BPS to Mandate Electrocardiogram Testing for All Student Athletes

VIERA, Florida - Brevard Public Schools (BPS) is creating a policy mandating electrocardiogram (ECG) testing for all its student athletes. Electrocardiograms help identify athletes who may be at risk for sudden death from loss of heart function. An ECG may also assist with diagnosing several different heart conditions that put athletes at risk.

BPS recently signed a Memorandum of Understanding (MOU) with Who We Play For (WWPF), an organization committed to early identification of cardiac conditions in student athletes. Below is a list of ECG Heart Screenings being offered starting Saturday June 1 at locations across Brevard County. ECG Testing will be required for all winter sports.

The policy-creation process has several steps and multiple opportunities for community discussion and input. Our anticipated timeline will be to hold a Board Workshop in July, a Board Work Session in August, and to present a policy to the Board for approval in September. Prior to policy revision, however, BPS will be adding an ECG Consent/Opt Out form to all 2019-2020 athletic packets (see attached). All student athletes in grades 7–12, who plan on participating in fall sports, will need a completed ECG Consent/Opt Out form. The ECG Consent/Opt-Out Form either gives WWPF permission to administer an ECG at one of several dates already established around the county, or allows parents/guardians to decline and ‘opt out’ of testing.

Regardless of which decision parents/guardians make related to ECG testing, the ECG Consent/Opt Out Form is required for athletic participation for the 2019/20 school year.

As Brevard Public Schools is moving toward mandating not just ECG Consent/Opt Out form, but the ECG testing itself, it is highly encouraging parents/guardians to take advantage of our currently scheduled ECG Testing. Students will be able to have the ECG done at the dates and times listed at a cost of $20. If a student qualifies for free or reduced lunch status, they are eligible for a free screening through Who We Play For.

If a student’s screening comes back as needing “follow-up” or with a “high risk” designation, they will not be allowed to participate in athletics until he/she receives a medical release indicating that the student followed up with a physician and the physician has released them to fully participate in athletics.

If parents/guardians have a previously completed ECG or would like their child to have an ECG completed by their personal physician, documentation should be included as part of the required physical forms.

ECG Heart Screenings will be offered at the following locations on the dates and times listed:

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<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Address</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/19</td>
<td>3D Sports Medicine</td>
<td>141 Coconut Dr., Indialantic</td>
<td>8:00 AM - 12:00 PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(321-610-8939)</td>
<td></td>
</tr>
<tr>
<td>6/6/19</td>
<td>Edgewood Jr/Sr High School</td>
<td>180 E. Merritt Ave., Merritt Island</td>
<td>9:00 AM - 11:00 AM</td>
</tr>
<tr>
<td>6/7/19</td>
<td>Viera High School</td>
<td>6103 Stadium Pkwy., Viera</td>
<td>8:00 AM - 12:00 PM</td>
</tr>
<tr>
<td>6/11/19</td>
<td>Rockledge High School</td>
<td>220 Raider Rd., Rockledge</td>
<td>12:30 PM - 2:00 PM</td>
</tr>
<tr>
<td>6/12/19</td>
<td>Titusville High School</td>
<td>150 Terrier Trail South, Titusville</td>
<td>1:00 PM - 3:00 PM</td>
</tr>
<tr>
<td>6/12/19</td>
<td>Palm Bay Magnet High School</td>
<td>101 Pirate Ln., Melbourne</td>
<td>8:00 AM - 12:00 PM</td>
</tr>
<tr>
<td>6/12/19</td>
<td>Merritt Island High School</td>
<td>100 East Mustang Way, Merritt Island</td>
<td>11:00 AM – 2:00 PM</td>
</tr>
<tr>
<td>7/27/19</td>
<td>Parrish Healthcare Center</td>
<td>5005 Port St. John Parkway, Suite 2100</td>
<td>8:00 AM - 11:30 AM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Port St. John, (321-433-2247)</td>
<td></td>
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ECG consent form attached
An ECG screen (also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

By signing below, I elect to have representatives and volunteers from “Who We Play For” perform an ECG screen for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death or other cardiac events may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to undergo further testing (e.g. an echo or ultrasound) and/or a medical consultation release prior to being allowed to resume participation in school athletics. By signing below, I hereby indemnify, release, and forever discharge, and waive, any and all claims against The School Board of Brevard County, Florida and “Who We Play For,” including each entity’s employees, sponsors, trustees, consultants, volunteers, and contractors for all actions related to this ECG screen. In addition, I authorize medical personnel with “Who We Play For” to review the ECG results, and interpret, and use the same for diagnostic and aggregated statistical purposes in accordance with the Family Education Rights and Privacy Act and Health Insurance Portability and Accountability Act of 1996.

☐ I DO HEREBY CONSENT to participation in the ECG. I understand there is a $20 fee for this service, payable to Who We Play For.

☐ I DO HEREBY CONSENT to participation in the ECG and our family qualifies for free or reduced lunch status. Families in this category are eligible for free screening thanks to the sponsorship of Health First, Parrish Hospital, the Space Coast Health Foundation, and to the friends and family of Tim McGahey.

☐ I DECLINE participation in the ECG screen on behalf of my child.

______________________________                            ________________________________
Child’s Name Printed                                                                  Date

______________________________                            ________________________________
Parent/Guardian Name Printed                                                                 Parent/Guardian Signature

______________________________                           ________________________________
Parent/ Guardian Email address                                                                  Parent/ Guardian Phone #

Participant Information

Ethnicity:  Afro American/ Black ____   Asian ___   Caucasian/ White ____    Hispanic _____   Other _____
(Mark all that apply)

Age: ____  Gender:    Male ____   Female ____   Birth date ____/____/______ Height: ______ Weight: ______

Previous Cardiac Issues (if any): ______________________________________________________________

Family Cardiac History (if any): ______________________________________________________________

Do you currently take any of the following medications? (circle any that apply):
ADD/ADHD    Beta Blockers    Asthma medication/inhaler   Cardiac Medications

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