



Cardiovascular Care Checklist of Best Practices for NCAA Member Institutions

This checklist can be used as a resource when evaluating institutional cardiac care plans. The checklist has been designed to help institutions become better informed and educated about the best practices that are endorsed in the Interassociation Consensus Document on Cardiovascular Care of College Student-Athletes.

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.