

## Attachment A

# *Report Back on Expanding Access to Automated External Defibrillators for Private Sports Facilities and Organizations*



**DAHVIA LYNCH**

**LAND USE AND ENVIRONMENT GROUP OFFICE**

DEPUTY CHIEF ADMINISTRATIVE  
OFFICER

1600 PACIFIC HIGHWAY, ROOM 212 SAN DIEGO, CALIFORNIA 92101-2422  
858-514 -4990

September 3, 2025

To: Supervisor Terra Lawson-Remer, Chair  
Supervisor Monica Montgomery Steppe, Vice Chair  
Supervisor Paloma Aguirre, Chair Pro Tem  
Supervisor Joel Anderson  
Supervisor Jim Desmond

From: Dahvia Lynch  
Deputy Chief Administrative Officer, Land Use and Environment Group

**REPORT BACK ON EXPANDING ACCESS TO AUTOMATED EXTERNAL DEFIBRILLATORS FOR PRIVATE SPORTS FACILITIES AND ORGANIZATIONS**

Effective January 1, 2028, the State of California will require youth sports organizations to provide access to Automated external defibrillators (AEDs) during practices and matches, as well as provide AED staff training, emergency response plans, and communication procedures. On May 6, 2025 (16), the San Diego County Board of Supervisors (Board) directed staff to explore opportunities to expand access to AEDs for youth sports facilities and organizations in the San Diego region, in an effort to help support these groups' compliance with state law, and report back on potential program options in 120 days. In response to this direction, staff conducted stakeholder outreach to local municipalities, youth sports organizations, and other organizations across the region to identify viable actions that the County of San Diego (County) can take to support youth sports organizations in accessing, maintaining, and learning how to use AEDs. This memorandum serves as the 120-day update on opportunities to expand access to AEDs for youth sports facilities and organizations in the San Diego region.

**CURRENT COUNTY AND REGIONAL AED PROGRAMS**

AEDs are an important safety feature in sports, and widespread access and training are key in helping prevent sudden cardiac events, which can happen to even seemingly healthy children and teenagers who may have undiagnosed heart conditions. The County Emergency Medical Services Office (EMS) tracks the location and types of AEDs in San Diego County, as required by State law.

There are over 5,700 AEDs registered throughout San Diego County, including those operated by municipalities and various organizations. Of these, the County has 624 registered AED units, 64 of which are located in Department of Parks and Recreation (DPR) facilities such as sports fields and courts. Several regional programs further support AED access through procurement assistance, training, and maintenance services. For example, San Diego Project Heart Beat is operated by the City of San Diego in collaboration with local agencies, including the County. The program provides ongoing tracking and recordkeeping of

AED maintenance and offers discounts on AED equipment, in-service training, and incident management services.

Additionally, local organizations like the Eric Paredes Save a Life Foundation (Foundation) offer support through a loaner program, which lends AEDs to teams for short seasons, games, or tournaments at no cost after participating in a cardiac emergency response training program provided by the foundation. On a national level, the Smart Heart Sports Coalition – AEDs for Youth initiative provides discounts on AED units for eligible organizations and schools through partnerships with Avive and Coro Med. Together these programs demonstrate the region’s shared commitment to increasing cardiac emergency preparedness through coordinated emergency response efforts across San Diego County.

### **STAKEHOLDER OUTREACH**

To better understand the regional needs related to AED access and readiness, staff conducted focused stakeholder outreach with two key groups: local youth sports organizations and municipal parks and recreation agencies that operate sports facilities and/or programs.

#### *Youth Sports Organizations*

An estimated 1,000 youth sports organizations operate throughout the region, ranging from small, parentled volunteer groups to large, nationally affiliated club teams. As a result, the organizations vary significantly in their funding capacity, access to resources, and availability of AEDs. To assess current AED access and identify support needs, staff developed and distributed a focused survey that was open for five weeks for youth sports organizations. Distribution channels included the DPR website, social media platforms, printed flyers, and direct outreach to more than 250 youth sport organizations using DPR facilities. A total of 31 responses were collected, which found that:

- 23% of respondents reported always having access to an AED during organized sports activities, while the remaining 77% indicated limited or no access.
- When asked what support would be most helpful in improving AED access:
  - 34% identified funding for AED purchases as the top need; ○ 28% identified training and certification; and ○ 15% highlighted the need for maintenance support.

In open-ended responses, participants consistently expressed the importance of AED availability during practices and games. Additionally, comments highlighted a strong desire to improve safety and emergency preparedness, concerns over the cost of purchasing AEDs, challenges with limited or no AEDs at sports facilities, and a commitment to developing plans and/or acquiring AEDs. A detailed summary of these results can be found in Attachment A.

#### *Municipal Parks and Recreation Agencies*

Staff also engaged with regional parks and recreation departments to assess the scope and structure of their AED programs. Individual virtual meetings were held with representatives from 11 municipalities, including the cities of Carlsbad, Del Mar, Encinitas, El Cajon, La Mesa, National City, Oceanside, Poway, San Diego, San Marcos, and Santee. While all municipalities indicated that AED programs are administered by their respective emergency services office or public safety departments, key differences were observed, including:

- **Portable AED Availability:** Most agencies have stationary AEDs located inside public buildings such as recreation centers and park offices that are available during normal operating hours. However, only a few provide portable AEDs in ranger vehicles, and only two municipalities have installed outdoor “save station” AED units – temperature-controlled kiosks that ensure public access at all times.

- **Maintenance and Record Keeping:** While most municipalities participate in San Diego Project Heart Beat for AED tracking and maintenance, one manages its program independently. Several municipalities raised concerns about the complexity and cost of maintaining the units, including the need to replace unused AEDs due to expired warranties or discontinued components.
- **Training Requirements:** While municipal staff are certified in CPR/AED use as required by the State health and safety codes, no municipalities reported requiring youth sports organizations to obtain AED or CPR certification. One city has a broadly defined park permit policy that places liability on organizations in the event of a medical emergency on city property.
- **Funding Sources:** Program funding varied and included general fund allocations, public-private partnerships, and grant funding. Most municipalities fund their AED programs through general health and safety or emergency services budgets, though dedicated funds for parks and sports facilities are uncommon. Regional grant opportunities are available, such as San Diego Project Heart Beat which offers grants that cover 25% of the AED purchase for eligible 501(c)(3) nonprofit organizations – provided the units are purchased through an authorized vendor. Additionally, private-public partnerships like the City of San Diego’s Corporate Partnership Program support AED access through vendor collaborations, sponsorships, and marketing revenue, helping create sustainable funding streams for AED programs in public spaces and youth sports.

**COUNTY PROGRAM OPTIONS**

Based on input from the stakeholder engagement with local youth sports organizations and municipal parks and recreation departments, staff identified a range of program options to improve access to AEDs for youth sports groups and organizations across the region. These opportunities aim to address gaps in availability, training, maintenance, and funding. The options listed include what a program could look like, as well as cost estimates for staffing and purchase of AEDs.

<b>Option 1: Establish AED Equipment Subsidy Program</b>	
<i>Option 1A: Rebate Program (300 AED units; one per organization; Cost limit of \$900)</i>	
Organizations would purchase their own AED units and submit documentation for reimbursement, up to a specified amount. This would require a streamlined verification and reimbursement process, including establishing a clear cost limit to account for varying device prices.	
Total Cost	\$353,000
One-Time Cost	AEDs: \$270,000 (300 units); Staff: One temporary part-time staff, Recreation Program Coordinator (RPC): \$82,589 for program administration (i.e., application and eligibility development, communication with applicants, processing of rebates, etc.)
Ongoing Cost	N/A
Considerations	<ul style="list-style-type: none"> <li>• Provides organizations with flexibility in selecting the AED model that best meets their needs</li> <li>• Limits the County’s role in device selection, reducing liability risk</li> </ul>

	<ul style="list-style-type: none"> <li>Does not provide ongoing support for maintenance, including replacement of batteries/pads/units</li> <li>Limited supply of AED units (one per organization) may not meet the needs of every organization</li> </ul>
<p><b>Option 1B: Voucher Program (300 AED units; one per organization; Cost limit of \$900 per unit)</b>                  Eligible organizations would be provided with a redeemable voucher through the County’s Amazon Business Account. This would require administrative support for account access and order processing.</p>	
Total Cost	\$353,000
One-Time Cost	AEDs: \$270,000 (300 units); Staff: One temporary part-time staff, RPC: \$82,589 for program administration (i.e., application and eligibility development, communication with applicants, processing of vouchers, etc.)
Ongoing Cost	N/A
Considerations	<ul style="list-style-type: none"> <li>Direct ordering of pre-approved AED units</li> <li>Centralized control over costs, inventory, and unit selection</li> <li>Does not provide ongoing support for maintenance, including replacement of batteries/pads/units</li> <li>Limited supply of AED units may not meet the needs of every organization</li> </ul>
<p><b>Option 1C: Vendor Program</b>                  The County would negotiate pricing with one or more vendors and have organizations purchase directly using these vendor contacts and rates.</p>	
Total Cost	\$353,000
One-Time Cost	AEDs: \$270,000 (300 units); Staff: One temporary part-time staff RPC: \$82,589 for program administration (i.e., application and eligibility development, communication with applicants, processing of discounts, etc.)
Ongoing Cost	N/A
Considerations	<ul style="list-style-type: none"> <li>Can leverage County’s purchasing power to lower costs for units</li> <li>Supply of AEDs that can be procured with \$270,000 unknown</li> <li>Limits selection to specific brands or distributors</li> <li>Does not provide ongoing support for maintenance, including replacement of batteries/pads/units</li> <li>Limited supply of AED units may not meet the needs of every organization</li> </ul>

<b>Option 2: Expand AED Access at Designated County Sports Facilities</b>	
<b>Option 2A</b>	
Add one (1) outdoor AED to DPR-designated sport facilities that currently have none (8 sites). This would include weatherproof, ventilated, heated storage (SaveStation Tower) <i>with</i> cellular service and monitoring subscription.	
Total Cost	One-Time Cost: \$234,000; Ongoing Cost: \$4,000
One-Time Cost	AED Units: \$18,500; SaveStations: \$45,000; Installation: \$171,000 (contractor)
Ongoing Cost	4-year cellular monitoring plan per SaveStation: \$4,000 ( <i>begins after the fourth year of installation</i> )
Considerations	<ul style="list-style-type: none"> <li>• Ensures a minimum of one AED unit at each DPR allocated field/facility</li> <li>• Accessible by park users after hours</li> <li>• Portable</li> <li>• Does not include leased locations</li> <li>• Requires electrical installation</li> <li>• Requires cellular service plan for monitoring</li> <li>• Depending on facility layouts, unit may still be a considerable distance away from some fields/courts</li> <li>• Ongoing maintenance responsibility for leased facilities</li> <li>• Public misuse or tampering</li> </ul>
<b>Option 2B</b>	
Add one (1) <i>outdoor</i> AED to each DPR-designated sport facility, including leased sites (19 total). This would include weatherproof, ventilated, heated storage (SaveStation Tower) <i>with</i> cellular service and monitoring subscription.	
Total Cost	One-Time Cost: \$555,000; Ongoing Cost: \$9,200
One-Time Cost	AED Units: \$44,000; SaveStations: \$107,000; Installation: \$405,000 (contractor)
Ongoing Cost	4-year cellular monitoring plan per SaveStation: \$9,200 ( <i>begins after the fourth year of installation</i> ). Minimal ongoing cost for maintenance and repairs anticipated.
Considerations	<ul style="list-style-type: none"> <li>• Ensures a minimum of one AED unit at each DPR allocated field/facility</li> <li>• Accessible by park users after hours</li> <li>• Portable</li> <li>• Monitoring included</li> <li>• Requires electrical installation</li> <li>• Requires cellular service plan for monitoring</li> <li>• Depending on facility layouts, unit may still be a considerable distance away from some fields/courts</li> <li>• Ongoing maintenance responsibility for leased facilities</li> </ul>

	<ul style="list-style-type: none"> <li>Public misuse or tampering</li> </ul>
<p><b>Option 2C</b>                  Add (1) <i>outdoor</i> AED to each DPR-designated sport facility, including leased sites (19 total). This would include weatherproof, ventilated, heated storage (SaveStation Tower) <i>without</i> cellular service and monitoring subscription.</p>	
Total Cost	One-Time Cost: \$511,936.56; Ongoing Cost: N/A
One-Time Cost	AED Units: \$43,471.81; SaveStations: \$63,464.75; Installation \$405,000 (contractor)
Ongoing Cost	Minimal ongoing cost for maintenance and repairs anticipated
Considerations	<ul style="list-style-type: none"> <li>Ensures a minimum of one AED unit at each DPR allocated field/facility</li> <li>Accessible by park users after hours</li> <li>Portable</li> <li>No cellular service (staff would need to manually report any usage)</li> <li>No monitoring subscription</li> <li>Depending on facility layouts, unit may still be a considerable distance away from some fields/courts</li> <li>Ongoing maintenance responsibility for leased facilities</li> <li>Public misuse or tampering</li> </ul>

<p><b>Option 3: Public Awareness Campaign</b>                  Develop and administer a two-year AED Awareness Outreach Program to increase public knowledge, visibility, accessibility, and compliance with AB310. The program would be in collaboration with existing partners like San Diego Project Heart Beat, HHSA, Fire, EMS, and DPR.</p>	
Total Cost	\$233,000
One-Time Cost	Services and Supplies (i.e., online platforms, marketing campaigns, flyers, posters, outreach materials, etc.): \$150,000; Staff: One temporary part-time staff RPC: \$82,589 for program management
Ongoing Cost	N/A
Considerations	<ul style="list-style-type: none"> <li>Creates awareness of AEDs and available resources</li> <li>Provides free resources to organizations in forms of trainings and education seminars</li> <li>Leverage partnerships to provide discounted or free equipment</li> <li>Lacks structure to support ongoing engagement unless funding is provided on an annual basis</li> </ul>

**ELIGIBILITY CRITERIA AND APPLICATION PROCESS**

Staff recommends that any potential County program be structured to prioritize youth sports organizations with the greatest need and that lack resources to acquire and maintain lifesaving AEDs. The evaluation criteria for organizations applying to the program will follow DPR’s Field Allocation Guidelines (Attachment B). These guidelines outline the process and procedures for scheduling organized sports activities at DPR facilities, while prioritizing the greatest benefit to local communities and ensuring opportunities for all. Participating organizations/groups will be categorized into one of two groups based on the specified criteria below.

**Group A: Youth Recreational Organizations**

- Home field must be located within the unincorporated area.
- Must abide by an “everyone plays” philosophy. This means that there are no tryouts, no players are cut, and everyone who signs up will receive playing time.
- Volunteer-based. All local administrators, board members, and coaches must serve in a volunteer capacity.
- National affiliation. The group must be affiliated with and adhere to guidelines set forth by a governing national youth sports organization.

**Group B: Private/Club Youth Sports Organizations**

- Holds selective tryouts and/or registrations.
- Provides a form of payment to coaches/administrators.
- Regularly travels and competes against other teams outside of the local area.
- Not affiliated with a governing organization.
- Does not meet any criteria in Group A.

To ensure efficiency, all organizations seeking to participate in the program would be required to complete an application process, which would collect the necessary information to verify eligibility based on the criteria outlined for the two groups (A and B), with priority given to organizations that meet the Group A classification. The County would prioritize organizations located in underserved or disadvantaged communities (per CalEnviroScreen 4.0) in the unincorporated area and could expand regionwide based on funding availability. Eligible organizations would also be required to complete an AED training course.

**ALTERNATIVE FUNDING OPPORTUNITIES**

Staff identified potential external funding opportunities to help support implementation of the program options. While public funding is limited, a variety of private foundations offer grants, equipment donations, and subsidized AED packages – typically on a per-unit basis directly to community-based organizations. The following table outlines funding sources, eligibility criteria, and key application details.

<b>Funder / Program</b>	<b>Eligibility</b>	<b>Funding Amount</b>	<b>Application Timing</b>	<b>Notes</b>
<b>Hopey’s Heart Foundation</b>	Government entities	Not specified	Quarterly	486 AEDs placed to date; direct application required
<b>Walmart Foundation – Spark Good Local Grants</b>	Government entities & nonprofits	\$250–\$5,000	Quarterly	Not AED-specific; general local project support

<b>CPR Savers / AEDGrant.com</b>	CBOs, nonprofits, schools	Varies (subsidized AEDs/training)	Year-round (rolling)	Offers discounted equipment and training through manufacturer partnerships (e.g., Philips, Zoll)
<b>USA Football AED Grant</b>	Youth football orgs, schools	AED units	Specific deadlines	Focused on youth and girls' flag football programs
<b>Cardiac Life AED Grants</b>	CBOs, nonprofits, schools	Discounted AED packages	Year-round (rolling)	Public and private entities eligible; grant covers partial or full costs
<b>The National Alliance for Youth Sports (NAYS) and Simon's Heart</b>	Everyone	Free Sudden Cardiac Arrest Training	Year-round (rolling)	Free training for everyone. Includes a NAYS Coach Member option that automatically adds the certification to the member's profile.
<b>GotAED</b>	Youth organizations	Crowdfunding supporting individual campaigns	Year-round	Online campaigns that raise funds to procure AED/s for youth organizations

**NEXT STEPS**

The proposed program options prioritize support for youth sports organizations and facilities in underserved communities. Staff recommend the program options focus on the unincorporated area with the option to expand regionwide as funding and resources become available. Additionally, the program options are designed to align with upcoming State requirements that take effect on January 1, 2028. Program implementation will depend on Board direction and available funding.

If the Board directs implementation of a program, there would likely be additional staff, one-time, and ongoing costs to implement the program, and funding is not included in the Fiscal Year 2025-26 Operational Plan, nor is a funding source identified. The department will continue to look for outside funding sources, such as grants, pending Board direction on program implementation. DPR will continue to maintain their existing AED program as part of its ongoing operations/budget. New costs associated with implementing a program may include one-time and ongoing resource needs, such as staff and equipment purchasing, beginning in the fiscal year identified. Funding options may include the reallocation of existing resources within the department or enterprise.

If there are any questions or additional information that may be needed, please feel free to contact me by phone at (619) 415-9598 or by email at [dahvia.lynch@sdcounty.ca.gov](mailto:dahvia.lynch@sdcounty.ca.gov).

Respectfully,

San Diego County Board of Supervisors

September 3, 2025

Page 10 of 10 as



DAHVIA LYNCH

Deputy Chief Administrative Officer

cc: Ebony N. Shelton, Chief Administrative Officer  
Caroline Smith, Assistant Chief Administrative Officer  
Brian Albright, Deputy Chief Administrative Officer, Finance and General Government Group  
Andrew Strong, Deputy Chief Administrative Officer, Public Safety Group  
Kimberly Giardina, Deputy Chief Administrative Officer, Health & Human Services Agency  
Andrew Potter, Clerk of the Board of Supervisors