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TO: District Superintendents of BOCES
Superintendents of Public School Districts,
Administrators of Public, Charter, and Nonpublic Schools

FROM: Kathleen R. DeCataldo

DATE: June 15, 2022

SUBJECT: Dominic Murray Sudden Cardiac Arrest Prevention Act

The Dominic Murray Sudden Cardiac Arrest Prevention Act, Chapter 500 of the Laws of 2021, and Commissioner's regulation §136.9 are **effective July 1, 2022**. The Act was written to ensure that schools, students, and parents are provided with critical, lifesaving information on sudden cardiac arrest (SCA) risks, signs and symptoms, to ensure students at risk are evaluated prior to participation in athletics, and that SCA is immediately recognized and treated to prevent death. The Act requires:

- The Commissioner of Health to develop information, in conjunction with the Commissioner of Education, relating to pupils exhibiting signs or symptoms of pending or increased risk of sudden cardiac arrest;
- Directs the Commissioner of Education to post the information on the Department's website;
- All schools must include such information¹ in any permission form, consent form, or similar document that may be required for a student's participation in interscholastic athletics or reference how to obtain such information from the Department and Department of Health's websites, or on the school's website, if one exists;
- The Commissioner of Education to promulgate regulations requiring that any student displaying signs or symptoms of pending or increased risk of sudden cardiac arrest shall be immediately removed from athletic activities, and shall not resume athletic activity until he or she has been evaluated by and received written and signed authorization from a licensed physician; and retain the authorization on file in the student's permanent health record.

Sudden cardiac arrest (SCA) is defined as the abrupt and unexpected loss of heart function. SCA can be fatal if not treated within minutes, and even with treatment death may occur. Immediate treatment is cardiopulmonary resuscitation (CPR) and use of an automatic external defibrillator (AED). Public schools, BOCES and charter schools are reminded that they are required, pursuant to [Education Law Article 19 §917](#), to have at least one staff person who has undergone the training mandated in Public Health Law for

¹ Until the Department of Health's website becomes available, schools are to post or provide the information from the sample parent letter as the source of information on consent forms available on [NYSED Health Services webpage](#)

CPR and AED use, assure that AED equipment is provided in an instructional facility where students are present and during any school-sponsored athletic contest or school-sponsored competitive athletic event held at any location. Schools are encouraged to plan for these emergencies and develop protocols and communication plans recommended in [Managing Emergency Health Care and Communicable Diseases in the School Setting 2019 \(nysed.gov\)](#).

Although SCA is rare² -- the incidence of sudden cardiac death (SCD) on the playing field is 0.61 in 100,000 -- there are steps parents/guardians and school personnel can take to identify students who may be at risk and help to identify students exhibiting signs or symptoms. These signs or symptoms may be misinterpreted or disregarded by the student or others, but are an important indication that a student should be seen by a healthcare provider for an evaluation. Additionally, a student may have personal risk factors or family history risk factors that indicate they are potentially at increased risk for SCA and should be evaluated by a healthcare provider prior to participating in athletics.

Preventing SCA before it happens is the best way to save a life.³ The [Interval Health History for Athletics](#) must be completed prior to each sports season unless a physical examination has been conducted within 30 days before the start of the season. The updated form contains questions to elicit potential risk for cardiac conditions and to identify students who need to see a healthcare provider for further evaluation. A sample letter for parents/guardians is available on the [NYSED Health Services webpage](#) to explain the purpose of completing the form. Schools and directors of school health services (a.k.a. medical directors) are strongly encouraged to require the parent/guardian to return this form with the signed consent. See [School Health Examination Guidelines \(nysed.gov\)](#) for more information on requirements for participation in interscholastic athletics.

The lists of signs and symptoms, and risk factors listed below, developed in collaboration with the Department of Health and pediatric cardiologists, indicate when a student may be at risk for SCA⁴.

1. Signs or symptoms

- Fainting or seizure, especially during or right after exercise or with excitement or startle
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

2. Risk Factors

- Personal Risk Factors:

² Maron BJ, Doerer JJ, Haas TS, et al. Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980-2006. *Circulation* 2009;119:1085-92. 10.1161/CIRCULATIONAHA.108.804617

³ [Parent Heart Watch | Sudden Cardiac Arrest In Youth Prevention | SCA](#)

⁴ SECTION ON CARDIOLOGY AND CARDIAC SURGERY, Robert Campell, Stuart Berger, Michael J. Ackerman, W. Robert Morrow, Kathy Jenkins, L. LuAnn Minich, Geoffrey L. Rosenthal, Christopher S. Snyder, James Twedell; Pediatric Sudden Cardiac Arrest. *Pediatrics* April 2012; 129 (4): e1094–e1102. 10.1542/peds.2012-0144. [Pediatric Sudden Cardiac Arrest | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)

- Use of diet pills, performance-enhancing supplements, energy drinks, or drugs such as cocaine, inhalants, or “recreational” drugs.⁵
- Elevated blood pressure or cholesterol
- History of health care provider ordered test(s) for heart related issues
- Family History Risk Factors:
 - Family history of known heart abnormalities or sudden death before 50 years of age
 - Family members with *unexplained* fainting, seizures, drowning, near drowning or car accidents before 50 years of age
 - Structural heart abnormality, repaired or unrepaired
 - Any relative diagnosed with the following conditions:
 - Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy
 - Arrhythmogenic Right Ventricular Cardiomyopathy
 - Heart rhythm problems, long or short QT interval
 - Brugada Syndrome
 - Catecholaminergic Ventricular Tachycardia
 - Marfan Syndrome- aortic rupture
 - Heart attack at 50 years or younger
 - Pacemaker or implanted cardiac defibrillator (ICD)

Any student with such signs or symptoms, family history or personal risk factors should be evaluated by a healthcare provider before participating in athletics. This is important since SCA can be triggered by athletic activities in students at risk.⁶

It is imperative that students are educated on the risks and symptoms of SCA and encouraged to report any of the signs or symptoms to their coach or athletic trainer, and parent/guardian. Administration, coaches, and athletic trainers will want to foster a culture of acceptance, where the health and safety of the athletes is foremost as early identification and treatment of a student at risk for SCA may save their life.

Any student displaying signs or symptoms of pending SCA must be immediately removed from athletic activities and not resume athletic activities until they have been evaluated by and received written signed authorization to do so from a licensed **physician**. This authorization must be kept on file in the student’s cumulative health record maintained by the school.

Finally, the law requires that coaches of extra class athletic activities⁷ in both public and nonpublic schools complete a course in first aid knowledge and skills from a nationally recognized organization, as defined in paragraph (D) of [section 3000-B of Public Health Law](#). Such course must include instruction in recognizing signs and symptoms of cardiac arrest or sudden cardiac arrest. The first aid [Courses Accepted as Meeting the Coaches](#)

⁵ [SCA Prevention Toolkit – Eric Paredes Save A Life Foundation \(epsavealife.org\)](#)

⁶ Halabchi, Farzin et al. “Sudden cardiac death in young athletes; a literature review and special considerations in Asia.” *Asian journal of sports medicine* vol. 2,1 (2011): 1-15. doi:10.5812/asjms.34818

⁷ Extra-class athletic activities mean those sessions organized for instruction and practice in skills, attitudes, and knowledge through participation in individual, group, and team activities organized on an intramural, extramural, or interschool athletic basis to supplement regular physical education class instruction [8 NYCRR 135.1(h)].

[First Aid and CPR/AED Requirement \(nysed.gov\)](#) for coaches include this mandatory content.

For questions, please contact the Office of Student Support Services at studentsupportservices@nysed.gov or 518-486-6090.

1/13/2023

Dear Parents/Guardians,

The [Dominic Murray Sudden Cardiac Arrest Prevention Act](#) is a new law as of July 1, 2022. This law requires schools, students, and parents/guardians have information on sudden cardiac arrest risks, signs, and symptoms. Please note that sudden cardiac arrest in children and youth is rare. The incidence of sudden cardiac death (SCD) on the playing field is 0.61 in 100,000.¹

Sudden Cardiac Arrest (SCA) is an emergency that happens when the heart suddenly stops working. SCA can cause death if not treated immediately, and even with treatment death may occur. Immediate treatment is cardiopulmonary resuscitation (CPR) and use of an automatic external defibrillator (AED). All public schools must have a staff member trained in the use of CPR and AED in school and at all school athletic events.

Preventing SCA before it happens is the best way to save a life¹. Both your family health history and your child's personal history must be told to healthcare providers to help them know if your child is at risk for sudden cardiac arrest. Ask your child if they are having any of the symptoms listed below and tell a healthcare provider. Know your family history and tell a healthcare provider of any risk factors listed below.

The signs or symptoms are:

- Fainting or seizure, especially during or right after exercise or with excitement or startled
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

Student's Personal Risk Factors are:

- Use of diet pills, performance-enhancing supplements, energy drinks, or drugs such as cocaine, inhalants, or "recreational" drugs.²
- Elevated blood pressure or cholesterol
- History of health care provider ordered test(s) for heart related issues

Student's Family History Risk Factors are:

- Family history of known heart abnormalities or sudden death before 50 years of age
- Family members with *unexplained* fainting, seizures, drowning, near drowning or car accidents before 50 years of age
- Structural heart abnormality, repaired or unrepaired
- Any relative diagnosed with the following conditions:

¹ Maron BJ, Doerer JJ, Haas TS, et al. Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980-2006. *Circulation* 2009;119:1085-92. 10.1161/CIRCULATIONAHA.108.804617

² [SCA Prevention Toolkit – Eric Paredes Save A Life Foundation \(epsavealife.org\)](#)

Hempstead Public School District

- Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy
- Arrhythmogenic Right Ventricular Cardiomyopathy
- Heart rhythm problems, long or short QT interval
- Brugada Syndrome
- Catecholaminergic Ventricular Tachycardia
- Marfan Syndrome- aortic rupture
- Heart attack at 50 years or younger
- Pacemaker or implanted cardiac defibrillator (ICD)

SCA in students at risk can be triggered by athletic activities. To decrease any chance of SCA in a student, the [Interval Health History for Athletics](#) must be completed and signed by a parent/guardian before each sports season unless a physical examination has been conducted within 30 days before the start of the season. This form has questions to help identify changes since the last physical examination or health history was completed. School personnel may require a student with health or history changes to see a healthcare provider before participating in athletics.

Finally, the law requires any student who has signs and symptoms of pending SCA be removed from athletic activity until seen by a **physician**. The physician must provide written clearance to the school for the student to be able to return to athletics.

Please contact the State Education Department's Office of Student Support Services for questions at studentsupportservices@nysed.gov or 518-486-6090.

Interval Health History for Athletics

Student Name:		DOB
School Name:		Age
Grade (check): <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Limitations: <input type="checkbox"/> NO <input type="checkbox"/> YES
Sport		Date of last Health Exam:
Sport Level: <input type="checkbox"/> Modified <input type="checkbox"/> Fresh <input type="checkbox"/> JV <input type="checkbox"/> Varsity		Date form completed:
MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.		

DOES OR HAS YOUR CHILD		
GENERAL HEALTH	No	Yes
Ever been restricted by a health care provider from sports participation for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed with mononucleosis within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
Have only one functioning kidney?	<input type="checkbox"/>	<input type="checkbox"/>
Have a bleeding disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Have any problems with hearing or have congenital deafness?	<input type="checkbox"/>	<input type="checkbox"/>
Have any problems with vision or only have vision in one eye?	<input type="checkbox"/>	<input type="checkbox"/>
Have an ongoing medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check all that apply:		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Seizures	<input type="checkbox"/> Sickle cell trait or disease	
<input type="checkbox"/> Other:		
Have Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check all that apply		
<input type="checkbox"/> Food	<input type="checkbox"/> Insect Bite	<input type="checkbox"/> Latex
<input type="checkbox"/> Pollen	<input type="checkbox"/> Other:	
Ever had anaphylaxis?	<input type="checkbox"/>	<input type="checkbox"/>
Carry an epinephrine auto-injector?	<input type="checkbox"/>	<input type="checkbox"/>
BRAIN/HEAD INJURY HISTORY	No	Yes
Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
Receive treatment for a seizure disorder or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had migraines?	<input type="checkbox"/>	<input type="checkbox"/>

DOES OR HAS YOUR CHILD		
BREATHING	No	Yes
Ever complained of getting extremely tired or short of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Use or carry an inhaler or nebulizer?	<input type="checkbox"/>	<input type="checkbox"/>
Wheeze or cough frequently during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been told by a health care provider they have asthma or exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>
DEVICES / ACCOMMODATIONS	No	Yes
Use a brace, orthotic, or another device?	<input type="checkbox"/>	<input type="checkbox"/>
Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
Wear a hearing aid or cochlear implant?	<input type="checkbox"/>	<input type="checkbox"/>
Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.		
DIGESTIVE (GI) HEALTH	No	Yes
Have stomach or other GI problems?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Have a special diet or need to avoid certain foods?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any concerns about your child's weight?	<input type="checkbox"/>	<input type="checkbox"/>
INJURY HISTORY	No	Yes
Ever been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game?	<input type="checkbox"/>	<input type="checkbox"/>
Have a bone, muscle, or joint that bothers them?	<input type="checkbox"/>	<input type="checkbox"/>
Have joints that become painful, swollen, warm, or red with use?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been diagnosed with a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>

Student Name:		DOB:	
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DOES OR HAS YOUR CHILD		
HEART HEALTH		
Ever complained of:		
Ever had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)?	<input type="checkbox"/>	<input type="checkbox"/>
Lightheadedness, dizziness, during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain, tightness, or pressure during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Fluttering in the chest, skipped heartbeats, heart racing?	<input type="checkbox"/>	<input type="checkbox"/>
DOES OR HAS YOUR CHILD		
Ever been told by a health care provider		
They have or had a heart or blood vessel problem?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check all that apply:		
<input type="checkbox"/> Chest Tightness or Pain	<input type="checkbox"/> Heart infection	
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Heart Murmur	
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Low Blood Pressure	
<input type="checkbox"/> New fast or slow heart rate	<input type="checkbox"/> Kawasaki Disease	
<input type="checkbox"/> Has implanted cardiac defibrillator (ICD)		
<input type="checkbox"/> Has a pacemaker		
<input type="checkbox"/> Other:		

DOES OR HAS YOUR CHILD			
FEMALES ONLY		No	Yes
Have regular periods?	<input type="checkbox"/>	<input type="checkbox"/>	
MALES ONLY		No	Yes
Have only one testicle?	<input type="checkbox"/>	<input type="checkbox"/>	
Have groin pain or a bulge, or a hernia?	<input type="checkbox"/>	<input type="checkbox"/>	
SKIN HEALTH		No	Yes
Currently have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>	
Ever had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>	
COVID-19 INFORMATION			
Has your child ever tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
If NO , STOP . Go to Family Heart Health History. If YES , answer questions below:			
Date of positive COVID test:			
Was your child symptomatic?	<input type="checkbox"/>	<input type="checkbox"/>	
Did your child see a health care provider for their COVID-19 symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	
Was your child hospitalized for COVID?	<input type="checkbox"/>	<input type="checkbox"/>	
Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	<input type="checkbox"/>	<input type="checkbox"/>	

FAMILY HEART HEALTH HISTORY	
A relative has/had any of the following:	
Check all that apply:	
<input type="checkbox"/> Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy	<input type="checkbox"/> Brugada Syndrome?
<input type="checkbox"/> Arrhythmogenic Right Ventricular Cardiomyopathy?	<input type="checkbox"/> Catecholaminergic Ventricular Tachycardia?
<input type="checkbox"/> Heart rhythm problems: long or short QT interval?	<input type="checkbox"/> Marfan Syndrome (aortic rupture)?
	<input type="checkbox"/> Heart attack at age 50 or younger?
	<input type="checkbox"/> Pacemaker or implanted cardiac defibrillator (ICD)?
A family history of:	
<input type="checkbox"/> Known heart abnormalities or sudden death before age 50?	<input type="checkbox"/> Structural heart abnormality, repaired or unrepaired?
<input type="checkbox"/> Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?	

<p>If you answered NO to all questions, STOP. Sign and date below. GO to page 3 if you answered YES to a question.</p>	
Parent/Guardian Signature:	Date:

