



## Mandating Multi-Stage CPR/AED Training in Texas Public Schools

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### I. EXECUTIVE SUMMARY

Sudden cardiac arrest is a leading cause of death in the United States, and its unpredictable nature makes immediate intervention crucial. Yet despite the well-established effectiveness of Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillators (AEDs), bystander intervention remains low—especially among youth and in school settings. This brief proposes that Texas implement a mandatory, multi-stage CPR/AED training curriculum starting in junior high and reinforced in high school. The goal is to normalize life-saving skills through repetition, improving response rates and health outcomes across communities. This paper explores how existing gaps in training compromise emergency preparedness and how this policy can address both public health and educational equity.

### II. OVERVIEW

CPR and AED training are critical tools in preventing deaths from cardiac arrest, yet in Texas, students are only required to receive training once before graduation, often during senior year. This one-time approach is inadequate for skill retention and confidence, particularly when youth are most likely to witness or respond to emergencies in public settings, such as school sports events or homes. Studies show that CPR

skills degrade within months of initial training without reinforcement. Moreover, a single training session rarely addresses the emotional preparedness needed to take action in real-life emergencies. This paper focuses on introducing early, repeated CPR/AED training at both junior high and high school levels, ensuring that students not only retain knowledge but also gain confidence and readiness to respond effectively. Texas, a state with both rural and urban healthcare disparities, stands to benefit immensely from school-based preparedness initiatives that empower students statewide to serve as capable first responders.

#### *A. Relevance*

Sudden cardiac arrest can strike anyone, anywhere—including on school campuses. According to the American Heart Association, more than 350,000 out-of-hospital cardiac arrests occur annually in the U.S., with less than 40% of victims receiving immediate CPR from a bystander. In school settings, where time is critical and emergency personnel may not arrive quickly, student bystanders trained in CPR and AED use can bridge this fatal gap. Texas's large school districts, growing athletic programs, and rural-urban divides further amplify the need for widespread training. Early exposure to CPR and

AEDs increases long-term retention and helps normalize the idea of students as emergency responders. Research by the National Institutes of Health supports repeated, age-appropriate instruction for optimal retention. Just as we teach fire drills and tornado procedures repeatedly, CPR should be revisited throughout middle and high school. Beyond saving lives, this policy supports public health literacy and student empowerment. Treating CPR/AED education as a one-off box to check before graduation fails to achieve these goals.

### III. HISTORY

#### *A. Current Stances*

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### IV. POLICY PROBLEM

#### *A. Stakeholders*

The primary stakeholders in this policy are Texas students, particularly those in junior high and high school, who are both recipients of CPR/AED training and potential lifesavers in public settings. Equipping them with life-saving skills increases community safety and empowers youth to take action in emergencies. Additionally, teachers, school administrators, and school nurses serve as key stakeholders, since they play a pivotal role in implementation, reinforcement, and confidence-building. Furthermore, parents benefit from knowing their children are prepared to respond in a crisis—especially in homes with older adults or family members at cardiovascular risk.

Local governments, school boards, and the Texas Education Agency are institutional stakeholders with a responsibility to uphold student welfare. Emergency medical services (EMS) and fire departments also stand to benefit from better-prepared communities, as faster bystander response improves patient outcomes before first responders arrive. Finally, healthcare institutions and insurers represent economic stakeholders, given the cost savings linked to early defibrillation and CPR success rates.

#### *B. Risks of Indifference*

Failing to reinforce CPR and AED training throughout a student's academic journey results in significant skill decay, making initial training ineffective in real-world emergencies. According to research published in the *Journal of School Health*, retention rates for CPR proficiency drop

significantly within 3 to 6 months without follow-up instruction (Nasr & Brown, 2017). If policymakers fail to act, this lapse will continue to cost lives—especially in underserved or rural communities where EMS response times may be longer.

Beyond the immediate health implications, there are systemic risks. A lack of repeated training erodes public trust in school preparedness, reduces civic engagement, and widens health disparities. Texas already faces a shortage of bystander intervention in cardiac arrest cases, and this policy inaction only perpetuates that crisis. In terms of long-term impact, failure to prioritize CPR training also weakens the state's commitment to public health education, contributing to lower community resilience and increased burden on emergency services.

### *C. Nonpartisan Reasoning*

This policy transcends political divides. Providing regular CPR/AED training is a nonpartisan, evidence-based approach to improving public safety, educational quality, and community engagement.

- 1) **Public Health and Life-Saving Impact:** Early CPR can double or triple survival chances in sudden cardiac arrest (American Heart Association, 2023). Ensuring all students across Texas have the tools and confidence to act means more lives saved—whether in school gyms, homes, or public areas.
- 2) **Educational Equity:** Not all students currently receive the same quality of CPR

instruction, especially in underfunded or rural schools. By mandating consistent and recurring training statewide, this policy ensures that every student—regardless of zip code—receives the same life-saving education, aligning with the goals of educational equity.

- 3) **Community Empowerment and Safety:** As students take these skills home, they elevate community preparedness. CPR-literate youth can protect siblings, grandparents, and neighbors. Training creates ripple effects, building a culture of safety, agency, and health literacy across generations.
- 4) **Economic Efficiency:** According to the National Safety Council, sudden cardiac arrest costs the U.S. economy billions each year in emergency care and lost productivity. Investing in CPR readiness reduces downstream healthcare costs and supports long-term resilience in local health systems.

## V. TRIED POLICY

A relevant example of attempted life-saving policy comes from Illinois, where the state passed House Bill 4377 in 2014, mandating hands-on CPR training for high school students. It was among the first laws in the U.S. to require practical instruction, not just videos, as a graduation requirement. The law aimed to ensure that students could confidently respond to cardiac emergencies.

While Illinois's policy was widely praised for increasing awareness, it faced issues with funding, uneven implementation across school districts, and skill decay over time due to its one-time nature. Several studies revealed that while students gained immediate knowledge, retention dropped significantly within a year without follow-up sessions. This highlights that even strong policy design can fall short if repetition and practice are not embedded into the curriculum. Thus, Texas can learn from this example by ensuring its version includes multi-stage, repeated training throughout middle and high school years.

## VI. POLICY OPTIONS

### **Standardized Multi-Stage CPR/AED Syllabus**

Texas should require three CPR/AED training stages: one in 7th or 8th grade, another in 10th grade, and a final refresher in 12th grade. This ensures skill acquisition, reinforcement, and confidence leading into adulthood. Instruction must include hands-on simulation, AED access, and psychological readiness.

This option is evidence-based, promotes equity across urban and rural districts, and ensures students are repeatedly exposed to life-saving knowledge before graduation.

### **Universal Staff Certification Mandate**

In parallel with student training, schools should implement mandatory CPR/AED certification for all middle and high school staff. This ensures that in any emergency, trained adults are available to

respond quickly and appropriately.

This can be supported by local EMS and fire departments through partnerships, subsidized training, or school-based drills.

### **Public AED Access and Integration**

Texas schools should be required to install clearly marked AEDs in all major buildings, including gymnasiums, cafeterias, and front offices. Schools can also integrate AED drills into annual emergency preparedness protocols.

Increasing AED visibility and accessibility boosts both awareness and confidence among students and staff.

## VII. CONCLUSIONS

This policy brief has addressed a critical public health gap in Texas education policy: the insufficient and inconsistent implementation of CPR/AED training. While the state currently requires students to receive training once before graduation, that policy is not supported by best practices in skill retention or readiness. Drawing from national health data and case studies like Illinois's HB 4377, the evidence is clear: a multi-stage approach is necessary to create CPR-literate graduates.

Among the explored policy options, the standardized, multi-stage curriculum stands out for its cost-effectiveness, scalability, and life-saving potential. By embedding CPR/AED education throughout junior high and high school, Texas can prepare youth to protect their

families, peers, and communities. This is not just a health policy—it's a moral imperative rooted in civic empowerment and equal access to emergency preparedness. Implementing this reform will ensure Texas becomes a national model for youth-driven public safety, transforming schools into hubs of resilience and proactive care.

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