

Pen Argyl Area School District

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Policy

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Pen Argyl Area School District Sudden Cardiac Arrest Management Policy

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

In 2012, Pennsylvania Governor Tom Corbett signed Act 59, known as the Sudden Cardiac Arrest Prevention Act, into law on May 30, 2012. This law makes certain requirements of Pennsylvania schools and the personnel who supervise the student athletes who represent these schools, as well as the medical personnel who support them when there is an injury.

Signs and Symptoms:

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

- **Sudden Cardiac Arrest Prevention Act**

Pen Argyl Area School District has outlined the following procedure for the management of sudden cardiac arrest by any student athlete (Appendix A). Pennsylvania's "Sudden Cardiac Arrest Prevention Act" act was signed into law on May 30, 2012 and requires the following:

1. Every student-athlete and their parent or guardian must read and sign a sudden cardiac arrest education form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
 - Pen Argyl Area School District requires all student athletes and parent/guardian to review and sign the Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) Section 4 required by the PIAA.
2. Schools may hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses and athletic trainers.
 - Pen Argyl Area School District will hold pre-season informational meetings regarding sudden cardiac arrest. Meetings may include information on signs and symptoms, warning signs and risks, the importance of early recognition, and how pre-participation screenings, and family history can aid in identifying pre-existing conditions. Pre-Participation evaluations (PIAA CIPPE) are mandatory for any student wishing to participate in school sponsored activities.

- **Athletic Participation**

1. Any student-athlete who, as determined by a game official, coach from the student's team, certified athletic trainer, licensed physician or other official designated by the student's school entity, exhibits signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.

- The Pen Argyl Area School District will designate licensed athletic trainers, licensed team physicians, and coaches in the determination of an athlete's sudden cardiac arrest signs or symptoms. These individuals are the only individuals that the Pen Argyl Area School District can guarantee are trained in the recognition of the signs and symptoms of SCA. Other appropriate medical professionals (as defined in the Sudden Cardiac Arrest Prevention Act) with training in the evaluation and management of SCA may be granted authority on the recognition of signs and symptoms upon receipt of the proper documentation.
2. If a student is known to have exhibited signs or symptoms of sudden cardiac arrest at any time prior to or following an athletic activity, the student shall be prevented from participating in an athletic activity.
 - Any student that is known to have any of the signs or symptoms of sudden cardiac arrest at any time will be held out of athletic participation until cleared for such activity by the appropriate medical professional as determined by the Sudden Cardiac Arrest Prevention Act.
 3. Before returning to play, the athlete must be evaluated by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals. Clearance to return to play must be in writing.
- **Coaches Responsibilities**
 1. Once each school year, a coach of an athletic activity shall complete an approved sudden cardiac arrest training course. A coach of an activity shall not coach the athletic activity until they complete the training course.
 - Pen Argyl Area School District will require each coach of every activity to complete the CardiacWise training course offered and approved by the Pennsylvania Department of Health. The training course can be found at: <http://www.sportsafetyinternational.org/content/cardiacwise-pats>

2. The governing body of a school entity shall establish the following minimum penalties for a coach found in violation of the requirements: For a first violation, suspension from coaching any athletic activity for the remainder of the season. For a second violation, suspension from coaching any athletic activity for the remainder of the season and for the next season. For a third violation, permanent suspension from coaching any athletic activity.

- **Important steps for consideration:**

1. Recognize the warning signs and symptoms of SCA, including those that may “misdirect” initial evaluation to non-cardiac specialties and, thus, delay correct diagnosis.
2. Understand the role of comprehensive and accurate family history and pedigree for preventing SCA stemming from inherited cardiac genetic disorders.
3. Use standardized PPE forms and processes to minimize unnecessary variation.
4. Ensure that identified patients and/or families with known or suspected cardiac disorders are referred to a pediatric cardiac center for further comprehensive evaluation and management. Appropriate secondary testing may include ECG, echocardiography, exercise testing, or genetic testing, as indicated.
5. Advocate for autopsy evaluation by a medical examiner familiar with rarely encountered heritable cardiac diseases causing SCA when pediatric SCA occurs. (Procurement of and retention of DNA-bearing tissue for subsequent molecular autopsy should be encouraged for autopsy-negative cases.)
6. Support education programs for effective bystander CPR and appropriate AED use.
7. Support the development of effective school emergency response programs.
8. Support recommendation for evidence-based evaluation of national screening processes and programs.