

**Nashville Youth Soccer Association**  
**Sudden Cardiac Arrest Policy**

(The following information and forms comply with the Tennessee Sudden Cardiac Prevention Act.)

In compliance with Tennessee Code Annotated Title 68, Chapter 54, the Nashville Youth Soccer Association (NYSA) has adopted guidelines and forms as developed by the Tennessee Department of Health to inform and educate coaches, young athletes, and their parents or guardians of the nature, risk and symptoms of sudden cardiac arrest.

Every individual involved in youth athletics must become more proactive in identifying and treating athletes who show signs of sudden cardiac arrest. In order to address this critical issue, it is therefore NYSA's policy that:

Any player who exhibits signs, symptoms or conditions consistent with a sudden cardiac arrest such as fainting or seizures during exercise, unexplained shortness of breath, chest pains, dizziness, racing heart rate, or extreme fatigue, shall be immediately removed from play and shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest and shall not return to practice or game play until cleared by an appropriate health care provider.

Every administrator, coach, parent, official, and youth athlete need to know the symptoms of sudden cardiac arrest.

NYSA adopts and will comply with the terms set forth below in compliance with Tennessee law.

1. All administrators, coaches, youth athletes, and their parents or guardians must be educated of the nature, risk and symptoms of sudden cardiac arrest, including the risks associated with continuing to play or practice after experiencing any of the following symptoms: Fainting or seizures during exercise, unexplained shortness of breath, chest pains, dizziness, racing heart rate, or extreme fatigue.
2. The Tennessee Department of Health has concussion information available on its website at <http://tn.gov/health/topic/sudden-cardiac-arrest-prevention-act> . The information includes training and other resources regarding sudden cardiac arrest. Every individual involved in athletics at NYSA must review sudden cardiac arrest information and sign a form that states this process has been completed as set forth below.
  - a. All NYSA directors, coaches, and assistant coaches, whether employed or volunteer, shall complete a sudden cardiac arrest education course program approved by the Tennessee Department of Health each season. The sudden cardiac arrest education training programs are available on the Tennessee Department of Health website at <http://tn.gov/health/topic/sudden-cardiac-arrest-prevention-act> . The National Federation of State High School Associations has developed a free course online which may be accessed at [www.nfhslearn.com](http://www.nfhslearn.com) and has been recommended by the

Department of Health.

- b. Prior to the season's initiation of practice or competition season the following persons must review and sign a sudden cardiac arrest information sheet: all Board members, coaches, and officials. (See Sudden Cardiac Arrest Education and Information Signature Form for Coaches and Athletic Directors). This form is to be signed each season.
  - c. Prior to the season's initiation of practice or competition, all youth athletes and the athlete's parent or guardian should review a sudden cardiac arrest information sheet. A form confirming this review (See Sudden Cardiac Arrest Education and Information Form for Athletes and Parents/Legal Guardians) shall be signed and returned by the youth athlete, if the athlete is 18 years of age or older; or, by the athlete's parent or guardian, for athletes younger than 18 years of age. This form is to be signed each season.
3. All documentation of the completion of a sudden cardiac arrest education course program and signed sudden cardiac arrest information sheets shall be maintained by the NYSA for a period of three years.
4. Any youth athlete who shows signs, symptoms and behavior consistent with a sudden cardiac arrest shall immediately be removed from the activity or competition for evaluation by a licensed medical doctor.
5. No youth athlete who has been removed from play due to suspected sudden cardiac arrest shall return to practice or competition until the youth athlete is evaluated by a qualified health care provider and receives written clearance from the health care provider for a full or graduated return to play. The Sudden Cardiac Arrest Medical Release Form for Return to Athletic Participation" has been approved by the Tennessee Department of Health. The form is to be completed and signed by a licensed medical doctor before an athlete that has been removed from practice or a game may return to participate. A copy of the form must be kept on file by the NYSA Director of Compliance for a period of three years.