

## Dominic Murray Sudden Cardiac Arrest (SCA) Chart for Schools

Type of Activity (Definitions)	School Responsibilities & Requirements	Requirements Prior to Participation	Type of Clearance Needed to Resume Activity
<p><b>1. <u>Athletic Activities</u></b></p> <p>Sessions for instruction and practice in skills, attitudes, and knowledge through participation in individual, group, and team activities organized in intramural, extramural, interschool athletic, or inclusive athletic activities to supplement regular physical education class instruction, otherwise known as extra class periods in physical education or extra class activities {8NYCRR 136.9(b)(1)}</p>	<ul style="list-style-type: none"> <li>• Provide information on the signs and symptoms of pending or increased risk of sudden cardiac arrest on the parent/guardian consent form for the student to participate in athletics; <b>OR</b> Reference how to find such information from the webpages of the NYSED School Health Services and/or the NYSDOH or if the district has a website such information must be on it.</li> <li>• Immediately remove from athletic activity any student displaying signs/symptoms of pending or increased risk of SCA and may not resume athletic activity until seen and received written clearance from a NYS licensed physician.</li> <li>• Coaches of extra-class athletic activities in both public and nonpublic schools must complete a course including instruction in the administration of adult cardiopulmonary resuscitation from a nationally recognized organization which includes instruction in recognizing signs and symptoms of cardiac arrest and sudden cardiac arrest.</li> </ul>	<ul style="list-style-type: none"> <li>• A NYS Required Health Exam form completed <b><u>within 30 days prior to participation</u></b> and the healthcare provider checked the box “Family Cardiac History Reviewed”, means the student is cleared to participate.</li> <li>• For students whose Health Exam is completed <b><u>more than 30 days prior to participation</u></b>, the following is required:             <ul style="list-style-type: none"> <li>○ A completed Interval Health History Form signed by the parent/guardian indicating there are no new personal or family risk factors since the last health exam, then the medical director may clear the student to participate; <b>OR</b> If new personal or family risk factors have been identified since the last health exam, <b><u>prior to participation</u></b> the student must be evaluated and receive written and signed authorization from a NYS licensed healthcare provider, MD, DO, Nurse Practitioner, or Physician Assistant indicating the student has been cleared to participate.</li> </ul> </li> </ul>	<p>A student who is <u>removed from athletic activities</u> with signs/symptoms of pending or increased risk of SCA must be evaluated by and receive written and signed authorization from a NYS licensed physician, MD or DO, clearing the student to resume athletic activities.</p>

Information in this chart is based on the SCA guidance in the New York State Education Department’s [Managing Emergency Healthcare and Communicable Diseases in the School Setting](#) and [School Health Examination Guidelines for Schools](#).

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<p><b>2. <u>Physical Activities</u></b></p> <p>Physical education classes, recess, or similar activities during the school day</p>	<p>Immediately <u>remove from physical activities</u> any student displaying signs and symptoms of SCA. The student may not resume physical activities until seen and received written clearance from a NYS licensed healthcare provider (MD, DO, NP, PA).</p>	<p>The student has a current NYS Required Health Exam for school attendance in the mandated grade level (pre-K, or K, 1, 3, 5, 7, 9 &amp; 11) that permits them to participate in such activities with or without limitations.</p>	<p>A student who is removed from physical activities with signs/symptoms of pending SCA must be evaluated and receive written and signed authorization from a healthcare provider (MD, DO, NP, PA) to resume physical activities.</p>

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