

**VIRGINIA BOARD OF
EDUCATION GUIDELINES
FOR POLICIES ON SUDDEN
CARDIAC ARREST
PREVENTION AND RESPONSE
IN SCHOOLS**



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DEFINITIONS

Athletic Emergency Action Plan (EAP) is an emergency action plan that establishes and details emergency management and response preparations, strategies, and guidelines specifically for emergencies that occur in an athletic setting, including sports-related health emergencies and physical injuries that occur while participating in athletic practices, games, competition, or other events. All schools are required to have an EAP or Cardiac Emergency Response Plan (CERP) in place.

Automated External Defibrillator (AED) is a medical device designed to analyze heart rhythm and, if appropriate, deliver an electrical shock to individuals experiencing ventricular arrhythmias (a type of fatal arrhythmia) in an effort to restore a normal heart rhythm.

Appropriate licensed health care provider is a physician (e.g., M.D., D.O.) licensed by the Virginia Board of Medicine, a Physician's Assistant (PA), or a Nurse Practitioner licensed by the Virginia State Board of Nursing who is experienced in evaluating cardiovascular conditions.

Cardiopulmonary Resuscitation (CPR) is an emergency, life-saving procedure performed when someone is experiencing sudden cardiac arrest.

Cardiac Emergency Response Plan or "CERP" is a written document that establishes the specific steps to reduce death from sudden cardiac arrest that occurs on school grounds or during school-sponsored activities. All schools are required to have a CERP or an Athletic Emergency Action Plan (EAP).

Commotio cordis describes a rare phenomenon in which blunt trauma to the chest causes an abnormal heart rhythm (ventricular fibrillation) that can lead to SCA.

Heart attack is a medical emergency that occurs when blood flow to the heart decreases due to a blockage in an artery supplying blood to the heart. This lack of blood flow causes heart muscle tissue to die, which can lead to cardiac arrest.

A "*high-need school*" means any public elementary or secondary school (i) at which at least 50 percent of children are eligible to receive free and reduced-price meals; (ii) that participates in the federal Community Eligibility Provision or any federal, state, or local universal free meals program; or (iii) that is classified as a Title I school pursuant to Title I, Part A of the federal Elementary and Secondary Education Act of 1965, P.L. [89-10](#), as amended.

Sudden cardiac arrest (SCA) is a medical emergency that occurs from the abrupt loss of heart function due to an arrhythmia and may lead to death within minutes

INTRODUCTION

The purpose of the Virginia Board of Education *Guidelines for Policies on Sudden Cardiac Arrest Prevention and Response in Schools*, is to protect anyone in the school setting, including those attending a school activity or student athletes, by providing recommendations that support the development and implementation of effective sudden cardiac arrest (SCA) preparedness policies in local school divisions through education, prompt recognition, and appropriate response.

Sudden cardiac arrest is a sudden loss of heart function, most frequently caused by an abnormality in the heart's electrical system, and is different from a heart attack, which involves a blockage in a blood vessel to the heart. According to the [American Heart Association \(2025\)](#), approximately 350,000 people die outside of a hospital due to sudden cardiac arrest in the United States. While rare, SCA can occur in a person who may or may not have a diagnosed heart condition. SCA is the leading cause of death in athletes. There is a less than 10% survival rate of adults and children experiencing out-of-hospital SCA; however, studies have shown improved survival rates when events occur in locations prepared and quickly responsive to sudden cardiac arrest. Being prepared for SCA through recognition of symptoms, warning signs, risk factors, and having an efficient cardiac emergency action plan in place are key to preventing sudden cardiac death.

Recent legislation requires all public K12 schools to develop and implement a Cardiac Emergency Response Plan (CERP) and/or an Emergency Action Plan (EAP).

- The CERP plan identifies the responsibilities, tasks, protocol, and training of school staff to address sudden cardiac arrest recognition and response to students, staff, or visitors that happen during the school day.
- The EAP addresses the same protocol for after-school activities and athletic programs, which are developed to provide emergency care to a specific location and activity.

Best practices reflect the need for schools to have a CERP for sudden cardiac arrest during the school day, and if a school has after-school or athletic activities, an EAP that reflects a rapid emergency response to the specific location of activity.

The stakeholder group that convened to revise the *Guidelines for Policies on Sudden Cardiac Arrest Prevention and Response in Schools* unanimously agreed on the importance of cardiac safety for student athletes and emphasized preventive and safety measures in one document that apply to all students and staff during school hours and school-sponsored activities. This guidance document was created to help school divisions foster and promote a culture of preparedness and responsiveness, both on and off the field.

The *Guidelines for Policies on Sudden Cardiac Arrest Prevention and Response in Schools* is the result of collaboration between medical professionals, healthcare providers, athletic trainers, academic leaders, school nurses, and other experts to combine the information for prevention and response into one document.

LEGISLATION

In 2020, the *Code of Virginia* was amended to include [§ 22.1-271.8](#) directing the Board of Education to develop, biennially update, and distribute to school divisions guidelines on policies to inform and educate coaches, student-athletes, and student-athletes' parents or guardians about the nature and risk of SCA, procedures for removal from and return to play, and the risks of not reporting symptoms.

A stakeholder group made up of medical professionals, healthcare providers, athletic trainers, academic leaders, school nurses, and other experts was formed in 2020 to review, revise, and collaborate on best practices for cardiac preparedness and response within K-12 academic settings. The [Guidelines for Sudden Cardiac Arrest in Student Athletes](#) (2020) was the result of that partnership.

In 2025, the Virginia General Assembly passed [SB817](#) and [HB1695](#), which expanded K-12 school policy to require each public elementary or secondary school to develop a cardiac emergency response plan (CERP) or an athletic emergency action plan (EAP), as those terms are defined in the bill, that addresses the appropriate use of school personnel to respond to incidents involving an individual who is experiencing sudden cardiac arrest or a similar life-threatening emergency while on school grounds and, in the event that such school has an athletic department or organized athletic program, while attending or participating in an athletic practice or event. The bill requires each such CERP or athletic EAP to integrate nationally recognized evidence-based core elements and nationally recognized evidence-based guidelines and to integrate certain additional provisions and guidelines, including those relating to establishing a cardiac emergency response team, activating such team in response to a sudden cardiac event, and integrating the CERP or athletic EAP into the local community's emergency medical services response protocols.

This document combines that information with the new legislation requiring schools to develop a similar cardiac preparedness and response plan for anyone experiencing symptoms of a SCA during the school day. Local Educational Agency (LEA) can use this document as a resource for developing a CERP, EAP, or both.

RECOGNIZING SYMPTOMS ASSOCIATED WITH SUDDEN CARDIAC ARREST

Sudden cardiac arrest is a life-threatening emergency that happens from an abrupt and unexpected loss of heart function, leading to loss of consciousness and collapse. Recognition of anyone experiencing symptoms of SCA includes:

- **Syncope/fainting** or loss of consciousness is the primary symptom of SCA. Syncope that occurs during activities, excitement, or persists longer than a minute should be considered a SCA event until proven otherwise. Recognize that benign loss of consciousness is more common in the young and often secondary to dehydration, hyperventilation, and other triggers. With benign syncope, a person will often regain consciousness within one minute.
- **Chest pain/tightness/pressure during activities** is a common complaint amongst the young. It is rarely caused by cardiac etiologies; however, when chest pain occurs during activities, stress, or exercise, further evaluation for cardiac etiologies should be considered.
- **Palpitations with exercise** that occur when exercising may be a sign of an underlying cardiac cause that may lead to arrhythmia and SCA.
- **Unexplained seizure or seizure with exercise** can often appear like a seizure, particularly during exercise. All exercise-induced seizures should be treated as SCA until proven otherwise.
- **Unexplained tachycardia** is a sudden elevation in heart rate at rest or sustained elevation in heart rate after activities and may indicate an arrhythmia and should be evaluated further.
- **Unexplained shortness of breath** most commonly occurs in children with pulmonary abnormalities. However, excessive shortness of breath with minimal activity can be a sign of heart failure.
- **Congenital deafness** or sensorineural deafness may be associated with sudden cardiac arrest

Family History Associated with Cardiac Abnormalities

A thorough family history is an essential diagnostic tool for identifying a patient's potential risk for genetic arrhythmia syndrome and SCA. In Virginia, [physicals](#) are required for student athletes and may indicate or suggest potential risk. These may include:

- Unexplained or unexpected death under the age of 50 years;
- Unexplained sudden infant death syndrome (SIDS);
- Unexplained drowning;
- A “heart attack” under the age of 50 years; and
- Family members with similar symptoms, as those listed in the previous section.

Other Conditions Increasing the Risk of SCA

Sudden cardiac arrest can occur in a person who may or may not have a diagnosed heart condition. There are two categories that increase a person's risk for sudden cardiac arrest. They include genetic/congenital abnormalities and/or acquired abnormalities.

Genetic/congenital abnormalities include:

- Hypertrophic cardiomyopathy (HCM);
- Long QT syndrome (LQTS);
- Brugada syndrome;
- Wolff-Parkinson-White syndrome;
- Arrhythmogenic ventricular cardiomyopathy (aka ARVC);
- Catecholaminergic polymorphic ventricular tachycardia (CPVT);
- Anomalous origins of the coronary arteries; and
- Previous repair of congenital heart disease.

Acquired abnormalities include:

- Coronary artery disease;
- Myocarditis;
- Excessive drug/caffeine use; and
- Commotio cordis.

The best way to identify individuals with these abnormalities is through personal history of symptoms and family history. Accordingly, an annual pre-participation physical examination, including detailed personal and family medical history, is critical to identifying cardiac abnormalities with an increased risk of SCA. When screening for genetic or congenital cardiovascular abnormalities, the American Heart Association (AHA) recommends physicians use the [AHA's 14-Point Screening Guidelines](#), as well as those from other societies (e.g., pre-participation physical evaluation (PPE) from the American Academy of Pediatrics), combined with a history and physical examination.

DURING SCHOOL DAY: PREPAREDNESS AND RESPONSE TO SUDDEN CARDIAC ARREST

In 2025, [HB1695](#) and [SB817](#) were introduced to the Virginia General Assembly, which require all public K-12 schools to develop and implement a Cardiac Emergency Response Plan (CERP) and/or an Emergency Action Plan (EAP). These two plans embody the same or similar response protocol but are targeted at different populations. The CERP plan identifies the responsibilities, tasks, protocol, and training of school staff to address sudden cardiac arrest recognition and response to students, staff, or visitors that happen during the school day. The EAP addresses

after-school activities and athletic programs that are developed to provide emergency care to a specific location and/or activity.

Developing a Cardiac Emergency Response Plan (CERP)

A Cardiac Emergency Plan (CERP) is a vital tool to help schools execute a rapid response to anyone experiencing symptoms of a sudden cardiac arrest at school. A CERP supports the creation of a school/district policy and procedure for preparing and responding to cardiac emergencies. A CERP provides general recommendations and best practices and should be customized for each organization, such as a school, school division, or sports facility.

The CERP Protocol outlines specific facility-based actions taken during a cardiac emergency that can be shared with team members and visually posted throughout a building. A sample CERP does not have to be complicated if it meets the criteria listed below.

Legislative Requirements of a CERP include:

- Developing and implementing a cardiac emergency response plan;
- Establishing a Cardiac Emergency Response Team (CERT): This team, composed of trained staff, will be responsible for responding to cardiac emergencies;
- Developing an effective communication system: Ensure swift communication to alert the CERT, call 911, and direct emergency medical services (EMS);
- Establishing staff training: Implementing regular training in SCA recognition, CPR, and AED use for staff, with recommended percentages for various roles like coaches, physical education staff, teachers, administrators, and school health staff;
- AED Placement and Maintenance, including strategically placing AEDs in clearly marked and accessible locations to a victim within a three-minute timeframe of any part of the school campus;
- Regular AED maintenance, including checking of battery life and pad expiration dates;
- Integration with Local EMS, including collaborating with local emergency responders to ensure seamless coordination and response; and
- At least annually, conduct practice CERP protocol drills to familiarize staff with procedures to ensure rapid response times and maximum efficiency.

By following these guidelines and implementing a comprehensive CERP, schools can significantly increase survival rates from sudden cardiac arrest and ensure a safe environment for students and staff at school.

In Virginia, many schools have been designated as [Project ADAM Heart Safe Schools](#) and are prepared for a rapid response to sudden cardiac arrest. Additional resources to assist schools in developing a CERP are listed below in *Resources for Developing a CERP* and in the *Additional Resources* sections.

Use of an Automated External Defibrillator (AED)

The time span between the collapse of an individual and the response using an [AED](#) is critical to the survival of the individual. Maps with the location of every AED within the building should

be posted in every classroom and office, with a notation made about the nearest AED to the classroom, office, or playing field. In addition, schools are required to:

- Ensure AEDs are available within a three-minute brisk walk to a victim during all school and sporting events, including on the field during training and practice (If the three-minute threshold to have an AED to a victim is not presently attainable, increase AED availability and accessibility within the school setting and work with community-based partners and stakeholders to acquire additional AEDs);
- Ensure availability of AEDs throughout school days when students and staff are on campus;
- Ensure availability of AEDs during extra-curricular and after-school activities such as cheer and band practice;
- Ensure availability of AEDs during field day activities;
- Engage in regular AED maintenance and document the process; and
- Ensure that AEDs are readily accessible to anyone and not kept in a locked room or inaccessible location.

Cardiac Emergency Drills

School divisions are encouraged to identify staff members who can serve on a CERT. Schools should periodically run practice [Cardiac Emergency Response drills](#) throughout the school year, similar to fire drills, to practice the plan and ensure the team is ready to effectively respond in the event of an actual cardiac emergency.

Resources for Developing a CERP

- Project ADAM is a national heart-safe program for schools developed in conjunction with the American Heart Association and Parent Heart Watch. It offers schools resources, including [Heart Safe Toolkits](#), customizable [Heart Safe checklists](#), [CERP templates](#), instructions on how to [conduct a drill](#), and support for implementing a Heart Safe School.
- The American Heart Association (AHA) provides CERP guidelines, resources, and templates. You can find resources for developing and implementing a CERP [American Heart Association](#) website.
- The [Save-A-Life Foundation](#) aims to reduce Sudden Cardiac Arrest among teens and offers free planning resources for schools and outlining the process for implementing the [Cardiac Emergency Response Plan](#) and [CERP training](#) for school personnel and coaching staff.
- The Sudden Cardiac Arrest Foundation is a national organization with a mission to raise public awareness of sudden cardiac arrest and promote initiatives that help save lives through [raising awareness, education, and emergency preparedness](#).

Response to a Sudden Cardiac Event

The following is a general overview of time-critical emergency best practices to address a life-threatening emergency like SCA. If an individual collapses and is unresponsive:

1. Activate EMS/call 911. If possible, identify the location: classroom, gymnasium, or office.

2. Begin hands-only CPR, which is as effective as CPR with breaths in keeping blood circulating through the body and maintaining a shockable rhythm that can be converted to a normal rhythm with an AED intervention.
3. Retrieve an AED, which delivers an electrical shock to the heart, if needed, to regain a life-saving normal heart rhythm. Designed to be used by untrained bystanders, AEDs provide easy-to-follow voice and pictorial prompts on how to appropriately place pads and deliver a life-saving shock. An AED will only advise a shock to be given when a person is in a life-threatening heart rhythm. Schools are encouraged to have an AED accessible throughout their campuses to decrease the time interval to defibrillation, as this is the most important factor to improve survival during a sudden cardiac arrest.
4. Continue to provide life-saving measures until EMS arrives

AFTER-SCHOOL ACTIVITIES: RESPONSE TO A SUDDEN CARDIAC ARREST IN STUDENT ATHLETES

The National Institute of Health (2023) states that [Sudden Cardiac Arrest is the leading cause of death in student athletes during sports](#). Sudden cardiac arrest occurs without warning in many instances. Therefore, it is required that any K-12 public school with active after-school activities and athletic programs develop a CERP or EAP. An EAP addresses the most rapid response to the various locations of after-school activities and athletic events. All students participating in sports require an annual physical exam before they can participate. This is intended to identify any underlying medical conditions that may predispose a student to SCA and/or students who may be at risk for SCA based on family medical history. Preventing SCA also requires that student-athletes and their families be familiar with the warning signs of SCA and understand the importance of reporting the presence of any warning signs to a coach, athletic trainer, school health staff, parent/guardian, and/or family medical provider.

Required Policies for Student Athletes

1. Each school division shall develop and biennially update policies and procedures regarding the identification of student-athletes at increased risk of SCA and comprehensive management of student-athletes who may be experiencing SCA.
2. In order to participate in any extracurricular athletic activity, each student-athlete and their parent or guardian shall review, on an annual basis, information provided by the school division on signs and symptoms of SCA and the risks of not reporting those symptoms. After reviewing these materials, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt, review, and understanding of such information. The local school division will determine procedures for ensuring, annually, that statements are distributed to and collected from each student-athlete and his or her parent or guardian with appropriate signatures prior to participation.

Recognizing Symptoms of SCA in Student Athletes

The importance of early recognition and prompt response to a student displaying signs and symptoms associated with SCA is critical. Common signs and symptoms indicating increased risk of SCA include:

- unexplained collapse/fainting;
- unexplained shaking;
- convulsions or tremors (seizure-like movement);
- unexplained shortness of breath;
- feeling that the heart is racing or “beating out of the chest;”
- chest pain;
- unexplained dizziness; and
- extreme fatigue.

Individuals experiencing signs or symptoms indicating increased risk of SCA are encouraged to immediately report these signs or symptoms to a coach, athletic trainer, school health staff, or other adult. Failure to do so may delay the medical evaluation of the student athlete, losing the opportunity for medical intervention to avoid SCA. The primary risk of not reporting these signs or symptoms is experiencing SCA with resulting death or disability. Students who continue to play while experiencing potential signs or symptoms of cardiac arrest may experience SCA.

A student-athlete reporting *any of the signs or symptoms associated with SCA* to a coach, athletic trainer, school nurse/health staff, administrator, or team physician in a practice or game shall be immediately removed from the activity. A student athlete who has been removed from play, evaluated, and suspected to be at risk of or experiencing SCA shall not return to play that same day nor until (i) evaluated by an appropriate licensed health care provider as defined by the Board of Education, and (ii) in receipt of written clearance to return to play from such licensed health care provider. The licensed health care provider evaluating student athletes may be a volunteer or paid provider.

Having an AED nearby is critical, as defibrillation with an AED is the most effective treatment to restore normal electrical activity and get the heart back into a normal rhythm. An AED is life-saving for ventricular arrhythmias caused by the cardiac diagnoses mentioned in the previous section, including commotio cordis ventricular fibrillation, caused by a blow to the chest during contact sports or other factors. Establishing effective resuscitation protocols that include a dedicated emergency action plan (EAP) and increasing the availability of AEDs in competitive sport settings are the most effective strategies in improving the outcome of sudden cardiac death among student-athletes. Additionally, these protocols may also be effective in the event of medical emergencies involving individuals other than student-athletes, including coaches, athletic trainers, school nurses/school health staff, team staff, game officials, and spectators, who may suffer cardiac arrest at the athletic venue.

Response to Sudden Cardiac Arrest for Student Athletes

The following is a general overview of time-critical emergency best practices to address a life-threatening emergency like SCA. If an individual collapses and is unresponsive:

1. Activate EMS/call 911. If possible, identify the location inside/outside or the field location.
2. Begin hands-only CPR, which is as effective as CPR with breaths in keeping blood circulating through the body and maintaining a shockable rhythm that can be converted to a normal rhythm with an AED intervention.
3. Retrieve an AED, which delivers an electrical shock to the heart, if needed, to regain a life-saving normal heart rhythm. Designed to be used by untrained bystanders, AEDs provide easy-to-follow voice and pictorial prompts on how to appropriately place pads and deliver a life-saving shock. An AED will only advise a shock to be given when a person is in a life-threatening heart rhythm. Schools are encouraged to have an AED accessible throughout their campuses to decrease the time interval to defibrillation, as this is the most important factor to improve survival during a sudden cardiac arrest.
4. Continue to provide life-saving measures until EMS arrives.

EAP Sample Template for After-School Activities

Safety during practices and competition is a priority throughout the school year, as emergencies will inevitably occur. Schools sponsoring athletic programs should have Emergency Action Plans (EAPs) as part of that goal. These include the people involved in providing emergency care and procedures to follow, specific to the athletic location and activity. EAPs are intended to ensure site-specific protocols and are developed to help staff prepare and practice for a wide variety of emergencies that may occur during athletic participation. Ideally, the creation of the EAP is a collaborative effort between all individuals (e.g., administrators, athletic trainers, local EMS, school health staff) involved in the care of student-athletes, coaches, officials, school staff, and spectators requiring an emergency response. Advanced planning for SCA can save valuable time, as the EAP typically identifies the location of the AED nearest to each athletic practice or competition facility and may provide a list of individuals trained to provide CPR.

The Virginia High School League (VHSL), in conjunction with the National Federation of State High School Associations, has developed a [EAP template](#) for use by schools to develop an Emergency Action Plan. This simple tool is a free resource for collaboration in the planning, development, and implementation of an EAP.

CONCLUSION AND KEY TAKEAWAYS

The guidelines for policies on sudden cardiac arrest (SCA) prevention and response in schools and among athletes are vital for ensuring the safety and well-being of anyone in schools or engaged in after-school and/or athletic activities. By implementing these comprehensive measures, local school divisions can effectively mitigate the risks associated with SCA and foster a culture of health and preparedness.

Key takeaways include:

- **Education and Training:** Regular training for staff, students, health staff, and coaches on recognizing symptoms and responding to cardiac emergencies is crucial. This empowers the school community to act swiftly and decisively in critical situations.
- **Access to Emergency Equipment:** Ensuring that automated external defibrillators (AEDs) are readily available and maintained in schools can significantly improve survival rates in the event of an SCA.
- **Health Screening Protocols:** Implementing routine health screenings and cardiovascular assessments for student-athletes can help identify those at risk, allowing for timely intervention and support.
- **Establish CERP and/or EAP Action Plans:** Establishing clear and well-communicated Cardiac emergency action/response plans ensures that all stakeholders know their roles and responsibilities during a cardiac emergency, facilitating a coordinated response.

By prioritizing the information in this document and accompanying resources, schools can create safer environments during the school day and after-school activities. The commitment to proactive measures and continuous improvement in emergency response protocols will ultimately save lives and contribute to the overall well-being of the school community.

ADDITIONAL RESOURCES

According to the American Heart Association (2025), cardiac arrest occurs when the heart stops abruptly due to an electrical malfunction, often without warning, and is frequently fatal—especially when immediate CPR or defibrillation is not administered. American Heart Association. (2025, January 2). [*What is cardiac arrest? Why is it so deadly?*](#)

Administrative Code, 8VAC20-132-240, outlines safety requirements for [school facilities](#).

[American Heart Association](#) (AHA) Heart Attack and Stroke Symptoms provides information on the key warning signs of heart attack, stroke, and cardiac arrest, emphasizing the importance of early recognition and immediate actions.

The American Heart Association provides a plethora of information for schools to develop and implement [Cardiac Emergency Response Plans \(CERPs\)](#) on its website.

[American Red Cross](#) (ARC) Heart Attack and Stroke Symptoms. This site offers comprehensive guidance on recognizing and responding to heart attack and stroke symptoms.

[British Journal of Sports Medicine](#) (BMJ) provides targeted prevention strategies and improved emergency response protocols to reduce fatalities in youth sports.

Code of Virginia, § 22.1-271.8. (2020) mandates that local school divisions implement policies to educate and protect student-athletes from sudden cardiac arrest. The *Code* includes removing student-athletes from play who are experiencing symptoms that may lead to sudden cardiac arrest. Student-athletes removed from play shall not return to play until evaluated by and receive written clearance to return to physical activity by an appropriate licensed health care provider, as determined by the Board of Education.

Code of Virginia, § 22.1-271.9 (2025) mandates cardiac emergency response or emergency action plans. The Commonwealth of Virginia enacted legislation requiring all public elementary and secondary schools to develop and implement a Cardiac Emergency Response Plan (CERP) or an Athletic Emergency Action Plan (EAP) to address sudden cardiac arrest and similar life-threatening emergencies during school and school-sponsored activities. More information can be found at the following: *Code of Virginia, § 22.1-271.9 (2025)* Cardiac emergency response or emergency action plans required.

Comprehensive guidance for Virginia school nurses that includes school-year safety procedures, such as AED, CPR, and First-aid resources, is offered within the [School Nurse Checklist](#).

[Running Effective AED Drills-Essential Part of Emergency Plan](#) includes comprehensive strategies on running effective school-based cardiac emergency response drills.

Emergency management resources from the Virginia Department of Criminal Justice Services are located on the [Virginia School Crisis, Emergency Management, and Medical Emergency Response Plan](#) web page.

Journal of Athletic Training (JAT) [The Inter-Association Task Force for Preventing Sudden Death in Secondary School Athletic Programs](#) outlines best practices and evidence-based recommendations to reduce the risk of sudden death among high school athletes.

[Korey Stringer Institute \(UCONN\) Automated External Defibrillators](#) comprehensive information on how survival rates from sudden cardiac arrest significantly increase when AEDs are readily available, especially when used promptly and trained athletic staff are readily available.

[Korey Stringer Institute \(UCONN\) Emergency Action Plans](#): Comprehensive information is provided regarding Emergency Action Plans (EAPs), which are designed to ensure rapid, organized, and effective responses to medical emergencies during sports activities.

[Korey Stringer Institute \(UCONN\) Sudden Cardiac Death](#) stresses the importance of early recognition, prevention strategies, and emergency preparedness in the event of a cardiac emergency.

[National Association of School Nurses Position Statement on Emergency Response](#) offers information on how emergency preparedness is imperative to safe and supportive learning environments.

[National Athletic Trainers' Association Position Statement: Emergency Action Plan Development and Implementation in Sport](#) is a comprehensive position statement to support safe school environments.

[National Federation of State High School Associations \(NFHS\) Sudden Cardiac Arrest](#)

Pediatricians play a vital role in identifying and managing risk factors associated with sudden cardiac death (SCD) in children and adolescents. Guidance on screenings and implementing preventive strategies to keep children and adolescents safe are located at: [American Academy of Pediatrics \(AAP\) Sudden Cardiac Death: A Pediatrician's Role \(SCD\)](#)

Pre-participation Physical Evaluation (PPE) is designed to ensure the health and safety of young athletes before they engage in sports activities. More information about the PPE can be found on the [AAP's official website](#).

Pre-participation Screening for CVD in Competitive Athletes: [Recommendations from the AHA/ACC](#)

[Project ADAM](#) provides comprehensive information on how schools can become Heart Safe Designated sites.

[Simon's Heart](#) (SH) is a nonprofit organization dedicated to preventing sudden cardiac arrest in children and student-athletes by offering free heart screenings, raising awareness, and advocating for life-saving legislation and AED placement in youth-centered spaces.

[Sports Medicine](#) highlights the critical importance of rapid intervention during athletic events.

Sports Medicine – [Open Immediate Bystander Cardiopulmonary Resuscitation to Sudden Cardiac Arrest during Sports is Associated with Improved Survival—a Video Analysis](#)

The Virginia Department of Education provides resources on how to implement CERP and the importance of AED accessibility on the [Cardiac and Emergency Management | Virginia Department of Education](#) web page.

The [Virginia High School League \(VHSL\) Pre-participation Physical Examination Form](#) is required for all student-athletes to complete a Pre-participation Physical Examination Form prior to engaging in athletic activities.