

Appendix M

Sudden Arrhythmia Death Syndrome (SADS)

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) - 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

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; however, 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/guardians as soon as reasonably possible.
- Provide parents/guardians with:
 - Information on Sudden Arrhythmia Death Syndrome
 - Documentation of a Fainting Episode Form - to be returned to the school principal/designate (consult page 4).

Return to Physical Activity:

- No participation in physical activity until a medical assessment is completed and information from the parent/guardian 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 (consult page 4).
- Once the completed form has been returned, the school administrator/designate informs relevant staff (physical education teacher, coach, intramural supervisor) whether the student can participate in physical activity based on the information provided.
- School administrator/designate files Documentation of a Fainting Episode form in the student's OSR.

Parent/Guardian Response to a Fainting Episode:

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

Parent/Guardian Sample Information Form - Sudden Arrhythmia Death Syndrome

Dear Parent(s)/Guardian(s):

Your son/daughter/ward has experienced a fainting episode at school. Fainting can be caused by a number of varying conditions. Our school protocol is to inform you of a medical condition called Sudden Arrhythmia Death Syndrome (SADS) along with our school response and required parental/guardian follow-up for your child/ward 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) - 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 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:

- Fainting or seizure during physical activity
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- 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; however, the presentation of any one symptom requires an immediate cardiac evaluation.

School Response to a Fainting Episode:

- Call 911 immediately: provide EMS with information of what led up to the individual fainting.
- Contact parents/guardians 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/guardian is provided to the school administrator/designate.

Parent Response to a Fainting Episode:

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

Documentation of a Fainting Episode Form

(This form is to be completed by the student's parent/guardian and returned to your school administrator/designate.)

Name of Student: _____

Teacher: _____

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

Results of Medical Examination

- My child/ward has been examined by a doctor who determined that a cardiac assessment was not necessary or required.

- My child/ward has been examined by a doctor. A cardiac assessment was completed and **no rhythm disorders were diagnosed**. My child/ward may resume full participation in physical activity with no restrictions.

- My child/ward has been examined by a doctor. A cardiac assessment was completed and a **rhythm disorder was diagnosed**. My child/ward therefore must begin a medically supervised return to physical activity plan. Refer to comments below and/or attached physician's information.

Parent/Guardian signature: _____

Date: _____

Comments:

Physician's input attached: Yes No