



Medical Conditions Package

Sudden Arrhythmia Death Syndrome (SADS) Protocol

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Achieving Believing Belonging

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Information:

Sudden Arrhythmia Death Syndrome - SADS refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden death in young, apparently healthy people. For example, Long QT Syndrome (LQTS) is a genetic condition that predisposes individuals to arrhythmias, fainting spells and sudden death. It is often symptomless and can therefore remain undiagnosed.

Research suggests that over 700 Canadians under the age of 35 die each year from an undiagnosed cardiac rhythm disorder.

Resources:

- Sudden Arrhythmia Death Syndrome Educational Video – www.sads.ca
- Parent/Guardian Information about SADS – Appendix A
- Parent/Guardian Documentation Form – Appendix B

Prevention of Sudden Cardiac Death:

Recognition of the Warning Signs and early medical intervention are the keys to preventing sudden cardiac death in children and young adults.

Warning Signs (student with no previously diagnosed heart condition):

- Fainting or seizure during physical activity
- Fainting or seizures resulting from emotional excitement, emotional distress or being startled e.g. a sudden noise such as a school fire alarm system.
- All situations where there is fainting even when the individual wakes up quickly and seems fine
- Note: These symptoms are not conclusive in and by themselves but the presentation of any one symptom requires an immediate cardiac evaluation.

School Response to a Fainting Episode:

- Call 911 immediately, it is important to provide EMS with information of what led up to the individual fainting.
- Contact parents as soon as reasonably possible.
- Provide parents with:
 - information on Sudden Arrhythmia Death Syndrome – Appendix A; and
 - Documentation of a Fainting Episode Form - Appendix B to be returned to the school administrator/designate.

Return to physical activity:

- No participation in physical activity until a medical assessment is completed and information from the parent is provided to the school administrator/designate.
- School administrator/designate informs staff who provide student with physical activity that the student is not to participate in physical activity until parents have returned the completed Documentation of a Fainting Episode Form.
- Once completed form has been returned school administrator informs staff who provide physical activity whether student can participate in physical activity based on the information provided.
- School administrator files Documentation of a Fainting Episode form in the student's OSR.

Parent Response to a Fainting Episode:

- Parent is to seek immediate medical attention for their child, requesting a cardiac assessment to be completed e.g. analysis of the heart rhythm (cardiologist or an electrophysiologist).
- Return the completed Documentation of a Fainting Episode Form to the school administrator/designate.

Sudden Arrhythmia Death Syndrome (SADS) Parent/Guardian Information

Dear Parents:

Your son/daughter has experienced a fainting episode at school. A number of varying conditions can cause fainting. Our school protocol is to inform you of a medical condition called Sudden Arrhythmia Death Syndrome (SADS) along with school response and parent follow up for your child to return to physical activity.

SADS refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden death in young, apparently healthy people. For example, Long QT Syndrome (LQTS) is a genetic condition that predisposes individuals to arrhythmias, fainting spells and sudden death. It is often symptomless and can therefore remain undiagnosed.

For more information on Sudden Arrhythmia Death Syndrome (SADS) access: www.sads.ca

Prevention of Sudden Cardiac Death:

Recognition of the Warning Signs and early medical intervention are the keys to preventing sudden cardiac death in children and young adults.

Warning Signs in students with no previously diagnosed heart condition:

- Fainting or seizure during physical activity
- Fainting or seizures resulting from emotional excitement, emotional distress or being startled e.g. a sudden noise such as a school fire alarm system.
- All situations where there is fainting even when the individual wakes up quickly and seems fine

Note: These symptoms are not conclusive in and by themselves but the presentation of any one symptom requires an immediate cardiac evaluation.

School's Response to a Fainting Episode:

- Call 911 immediately, provide EMS with information of what led up to the individual fainting.
- Contact parents as soon as reasonably possible.
- Provide parents with information on SADS and a documentation form to be returned to the school administrator/designate.
- No participation in physical activity until a medical assessment is completed and information from the parent is provided to the school administrator/designate.

Parent Response to a Fainting Episode:

- Parent is to seek immediate medical attention for their child, requesting a cardiac assessment to be completed e.g. analysis of the heart rhythm (cardiologist or an electrophysiologist) .
- Return the completed Documentation of a Fainting Episode Form to the school administrator/designate.

**PARENT/GUARDIAN
DOCUMENTATION OF A FAINTING EPISODE**

(Form to be completed by parent/guardian.

Completed form to be returned to the school administrator/designate.)

Name Of Student: _____

Grade: _____

As a result of a fainting episode, my child was seen by a medical doctor.

Results of Medical Examination (please check appropriate box):

- My child/ward has been examined with doctor's evaluation being that a cardiac assessment was not necessary or required.
- My child/ward has been examined, with a cardiac assessment completed, with no rhythm disorders being diagnosed and may resume full participation in physical activity with no restrictions.
- My child/ward has been examined, with a cardiac assessment completed, with a rhythm disorder being diagnosed and therefore must begin a medically supervised return to physical activity. Refer to comments below and/or attached physician's information.

Parent/Guardian signature: _____

Date: _____

Comments:

Physician's input attached: YES NO