Pre-Participation Evaluation of Student-Athletes

- The purpose of the evaluation, as stated in the 2014-15 NCAA Sports Medicine Handbook, is explained to the student-athlete.
- The cardiac evaluation includes, at minimum, a comprehensive personal and family history, and physical examination, such as the American Heart Association 14-point evaluation or the Pre-Participation Physical Evaluation Monograph, Fourth Edition.
- The pre-participation evaluation either is conducted on campus under the supervision of the institution’s director of medical services or is reviewed by a process that is supervised by the institution’s director of medical services.

If an electrocardiogram (ECG) is included in addition to history and physical screening, best practices include:

- Pre-ECG screening planning is performed with a multidisciplinary team.
- The student-athlete is provided an in-depth explanation for the rationale of ECG screening and the possible risk vs. benefit of adding ECG screening.
- Modern athlete-specific ECG interpretation standards are used.
- Skilled cardiology oversight is available.

Emergency Action Plan for Cardiac Arrest

A written emergency action plan for treatment of cardiac arrest is in place and has been reviewed and rehearsed among the following key personnel:

- All primary athletic healthcare providers (athletic trainers and team physicians).
- Athletics director and director of medical services.
- All strength and conditioning coaches.

The emergency action plan for cardiac arrest addresses each of the following:

- All athletic trainers, team physicians and strength and conditioning coaches have received training/certification in CPR and automated external defibrillator (AED) use.
- A communication system has been established that ensures a rapid and coordinated response to cardiac arrest, both internally and for emergency medical services.
- AEDs are placed strategically near all high-risk venues, including weight rooms, indoor arenas/courts, practice facilities, stadiums and fields where organized sports take place.
- Signage is clearly visible and strategically placed to indicate the location of each AED.
- AEDs are never behind locked doors and are checked (with appropriate sign-off) at least monthly for proper battery charge and functional electrode pads.
- Emergency medical service entry and exit are pre-determined and secured for all high-volume events.