda items being considered by the Committee on Parks and Recreation during the public hearing being held on Thursday, February 7, 2019 at 10:00AM.

According to the American Heart Association, more than 350,000 Americans – including about 7,000 children – experience cardiac arrests outside of the hospital. Evidence suggests the risk of a cardiac event is higher during or immediately following, vigorous exercise. The use of an Automated External Defibrillator (AED) in addition to cardiopulmonary resuscitation (CPR) during sudden cardiac arrest significantly increases a victim's chances of survival. The National Athletic Trainers' Association (NATA), as a leader in health care for physically active patients, strongly encourages communities to have access to an AED whenever possible as they should play a significant role in every emergency action plan.

NATA represents more than 45,000 members of the athletic training profession across the country. Athletic trainers are health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and sport-related illnesses. They prevent and treat chronic musculoskeletal injuries from sports, physical and occupational activity, and provide immediate care for acute injuries. If you need additional information, please contact Deanna Kuykendall, NATA's Manager of State Government Affairs, by email at deannak@nata.org or by phone at (972) 532-8803.

Sincerely,

Tory Lindley MA ATC
NATA President

David Saddler
NATA Executive Director

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1009 1020 Res. No. _____

in favor in opposition

Date: 2/7/19

(PLEASE PRINT)

Name: Melinda Murray

Address: 100-1031 Avenue, East Elmhurst NY

I represent: Self (mother of a cardiac arrest victim)

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/7/19

(PLEASE PRINT)

Name: Matthew Drury

Address: The Arsenal

I represent: NYC Parks

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/07/19

(PLEASE PRINT)

Name: Diane Jackier

Address: The Arsenal

I represent: NYC Parks

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. 1009 + 1042 Res. No. _____

in favor in opposition

Date: 2/7/19

(PLEASE PRINT)

Name: Robin Vitale

Address: 10 E. 40th St. 11th Fl New York NY

I represent: American Heart Association

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. 161 Res. No. _____

in favor in opposition

Date: 2/7/2019

(PLEASE PRINT)

Name: Dan Huber

Address: 110 William St. 14th Floor

I represent: Independent Budget Office

Address: 110 William

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. 1009 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Ismael Galvez

Address: 411 E 32 St

I represent: American Heart Association

Address: _____



Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1042 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: DAVID HURTZ

Address: A Plezzo Pl

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1042 Res. No. _____

in favor in opposition

Date: 2/7/19

(PLEASE PRINT)

Name: Andrew Zelcer

Address: 124 Hudson St NY NY 10013

I represent: Downtown Little League

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 109/1042 Res. No. _____

in favor in opposition

Date: 2/7/19

(PLEASE PRINT)

Name: Steven Tannenbaum

Address: 2910 Hewlett Ave. Merrick, NY 11566

I represent: ATA

Address: _____

Please complete this card and return to the Sergeant-at-Arms