

What is Happening in New England?

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Conflicts of Interest

- WWPF QT MEDICAL
- AHA
- WDH RN
- SY/ID COMM
- ADVOCACY
- MOM
- FRIEND



Where Have We Been

- Prospect Mountain High School
- Kearsarge Middle and High Schools
- Strafford Middle School
- Winnisquam Middle School
- Gilford Middle and High School
- All Schools in Hampton/ North Hampton/ Seabrook District (5)
- Hollis/ Brookline High
- Bow middle School (High school booked 5/5)
- Newfound High School
- Belmont High School
- NOBLE High school
- Peabody High School (5/19)

How it begins.....

- Interest!
- Meet virtually to discuss what WWPF looks like for you
- Answer “Nest Steps” questions ->
- Registration goes live!
- Getting the word out
- Planning for screening day logistics
- THE EVENT!!!
- Follow up and results

If so....our next steps to get your registration going!

Macie will send you the registration link as well as some signage and blast form emails to be sent starting at least 3 weeks (at least) before event if you'd like to use them.

Here's the information we need to get your registration posted and ready to start sharing with your families:

1. Date of event:
2. Time frame of the event:
3. Location and address of the heart screening event.:
4. We like to have two separate private spaces that can fit two exam beds divided in each room.(I have two exam beds and divider if needed)
5. Payment option -

- Parents full pay at registration \$20 per child.

-Grant option (Parents who can pay, do. Parents who need assistance have the option of opting out of payment, and the school covers those in need once invoiced by WWPF

-Free event where the school pays for all screenings). The school would have to agree to the grant option. We have not utilized the free option at all in NH. We can also reach out to local groups to fundraise if needed.

We normally see the first option as parents pay.

Once Macie gets your registration set up we can see what they need for equipment and volunteers.

We encourage this information goes out in multiple ways (blast email, coaches' emails, band and theatre directors, anyone that a student's parents would be likely to hear and trust, Facebook, instagram etc)

Helping you Spread the Word!!

We give you blast emails/ texts/ phone messages, infographics and timelines to help you get the information out to parents/ students

HEART SCREENING WITH WHO WE PLAY FOR

Sudden Cardiac Arrest (SCA) is the leading cause of death on school campuses. The standard physical only detects 4% of underlying heart conditions, while an electrocardiogram (ECG) detects 95%.

STEP 1. REGISTER ONLINE
Go to WhoWePlayFor.org and register your child for the event at their school.

STEP 2. RECEIVE ECG
Your child will have their ECG done at school. The test is painless, non-invasive, and takes 5 minutes to complete.

STEP 3. ECG IS SENT TO A CARDIOLOGIST
Your child's ECG will be sent to a pediatric cardiologist for interpretation.

STEP 4. RESULTS ARE RETURNED
Parents will receive an email or call from WWPF explaining the results.

REQUEST RESULTS
If you do not see an email from Who We Play For within 7 business days, results can be requested at WhoWePlayFor.org/Results.

FOR EVERY KID WHO NEVER HAD THE OPPORTUNITY
WhoWePlayFor.org

WHO WE PLAY FOR

Sudden Cardiac Arrest (SCA) is the leading cause of death in student-athletes and in the school system. The real tragedy is most of these deaths can be prevented. Who We Play For (WWPF) was founded to bring electrocardiogram (ECG) heart screenings to student-athletes, and students, across the country.

Together, we are advancing the standard of care. The result will be a generation of students who get to grow up.

Electrocardiogram (ECG) Screenings
Quick, Effective & Affordable

5 minutes
Amount of time it takes to screen 1 student-athlete.

~95% vs ~4%
ECGs are more effective in identifying those at risk than physical evaluation alone.

~2%
False positive rate since the implementation of the International Criteria for ECG Interpretation in Athletes.

\$20 vs ~\$150
The cost of an ECG with WWPF, compared to the typical cost. The program is free for students needing financial assistance.

3%
Number of screenings that are flagged as abnormal.

Total 200,000+ Hearts Screened

Lives Saved 200+

How It Works

- 1 Select a screening through our website at whoweplayfor.org.
- 2 The child receives an ECG at a heart screening event.
- 3 ECGs are interpreted by pediatric cardiologists volunteering with WWPF.
- 4 Results are delivered to the child's guardians and are connected with appropriate follow-up care.

Follow Us


To learn more about WWPF, visit our website and social media channels!



 @WhoWePlayFor

 Who We Play For

For Every Kid Who Never Had The Opportunity

Sudden Cardiac Arrest (SCA) is the #1 killer on school campuses & in sports.

SO, WHAT DOES IT DO?
 Your heart stops beating suddenly and unexpectedly. It stops pumping and you collapse.

WHAT CAUSES SCA?
2 types of conditions:
 **ELECTRICAL:** The heart doesn't beat properly and the rhythm is off.
 **STRUCTURAL:** The heart is not designed well. Either it's too big or a valve is in the wrong place.

WHAT ARE THE WARNING SIGNS?

- Shortness of breath
- Fainting or seizures during or immediately after exercise
- Unusually rapid heart rate
- Chest pains
- Dizziness
- Fatigue
- Unexplained death of family member under 50 (e.g. SIDS, drowning, auto accident)

HOW DO YOU PREVENT IT?

HEART SCREENINGS: Electrocardiogram (ECG) screenings detect heart problems

CPR: Chest compressions can save someone's life who is suffering SCA until an AED arrives

AED: This lifesaving device should be in reach of anyone performing athletic activity and in all social spaces. It works to shock your heart back to life.

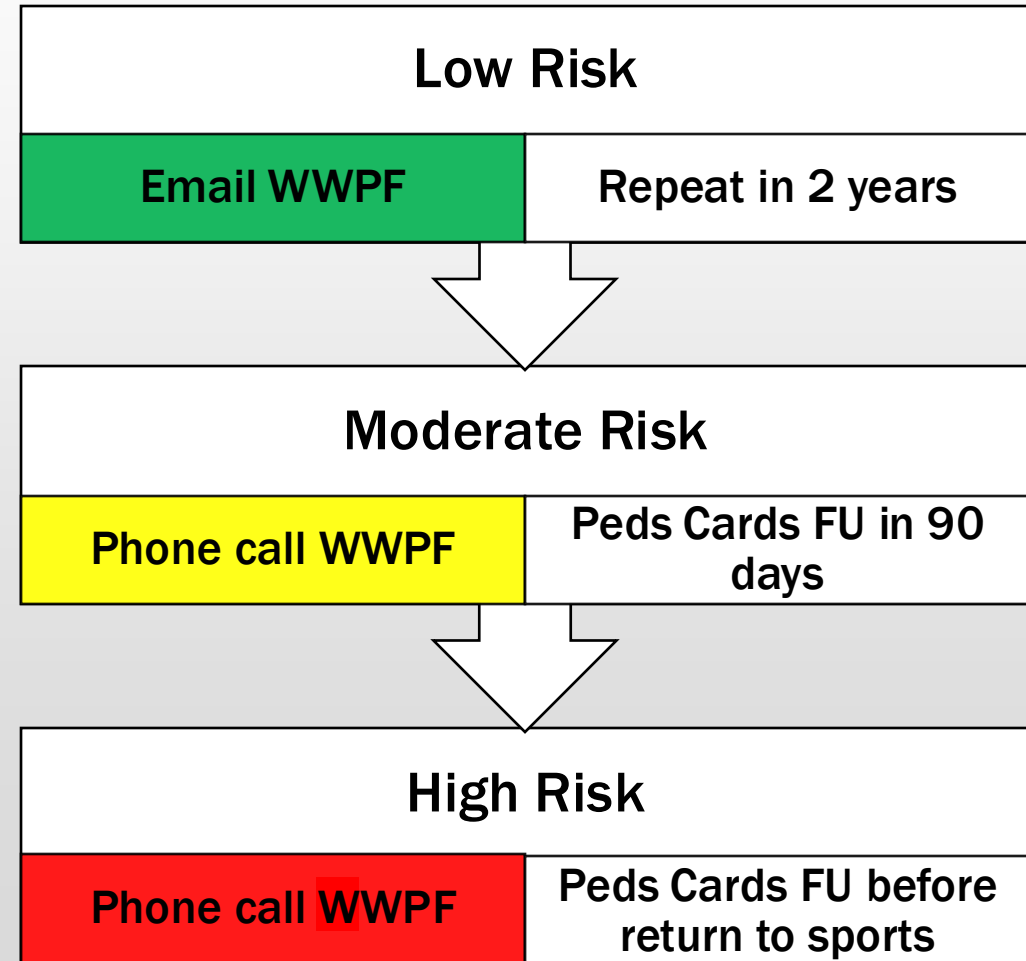
We all have someone or something that motivates us - it's **who we play for.**

WWPF represents every young person who lost their life to Sudden Cardiac Arrest.

Our fight is to ensure that other families, teams, and communities will NEVER know that pain.

How does follow up work?

- Results in 7-10 days
- Low, Medium, High
- We often return for second screen or to catch those absent
- New England is an opt in region
- MAY NOT hold children from sports
- Receipt of results is school's discretion



How do we “Clear” Students for sports



4%



94%

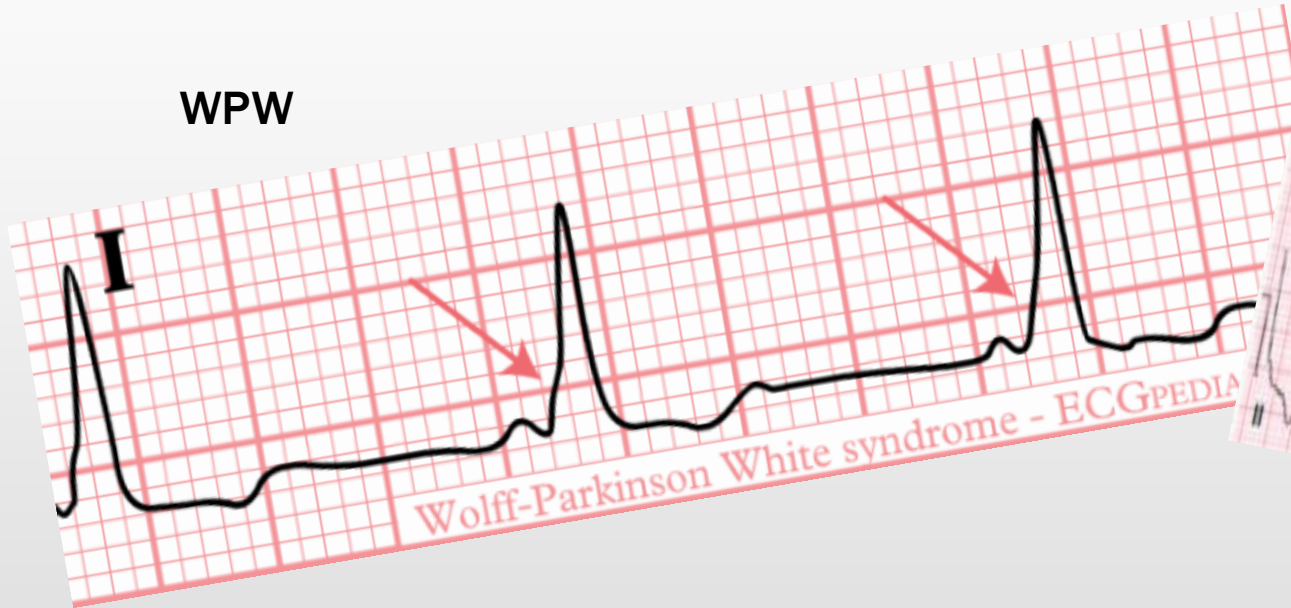
- “The AHA 14-point evaluation produces a high number of false-positive results with a poor sensitivity and very low positive predictive value. ECG screening outperforms the AHA 14-point questionnaire by all measures of statistical performance when interpreted by experienced clinicians”

From the AHA journal...

Elizabeth A. Williams, D. F. (1019).
Performance of the American Heart
Association (AHA) 14-Point Evaluation
Versus Electrocardiography for the
Cardiovascular Screening of High School
Athletes: A Prospective Study. Journal of
the American Heart association, 8.
doi:<https://doi.org/10.1161/JAHA.119.012235>

What do they see?

WPW

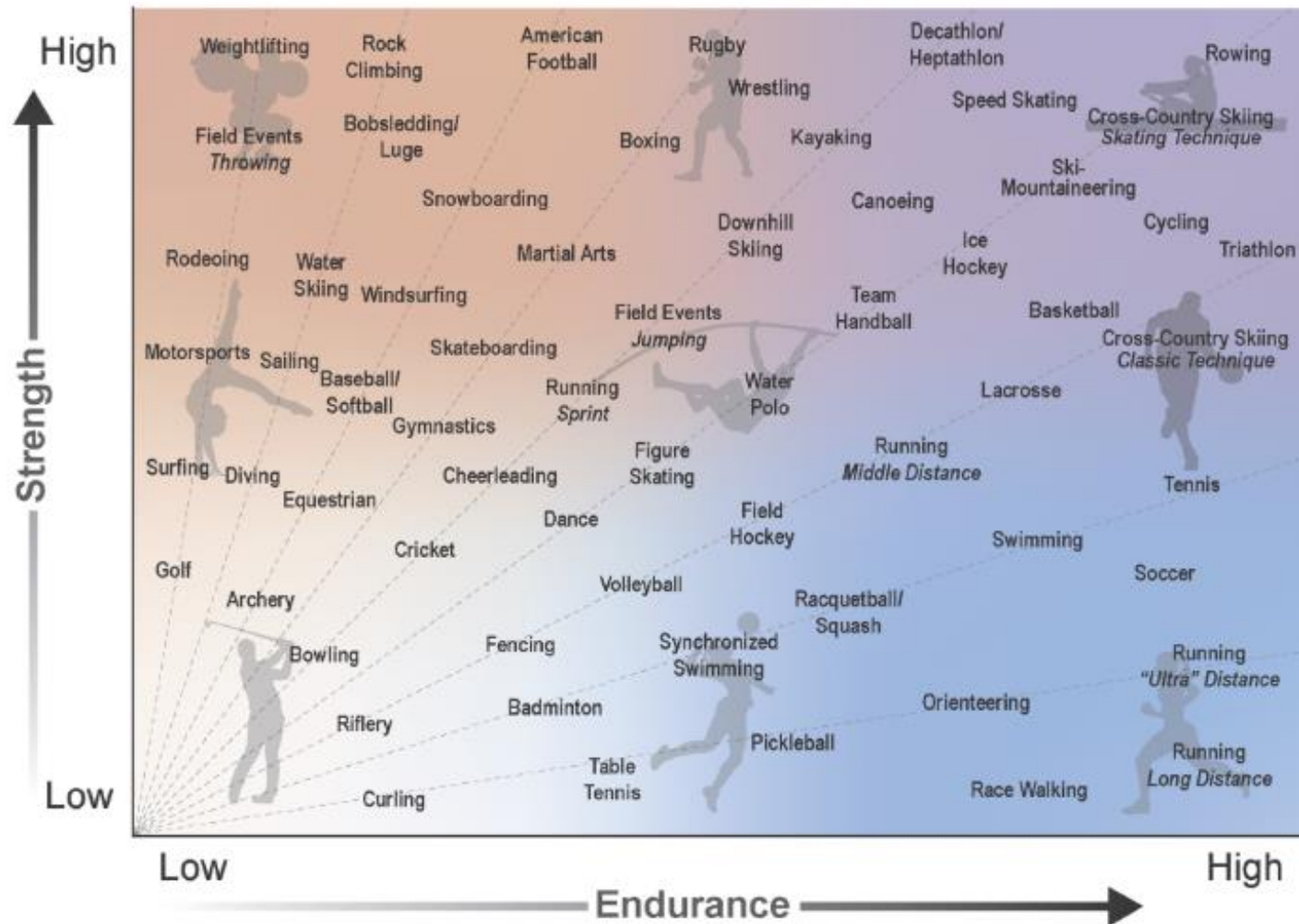


HCM



Long QT Syndrome

Credit-> google image



Where is the risk?

Approximately 60% of NCAA D1 schools conduct EKG screening programs for athletes

American Heart Association. (2025, February 20). American Heart Association Newsroom. Retrieved from Latest research finds people with certain heart conditions may play competitive sports: https://newsroom.heart.org/news/latest-research-finds-people-with-certain-heart-conditions-may-play-competitive-sports?preview=e95a&preview_mode=True

Hot off the press! February 20, 2025 THEY CAN PLAY

Categories: [Heart News](#), [Scientific Statements/Guidelines](#) | Published: February 20, 2025

Latest research finds people with certain heart conditions may play competitive sports

Shared decision-making between clinicians and athletes of all ages who have cardiovascular abnormalities and want to participate in competitive sports is essential, according to a new joint scientific statement from the American Heart Association and the American College of Cardiology

Related Images



American Heart Association logo

Heart and Torch with American Heart Association text.

<https://www.heart.org/en>



What Can We Do

- CPR Training
- AED Placement
- Cardiac Emergency Response Planning
- Simulate/ Drill your Plan with local EMS

HEARTS Act H.R. 6829



- Signed into law December 23, 2024
- By June 2025 CDC will have public education materials for school admin, health professionals, and coaches on
 - Cardiomyopathy
 - Long QT, Brugada, Catecholaminergic polymorphic ventricular tachycardia, short QT, WPW
- Guidelines for AED placement and training
- Guidelines for CPR training
- Assistance with Cardiac Emergency Response Planning
- Improved NIH research and public education/awareness



NH SB-379

Passed at the House March 13th, 2025

Passed Senate Education Committee April 15th, 2025

On the Calendar for Consent full Senate

- **Requirements for placement and maintenance of AEDs**
- **6th to 12th grade sports must be supervised by CPR trained staff**
- **Schools must have CERP in place**

Meeting Those Needs in NH

CPR Training

- Local options
- AHA/ ARC
- Hands only
- Training kits
- Fire Stations
- Hospitals
- Mobile units

AED Purchase

- Bill Wood NH AED Program
- William.h.wood@dos.nh.gov
- JoAnne Laughner AED Registry
- JoAnne.I.Laughner@dos.nh.gov
- TITLE XII, Chapter 153-A
 - Intent
 - Definitions
 - Training
 - Liability
 - Registry

7/23-6/26 Direct Purchase
\$969-1615

Cardiac Emergency Response Planning

- CERP
- Written plan
- AHA resources, Project Adam, Parent Heartwatch
- Practice and evaluate
- Include local EMS
- Drill

The importance of a drill?

- **Fire drills**

- Fewer than 5 children die in Schools each year from fire

- **Active shooter drills**

- In 2022 there were 47 fatalities from active shooters in schools

- **Sudden Cardiac Arrest**

- At least 7,000 die on School Campuses every year from SCA



FAQs

What information is asked at the time of registration?

- Student First Name*
- Student Last Name*
- Parent/guardian email (we use this as a MRN)
- Parent/guardian phone number
- Parent/guardian full name
- Student's gender (at birth)
- Student's race
- Student's date of birth
- Student's weight
- Student's height
- Primary sport the student plays (if any)
- Does the student currently take any of the following medications? ADD/ADHD, Asthma Medication, Inhaler, Heart-Related, Seizure, N/A



FAQs

Don't most abnormalities occur during intense activity, not when a student is at rest on a cot?

The red or high-risk kiddo is found on a resting EKG. Meaning the electrical variation is found in their underlying rhythm. These kids are found 95% of the time with an EKG versus 4% of the time with a pre sports physical or annual visit.



FAQs

How often do you see false positives?

Less than 1% are found to be false positives. Although some yellow or moderate risk results are seen by cardiologists and found to have little concern but very good to have documented and noted as a baseline!



FAQs

What happens if a student is screened as yellow or red and they don't follow up at all?

Our state is opt- in only. Meaning we can not force a family to follow up. Some schools request to not get their results for this reason. The WWPF representative that follows up with the families via phone call has a scripted explanation on the importance of pediatric cardiology follow up.



FAQs

What happens if someone needs cardiology follow up and can't afford it?

I would hope in these cases we could work with the local cardiology group. Cost should NEVER hinder a possible cardiac kiddo from getting a formal evaluation. WWPF also has a team to assist those in need.



FAQs

Why is this not occurring at the college level of athletics?

It is. Most D1 schools will not allow an athlete to play without an EKG



FAQs

Why is this not supported by American Association of Pediatrics?

- . This is due to a few factors. Peds EP or Peds General Cardiologists should really be reading kids EKGs from ages 10-25. There are just not enough out there to read an EKG for every child having a regular checkup or sports physical. Also the cost of an EKG has been found to be a deterrent for many families and making it mandatory would absolutely decrease the amount of kids playing sports. The stance helps provide equitable opportunities for all economic groups in sports.**



FAQs

Is there any State Funding?

YES! There are NH Grants that some schools have sought assistance from the WWPF Grant writer to be awarded. The chairperson of the SUD committee has been looking into further funding options. WWPF is also looking for some other options to help our state.



FAQs

What happens to the Data?

The below wording is on the consent:

“As part of this ECG screening, I agree to allow (i) medical professionals and (ii) WWPF personnel, contractors, and volunteers (the “WWPF Team”) to have access to the medical records created during this ECG screening. I agree to allow the WWPF Team to contact me regarding Participant’s involvement in this ECG screening and the results. I authorize WWPF to use all information provided, including the ECG screening, for diagnostic and aggregated statistical purposes and evaluations and medical research. The information collected from any ECG screening event may be published in scientific journals or presented at scientific meetings, but no Participant will be personally identified. This authorization may be revoked by submitting a written notice to WWPF at info@whoweplayfor.org.”



FAQs

Can parents get a copy?

- Parents are called or emailed within 7-10 days with results. They can go on the WWPF website and request results as well.
- For a copy of results, they can email WWPF



Heart Screening Results

Results will be delivered to the email you provided within 10 business days.

If you do not received your results and it's been 10 business days, (1) check your junk/spam folder and (2) request your results at whoweplayfor.org/results.

Although the ECG screening is above the standard for detection of potentially deadly heart conditions, as with any other medical test, it is not 100%.

Please watch for signs and symptoms of a heart condition and ensure any program you or your family participate in has a Cardiac Emergency Response Plan, as well as coaches and instructors who have CPR training and a functioning AED.

For more information, follow us on social media and visit our website:

Website: whoweplayfor.org

X/Twitter: [@whoweplayfor](https://twitter.com/whoweplayfor)

Facebook: [Who We Play For](https://www.facebook.com/whoweplayfor)

Instagram: [@whoweplayfor](https://www.instagram.com/whoweplayfor)

FOR EVERY KID WHO NEVER HAD THE OPPORTUNITY.



FAQs

How often do we need to rescreen?

We encourage students to get screened every two years as children's hearts can change as they grow



FAQs

What about liability?

Below is what is listed in the WWPF consent:

4. Waiver & Release of Claims and Liability

By signing this Consent and Release, I hereby agree to waive any and all claims against WWPF and their employees, directors, officers, representatives, sponsors, trustees, partners, consultants, volunteers, and contractors (collectively, the “Indemnified Parties”). I further agree to indemnify, release, and hold harmless the Indemnified Parties from any and all claims, liabilities, cost, and expenses arising out of or related to the performance, interpretation, and/or communication of the results of this ECG screening.

•” I understand and voluntarily assume all risks associated with Participant’s participation in this ECG screening program. I understand that the ECG screening will only screen for abnormalities in Participant’s heart and does not constitute a complete medical exam or diagnosis. I understand that abnormal test results do not officially represent or imply that Participant does or does not have a heart condition. I understand that no warranty or guarantee has been made to me as to the results of the screening. I understand that this screening does not diagnose all causes of sudden cardiac death. I acknowledge that the information I receive from the ECG screening reflects the condition of Participant’s heart on the day of the ECG screening. This ECG screening does not constitute a conclusive diagnosis of Participant’s heart health or physical condition, and is not intended to serve as a replacement for treatment and checkups with Participant’s primary care physician or other provider. I acknowledge the limitations of an ECG screening and that sudden cardiac death or other cardiac events may still occur, despite this screening. I understand that this ECG screening does not establish a treatment or provider relationship between (i) Participant and (ii) WWPF or any individual administering, interpreting, or communicating the ECG screening or the ECG screening results. I recognize and acknowledge that I am solely responsible for taking any appropriate follow-up action related to Participant’s ECG screening results. I understand that follow-up care and treatment is not a part of this ECG screening program; and”

“As applicable, the WWPF Team will follow all relevant state and federal laws and regulations, including any applicable sections of the Health Insurance Portability and Accountability Act (HIPAA) and the Family and Education Rights and Privacy Act (FERPA).”



FAQs

How many volunteers are needed?

We try and bring volunteers to our events however if your school has folks interested that is ALWAYS welcome! Staff, parents, students (18yoa) will receive a training deck that will educate them on the roles of a screening with a quiz at the end. I will reiterate the placement of leads, equipment etc. Most screenings utilize 5-6 volunteers.

Even if we can save ONE life.....



Thank You

EVEN IF WE SAVE ONE LIE IT IS
WORTH IT

