



Hearing before the New York City Council  
Joint Hearing- Committee on Parks & Recreation/Committee on Health  
Intro 902- A Local Law to amend the administrative code of the city of New York, in relation to requiring defibrillators at baseball fields where youth leagues play.

October 13, 2015

Testimony By: John Luisi, Assistant Commissioner for Compliance

Good morning, Chair Levine, Chair Johnson, Council Member Matteo, and members of the Parks & Recreation and Health Committees, I am John Luisi, Assistant Commissioner for Compliance at the New York City Department of Parks & Recreation. Joining me on this panel are Matt Drury, Director of Government Relations. Additionally, we have with us today representatives from the New York City Fire Department and the New York City Department of Health and Mental Hygiene. Thank you for inviting me to testify today regarding Intro 902, which would require defibrillators at baseball fields where youth leagues play.

At NYC Parks, the safety of our park patrons is always first and foremost on our minds, and we agree with the Council that ensuring that trained individuals have the necessary equipment to intervene in emergency situations can help save lives. In accordance with New York City Local Law 20, NYC Parks currently has a total of 82 Automatic External Defibrillators (AED), located in 69 facilities across our park system, as well as an additional 25 seasonal AEDs at lifeguard stations during beach season. 36 of our golf course and athletic facility concessions keep AEDs on site as well. Generally speaking, the units are stored in mounted cabinets located in buildings that are supervised by staff. At each location, we have at least one staff person 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 members of our Parks Enforcement Patrol officer corps, 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. The training curriculum consists of American Red Cross Adult and Pediatric First Aid, CPR, and AED classes. We also accept proof of Red Cross or American Heart Association training for an employee who has received recent training outside the agency, as equivalent programs which meet state and local requirements.

A defibrillator can only save lives if it's accessible and ready to be used, and Parks takes this responsibility very seriously. To insure that the AED units at Parks-managed facilities are in good working order, trained staff performs daily and monthly inspections of each unit, and our staff conducts additional unannounced inspections of AEDs at our recreation centers and administrative buildings. Twice a year, NYC Parks also conducts an agency-wide internal assessment of all AEDs at Parks-managed facilities to ensure that we adhere to state and local law, the manufacturer's recommended guidelines and other standard operating procedures. AED placement and conditions are also part of the criteria for our Recreation Evaluation & Center Assessment Program (or RECAP), conducted by our Operations & Management Planning Division, which inspects each recreation center on an unannounced basis at least twice a year. In conducting these inspections, the units are confirmed to be in working order, accompanied by a list of the AED-qualified personnel at that site, and properly stocked with appropriate accessories: pads, functional extra battery, gloves, razor, wipe cloth, pocket mask, scissors, and three-step instruction card. Expiration dates for any relevant equipment are also checked and recorded. Lastly, our Revenue division conducts on-site inspections of our golf course and athletic facility concessions twice a year, which includes an inspection of the AED and the required supporting accessories.

As currently drafted, Intro 902 would compel that an AED is present at any individual baseball field or cluster of fields that are utilized by a non-public-school-sponsored youth baseball league, presumably including both public and privately-owned ballfields. To provide some context about sporting activity at fields under Parks' jurisdiction, we oversee more than 1,000

athletic fields and over 4,000 courts. We issue thousands of sports permits every year to leagues and individuals, representing over 700,000 hours of playing time over a given year.

As we all know, baseball is a very popular sport in New York City (Let's Go Mets), and the sport is played at our fields throughout the New York City Parks system. Under the parameters of the current legislation, 458 dedicated fields or cluster of fields under Parks' jurisdiction are home to nearly 200 youth baseball leagues. The fields are located throughout the five boroughs and currently serve youth baseball leagues that receive permits for our fields. In 2014, 727 youth baseball permits were issued, which represented over 220,000 hours of playing time.

NYC Parks commends the Council for its focus on ensuring the health and safety of city youth involved in all sports, including baseball. Promoting a safe, active, and healthy lifestyle for children is a primary goal of our agency. Addressing the serious concern of potential youth injuries in baseball is vitally important and we believe public conversation about this topic and more awareness of the benefits of AEDs can help secure the safety of New York City's children. However, NYC Parks must express some concerns regarding portions of this legislation as currently drafted.

We do not believe that installing AEDs in outdoor cabinets at over 450 Parks ballfields would be the most effective way of accomplishing our shared goal of ensuring that such devices are easily accessible and in the hands of trained individuals at the time of an emergency. Fixed-post staff is not necessarily present at a NYC Parks ballfield during instances of league play, so we would not be able to guarantee the presence of AED-certified Parks personnel during games. Since the devices need to be readily available in an unlocked case, securing the devices would also be a significant concern, and they would be exposed to potential theft or misuse. Further, providing daily inspections, as mandated by State Law, for an additional 450 AEDs dispersed throughout the city would be a tremendously difficult burden. Lastly, AED manufacturers recommend that the device must be stored between 32 and 110 degrees Fahrenheit, so we would be concerned about exposure to extreme heat or cold in an outdoor cabinet.

Despite these operational concerns, NYC Parks appreciates and fully supports the objective behind this legislation, and we would welcome the opportunity to explore alternative options to make sure that youth league sports participants have access to life-saving training and equipment in the case of an emergency. One option may be the approach taken by the New York City Public School Athletic League, which mandates First Aid, CPR & AED training for all league coaches and per state law, ensures that an AED device is present at all games and practices. Such requirements could potentially be made a part of the permitting process for youth leagues utilizing NYC Parks' ballfields. In an emergency situation where every second counts, this approach could serve as the best way to guarantee that a child undergoing a cardiac arrest can get help as quickly as possible, from a trained responder who is present at every league event.

We thank you for your leadership on this issue and look forward to working with all of you as we help build a healthier and safer future for New York City's youth. Thank you for allowing me to testify before you today and I will be happy to answer any questions that you may have.



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[www.heart.org](http://www.heart.org)

**Testimony**

**In Support of**

**Int No. 902, a local law to amend the administrative code of the city of New York, in relation to requiring automated external defibrillators at baseball fields where youth leagues play**

**Submitted by:**

**American Heart Association / American Stroke Association  
Robin Vitale, Senior Director, Government Relations**

**October 13, 2015**

Members of the Committees on Health and Parks and Recreation:

On behalf of the American Heart Association, I welcome this opportunity to present our support of the Council's intention to expand New York City's laws requiring that automated external defibrillators (AEDs) be made more accessible to the public during times of cardiac emergency. The American Heart Association advocates for a strong Chain of Survival as the best possible mechanism to save more lives from sudden cardiac arrest. This Chain of Survival includes initiation of 911, early access to CPR, the use of an AED and quick response by EMS.

Sudden cardiac arrest can happen to anyone at any time. Many victims appear healthy with no known heart disease or other risk factors. Sudden cardiac arrest is not the same as a heart attack. Sudden cardiac arrest occurs when electrical impulses in the heart become rapid or chaotic, which causes the heart to suddenly stop beating. A heart attack occurs when the blood supply to part of the heart muscle is blocked. A heart attack may cause cardiac arrest.

Chest compressions, the integral component to the AHA's Hands-Only CPR training, will move oxygenated blood around the body allowing a victim's organs to remain viable until EMS arrival. 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 user-friendly, such that even a child can demonstrate proficiency when utilizing it. 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 deliverance so chest compressions can be quickly resumed..

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When considering the causes of cardiac arrest, the list is quite lengthy. It is clear that the intention of Intro 902 is to address our city's response to commotio cordis, a clinical phenomenon in which a blunt impact to the chest causes ventricular fibrillation resulting in cardiac arrest. This most often occurs in athletes when their chests are hit with a projectile at precisely the wrong time. It is an unfortunate set of random circumstances that victimizes these athletes, most of whom have no underlying cardiac condition and are otherwise healthy.

While commotio cordis is a compelling concern, it accounts for an important but relatively modest percentage of cardiac arrests in our nation. Every year in the US, EMS treats almost 383,000 out-of-hospital sudden cardiac arrests – that's more than 1,000 per day. Other causes of cardiac arrest include the aforementioned heart attack, scarring or enlargement of the heart due to other cardiac conditions, genetic abnormalities of the heart such as Wolff-Parkinson White or Long QT syndromes, as well as drowning, electrical shock, recreational drug use, and other risk factors. The American Heart Association encourages the New York City Council to consider a response plan for all New Yorkers that allows bystanders to access the available AEDs when needed. By mandating that AEDs be placed in baseball fields, as well as 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 providing a network of opportunity whereby we can potentially save more lives if the law is implemented appropriately.

In accordance with the state's updated Good Samaritan Law which protects the bystander rescuer as well as the entity serving as the Public Access Defibrillation site, it is imperative that the AED is maintained according to the device specifications. In most models, the pads which serve as administrators of the electrical shock will need to be replaced in a consistent manner. Additionally, many devices will need to be monitored for battery level and overall functionality. Noncompliance with these requirements could evoke concerns about liability in the event of a device malfunction. In 2011, the New York City Comptroller conducted an audit of the AEDs placed in city parks. Audit #MD10-072A found that many devices had expired pads and non-functioning batteries among other deficiencies in the emergency response plan. It is vital that any new mandate is accompanied by the appropriate education for those entities responsible for the devices and that an appropriate system for oversight is included in the plan.

It is currently estimated that less than 10 percent of victims survive sudden cardiac arrest. 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. 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.<sup>1</sup>

Working to address this disparity, the AHA trained over 16 million Americans in CPR last year, with the goal to equip as many people as possible with the skills they need to perform bystander CPR. Additionally, as of October 7, 2015, every high school student in New York is required to be trained in Hands-Only CPR and the use of an AED prior to graduation. While certification is

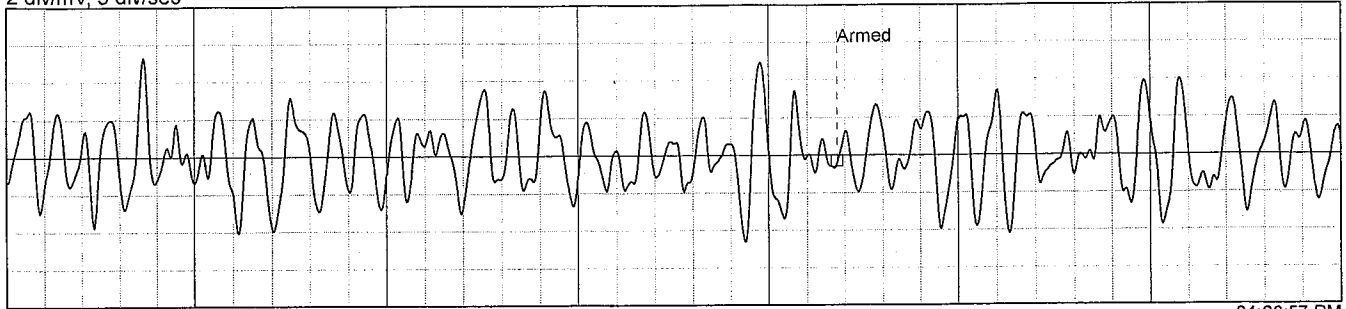
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<sup>1</sup> Circulation. 2010; 122: S676-S684 doi: 10.1161/CIRCULATIONAHA.110.970913v

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 American Heart Association is working to increase the awareness of available automated external defibrillators and encourage their use in the case of a cardiac emergency.

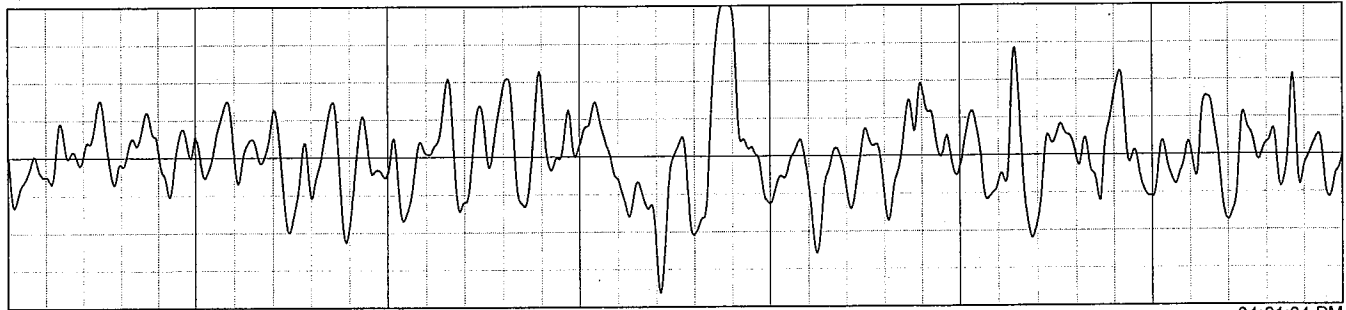
This increase in knowledge for bystander training, coupled with the broadening availability of AEDs for layperson use promises to dramatically improve response to victims in cardiac arrest. The American Heart Association is grateful for the leadership of our New York City Council and appreciates the opportunity to work with our champions in order to improve access to AEDs for all victims of cardiac arrest in our city.

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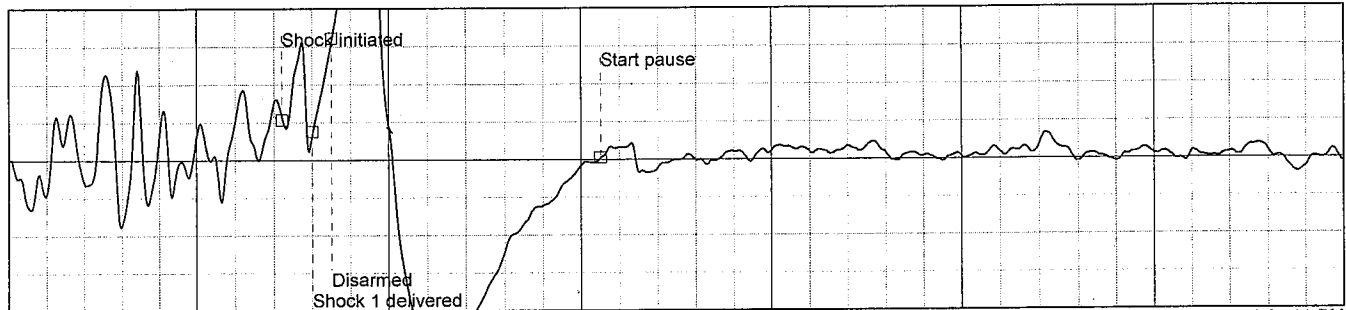
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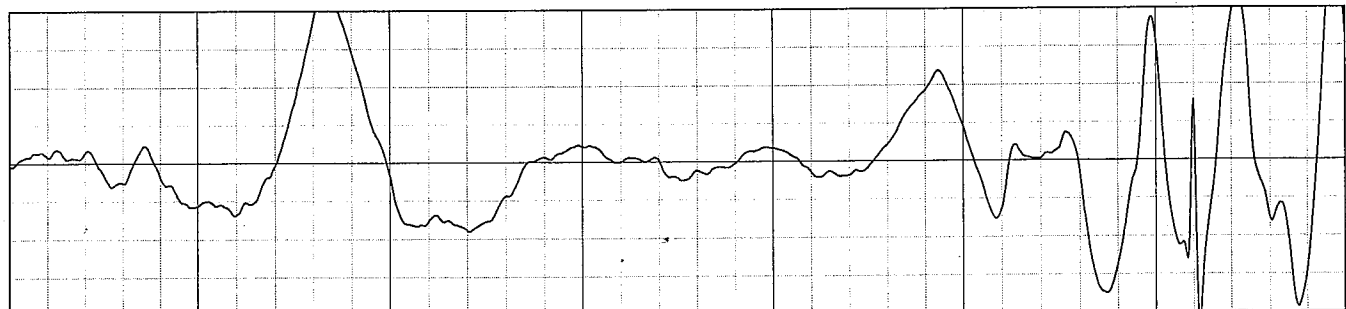
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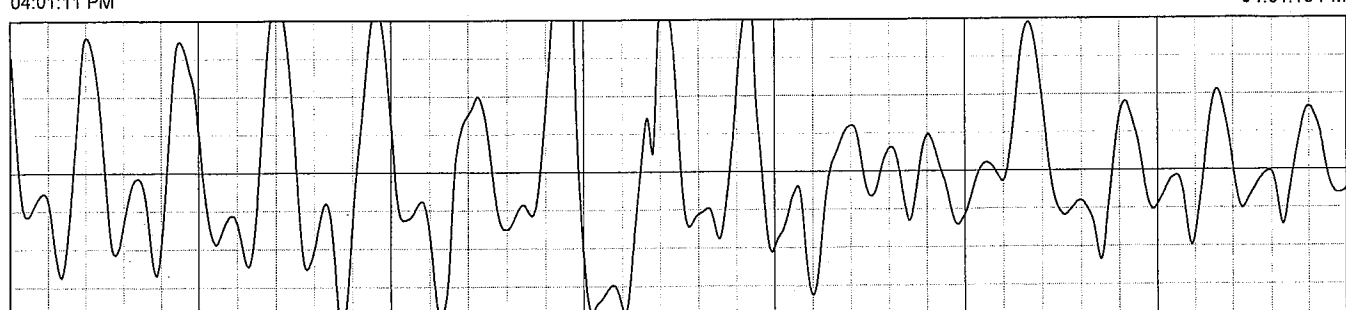
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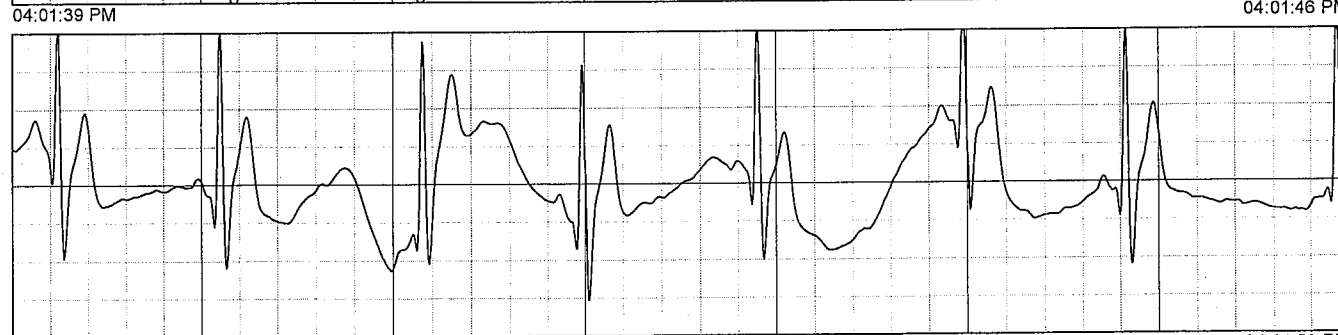
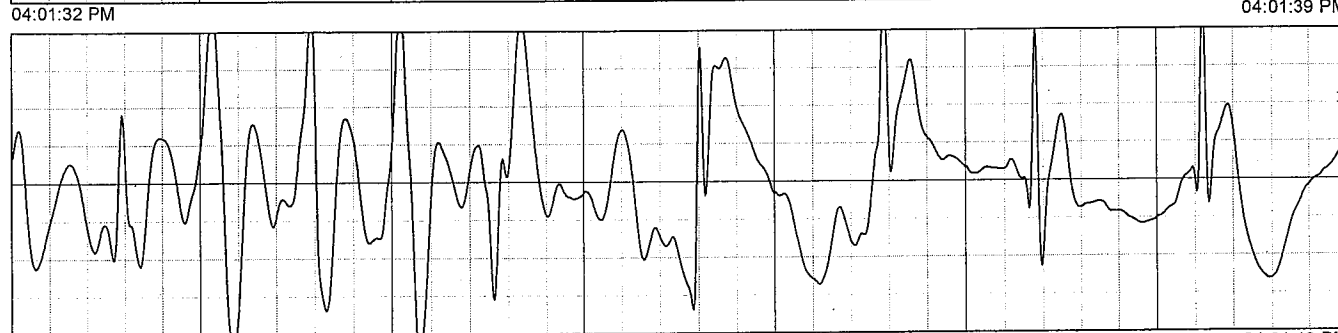
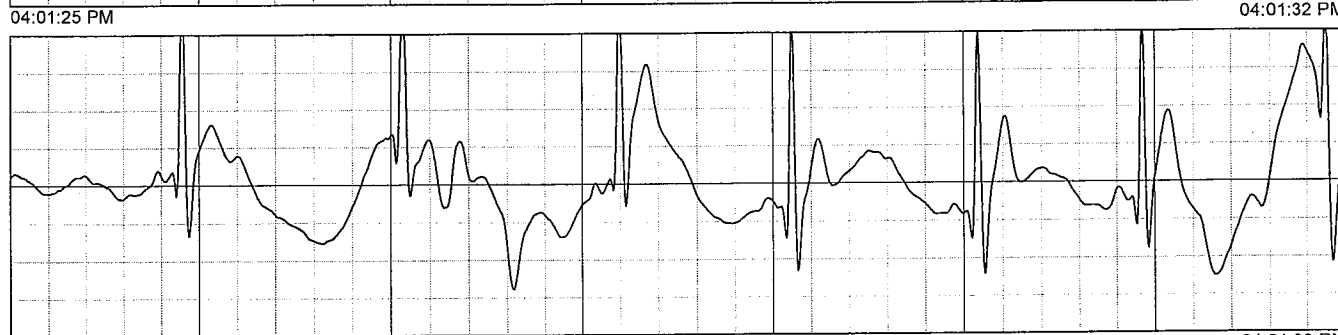
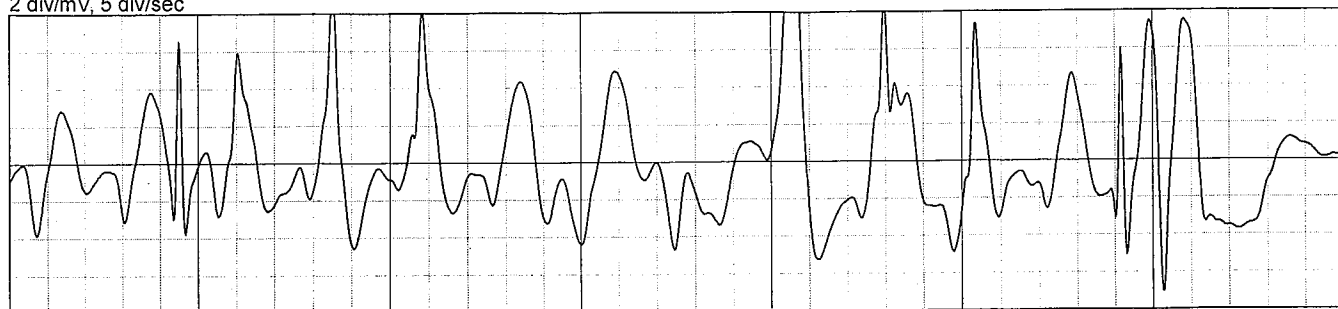
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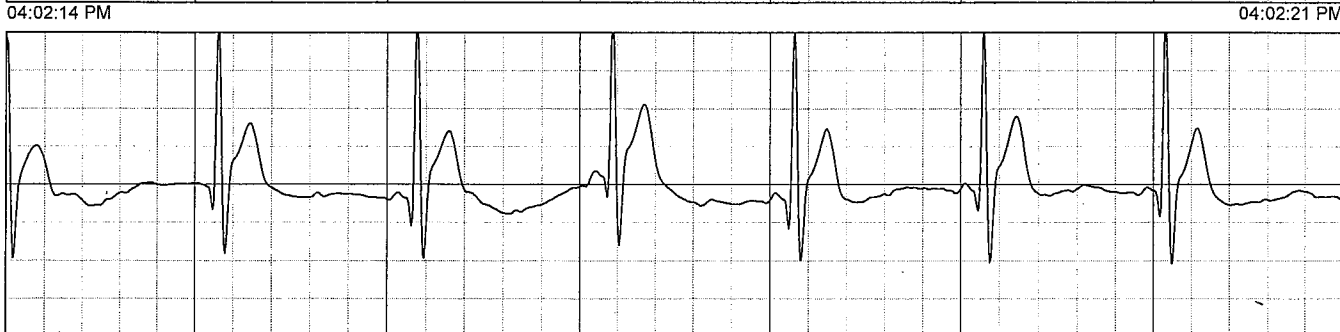
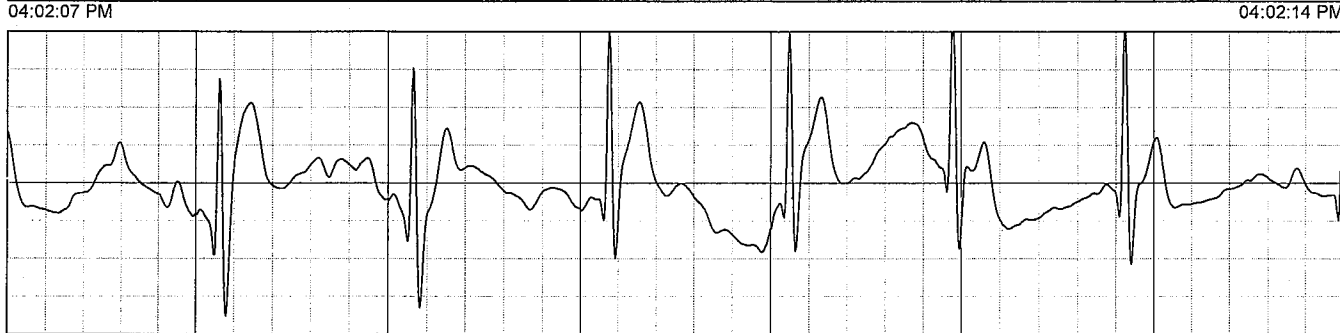
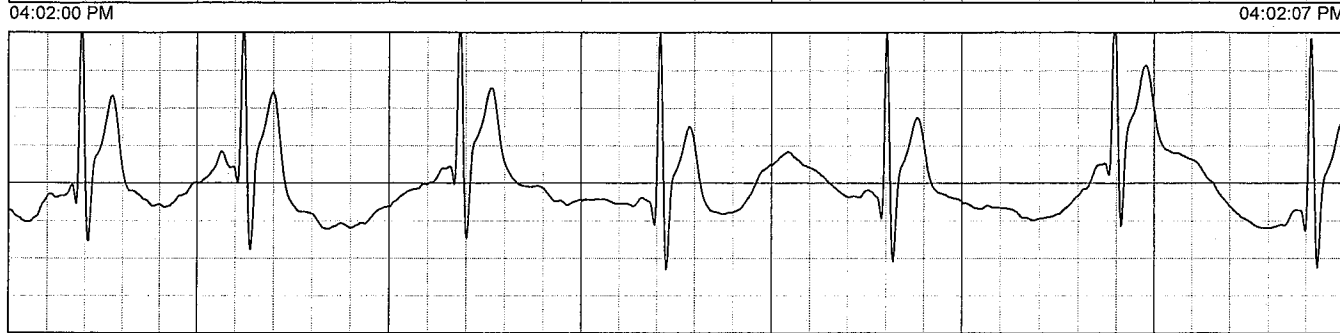
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This ECG is intended only for basic rhythm identifications. It is not intended for diagnostic and ST segment interpretation.



**Mark: Brief Intro:** My name is Mark Mazzone. I am the assistant principal of the Institute for Collaborative Education which is a small public school on the Lower East Side of Manhattan. For the past 8 years I have also been a math teacher and the head baseball coach of I.C.E. I always knew I wanted to be a teacher because being a teacher would enable me to be a coach. Athletics has had such a positive impact on my life and I made it a goal that wherever I ended up teaching, I would be allowed to organize and coach a baseball team so I could give kids the same positive experience. After five years of coaching my team in a different league we were finally accepted into the Public School Athletic League in the Spring of 2014 and I am so happy and fortunate that we were.

**Chris: Brief Intro**

**Chris: Description of training we both receive to coach**

**Mark: Description of events (up until Chris brings over the AED):**

The event that changed the lives of many and was part of the inspiration for this bill occurred at a baseball game between my school and Chris' School on April 22<sup>nd</sup> 2015.

It was the top of the fifth inning in a tie ballgame when Elijah squared around to bunt. The pitcher threw a fastball inside and hit the Elijah in the chest before he could turn away. After a few steps toward first base, Elijah collapsed. I ran over to him and he was struggling to breathe. I thought he had the wind knocked out of him, so I told him to try to take deep breaths. It became harder and harder for him to breathe and after 20 seconds, his eyes fluttered and he stopped breathing. I rolled him on to his back and I checked for a pulse and found none so I began to perform CPR.

**Chris: Description of events (up until Elijah regains consciousness)**

**Mark finish story and why bill should pass:** After a last round of CPR, Elijah began breathing more steadily and in about 30 seconds his eyes were open and he was awake. Once his vision returned to him, the first thing he said was, "So I was safe at first, right?"

The ambulance then arrived (about 5 minutes after the initial 9-1-1 call was made) and I rode with Elijah to the hospital. My assistant coach Mike Hills met us at the hospital and we stayed with Elijah as the doctors ran tests to make sure they would be no lingering effects of the trauma. While we

were waiting, the doctors at the hospital told Mike and I that unless an AED is present when this injury occurs it is almost always fatal. They said CPR usually is not enough to revive him/her. I left the hospital with so many thoughts, but one of the most prevailing thoughts was that I was so thankful that the PSAL mandated that Chris and I were trained in CPR and that they mandated we bring an AED to every game. I was so thankful that I called to baseball commissioner on my way home to thank him.

~~Chris talk~~

So many people were affected by what happened and so many positive things have emerged because of the outcome.

My baseball team saw a friend clinically dead on the baseball field and then saw him get revived by CPR and a shock from an AED. There were some emotional conversations with Mike, our players, and me in the following days, but once they all saw Elijah suit up for a game the next week, everyone was healed. Imagine how long, if ever, these 14, 15, and 16 year olds would have taken to heal if we were not able to revive him?

I saw the college essay of two of my players who are seniors this year and they wrote about this incident. They wrote about courage, the importance of friendship, teamwork, and the necessity of being ready when your number is called. They wrote they came out better people from watching Elijah emerge so composed and as the strong one who comforted others. What would these two students have learned if we were not able to revive Elijah?

I.C.E. is a small school where all most students know each other and are friends. So many of Elijah's friends and classmates were emotional and thankful for the outcome. Again, once Elijah returned, everyone was so elated and they were able to continue their lives as usual. What would have happened to the lives of the 480 students and 30 staff members who all knew Elijah if he didn't ever come back to school? It is much too simple to look at this event and see that a family was almost changed for the worse and that is it. Elijah was saved that day. But so were many others because an AED was at the field.

I will not talk about what affect this had on Elijah's parents as no one can possibly imagine what it would feel like to almost lose your child at a sporting event unless it has happened to you. I will say though that my wife gave birth to our first child in July. Her name is Brianna. Brianna will get to do whatever she wants. She's only 3 months old and I already know that she calls the shots. Most likely she will want to partake in athletics. There will always be worry in the back of my mind as she goes off to gymnastics, softball, or whatever she chooses if there is not an AED readily available on site. Parents should not have to worry about whether their child is going to return home when they send their children off to play sports with their friends. Having an AED readily available alleviates that

worry for me with regard to Brianna.

I want to end with one misconception that many people had about this event. Whenever someone would come up to me to talk about what happened, many times it would end with them saying something like, "Wow, Elijah is so lucky that you were trained and there was an AED at the field." Let me be clear: Nothing about this was luck. Chris and I were prepared to save Elijah's life because the league mandated that we were. We have the ability to take luck out of the equation when saving the life of a child by mandating an AED is always accessible when kids are playing sports. Pass this bill so me, and all of the other parents in New York don't have to rely on luck.

**Chris: Give position on the bill and why**

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Name: Robin Vitale

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Name: Christopher McCloud

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Name: Tina Charles  
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Name: SLAVA DUDIN  
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I represent: \_\_\_\_\_

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