

**APPENDIX J**  
**Connecticut Interscholastic Athletic Conference**  
**Sudden Cardiac Arrest Program & Annual Review**  
**Annual Review 2015-16**  
**Required for ALL School Coaches in Connecticut**

**NOTE: This document was developed to provide coaches with an annual review of current and relevant information regarding sudden cardiac arrest. A new form is required to be read, signed, dated and kept on file by their associated school district annually to comply with Public Act No. 14—93 AN ACT CONCERNING SUDDEN CARDIAC PREVENTION.**

**Part I – SUDDEN CARDIAC ARREST - What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. 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.

**PART II - HOW COMMON IS SUDDEN CARDIAC ARREST IN THE UNITED STATES?**

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. It is the #1 cause of death for student athletes.

**PART III - WHAT ARE THE WARNING SIGNS AND SYMPTOMS?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as: fainting or seizures during exercise; unexplained shortness of breath; dizziness; extreme fatigue; chest pains; or racing heart. These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

**WHAT ARE THE RISKS OF PRACTICING OR PLAYING AFTER EXPERIENCING THESE SYMPTOMS?**

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 experience SCA die from it.

**REMOVAL FROM PLAY**

Any student-athlete who shows signs or symptoms of SCA must be removed from athletic activity and referred to a licensed health care profession trained specifically in the treatment of cardiac care. The symptoms can happen before, during or after activity.

**RETURN TO PLAY**

Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed medical provider.

**I have read and understand this document and understand the law requires me to annually review this Connecticut State Department of Education Approved Sudden Cardiac Arrest Educational Plan.**

**Coach:** \_\_\_\_\_ **School** \_\_\_\_\_  
*(Print Name)*

**Coach Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

APPENDIX J(2)

School Name \_\_\_\_\_  
Student & Parent – Sudden Cardiac Arrest Plan & Consent Form 2015-16

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**PART IV - WHAT ARE THE RISKS OF PRACTICING OR PLAYING AFTER EXPERIENCING THESE SYMPTOMS?**

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 experience SCA die from it.

**PART V - REMOVAL FROM PLAY**

Any student-athlete who shows signs or symptoms of SCA must be removed from athletic activity and referred to a licensed health care profession trained specifically in the treatment of cardiac care. The symptoms can happen before, during or after activity.

**PART VI - RETURN TO PLAY**

Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed medical provider.

**PART VII – SUMMARY OF LOCAL/REGIONAL BOARD OF EDUCATION POLICY**

(insert)

**I have read and understand this document and understand the law requires me to annually review this Connecticut State Department of Education Approved Sudden Cardiac Arrest Educational Plan.**

**I have read and understand this document the “Student & Parent – Sudden Cardiac Arrest Plan & Consent Form” and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.**

Parent name: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)